

# United Health Limited

# Hillside Care Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

We inspected this service on 21 March 2016 and the inspection was unannounced. During our last inspection in April 2013 the provider was meeting the regulations we looked at.

The service provides personal care for up to two adults with a learning disability and associated conditions. There were two people living at Hillside Care Home on the day of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risks of abuse because staff understood where harm may be caused and took action when people were at risk of harm. Checks were made to confirm staff were of good character and suitable to work in a care environment. There were sufficient staff available to support people.

Staff sought people's consent before they provided care and recognised how people communicated to understand the choices they made. Where people's liberty was restricted, this had been done lawfully to safeguard them.

Medicines were managed safely and people were supported to take their medicine as prescribed. Staff knew why people needed medicines and when these should be taken. People were helped to eat a nutritious diet which included food they enjoyed.

The delivery of care was tailored to meet people's individual needs and preferences and they were supported to develop and maintain hobbies and interests. Staff considered different ways people could enjoy doing activities they liked. Staffing was organised flexibly to enable people to be involved with activities and do the things they enjoyed.

There were processes in place for people to raise any complaints and express their views and opinions about the service provided. People were treated with kindness, compassion and respect. People had developed good relationships with staff and were supported to maintain relationships with their families.

The provider and manager assessed and monitored the quality of care to ensure standards were met and maintained. They understood the requirements of their registration with us informed us of information that we needed to know.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff understood their responsibilities to keep people safe and protect them from harm. People were able to take risks and staff knew how to reduce harm for people to have different experiences. People were supported to take their medicines as prescribed and there were enough staff available to meet people's needs and preferences. Recruitment procedures were thorough to ensure the staff employed were suitable to support people.

### Is the service effective?

Good ●

The service was effective.

Staff knew how to support people and promote their well-being. People received healthcare to keep well and could choose what they wanted to eat and drink. People were supported to make decisions and where they needed help; decisions were made in their best interests with people who were important to them.

### Is the service caring?

Good ●

The service was caring.

There were positive relationships between the people, their relatives and the staff that supported them. Staff knew people well and understood their likes, dislikes and preferences. People were supported to maintain their privacy and dignity and to maintain relationships with people that were important to them.

### Is the service responsive?

Good ●

The service was responsive.

People were encouraged to experience a variety of activities in the home or when out and they could try new activities. Staff considered different experiences so people could express themselves and be involved with sensory activities. Staff recognised where people may be unhappy and this was investigated. Family members knew they could raise concerns or

make a complaint.

### **Is the service well-led?**

The service was well led.

The provider had systems in place to monitor the quality of care and support in the home. Relatives and staff were able to comment on the quality of the service and where improvements could be made. There was a registered manager in post who was supportive to people and staff.

**Good** ●

# Hillside Care Home

## Detailed findings

### Background to this inspection

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

We inspected the service on 21 March 2016. The provider was given one days' notice because we wanted to make sure people and staff were available to speak with us. The inspection team consisted of one inspector.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

People who used the service had complex needs and were unable to communicate verbally with us. We spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received and how the staff interacted with people. We spoke with two relatives, four members of care staff, and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for two people to see if they accurately reflected the care people received. We also looked at records relating to the management of the home including quality checks.

## Is the service safe?

### Our findings

People that used the service were unable to express their views although our observations of care showed that people were relaxed with staff and enjoyed their company. Staff knew and understood their responsibilities to keep people safe and protect them from harm. Staff had received training in protecting people from the risk of abuse and had a good knowledge of how to recognise and respond to allegations or incidents. One member of staff told us, "We have had very few incidents here, but where we have, we responded to the concerns straight away and worked with the safeguarding team to make sure this was investigated."

People were supported to take responsible risks and assessments were in place to reduce the risk of harm. Staff knew people well and understood the actions to take to reduce potential harm. For example, when travelling in the car, there was an assessment to ensure staff understood how they liked to travel; where people should sit to ensure the driver was able to safely concentrate on driving and keep everyone safe. One member of staff told us, "[Person using the service] can become anxious so it's important we have strategies in place to help them. They love going out to different places though, so we explain where we are going and get involved with some form of intensive interaction which they love."

People may need support to manage complex behaviour where they may harm themselves. Staff understand how to recognise where people's behaviour may indicate they were upset or anxious. There was a detailed support plan which guided staff on providing the support in the least restrictive way. One member of staff told us, "We can see where people are becoming anxious and this means we can support them to reduce their anxiety. We all know the signs so we can work together to act quickly and get extra support if we need to." Where people needed physical intervention to keep them from harm, there was an agreed strategy and staff had received training to support them. One member of staff told us, "We help them in the least restrictive way and for the shortest time possible. Sometimes they can really hurt themselves and we need to prevent them from causing them harm." Another member of staff told us, "We work really well as a team here and because we know people well, we can see the signs that people may becoming agitated, so can use distraction techniques and sensory activities to prevent any behaviour escalating." Where physical intervention was used this was recorded and the information was reviewed with health care professionals.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans included the level of support each person would need in the event of fire or any other incident that required their home to be evacuated. One member of staff told us, "We also have another home around the corner so we would have somewhere safe for people to go."

The staffing levels were determined according to the needs of each person and the activity they were undertaking. Each person received one to one care throughout the day. Additional staff were also available to support with activities when out. One member of staff told us, "People have individual support here. There are other staff around if they are needed to make sure we can respond to any difficulties, but also make sure the other person is safe and not ignored."

Where new staff were recruited to the service, staff told us they had to wait for their police checks and references to be completed before they could start working with people. One member of staff told us, "I had all the checks done before I started here and showed them my police check so they knew I was okay to work here." This meant that recruitment procedures were in place to ensure, as far as possible, new staff were safe to work with people who used the service.

People were supported to take their medicines and were offered these during their meal. People were offered a drink and the staff spoke with them to ensure they knew they were taking them. The medicines were managed safely as the provider had processes in place to store, administer, control stock levels and dispose of medicines safely. A medicines administration record was kept and we saw that staff signed when medicine had been given. This ensured that a clear audit trail was in place to monitor when people had taken their prescribed medicines.

## Is the service effective?

### Our findings

Staff had the necessary skills and training to meet people's needs and promote their wellbeing. Staff had received training for intensive interaction; this is a practical approach to interacting with people with learning disabilities who do not find it easy communicating or being social. The approach helps the people to relate better to each other and enjoy each other's company more and develop their communication abilities. Using this method, the staff had supported the person to complete their life story which evidenced how they had begun to interact more with people. One member of staff told us, "This has been really effective. You can see from the photographs that they wouldn't look at the camera or give eye contact and now they interact so much more with us. It's been really successful." Another member of staff told us, "We can make activities into intensive interaction and it's about using the sounds they make to communicate with. [Person who used the service] uses particular sounds when they are happy so we copy these and you can see the positive response." A healthcare professional wrote, 'The staff team are a great group to work with and I already know that [person who used the service] gets great support and its especially impressive to see how interested everyone is and the approach demonstrated with them.'

People had their health care needs met to support their physical and psychological wellbeing. People may experience mental health issues and staff had received training to support them and recognised where the person was becoming unwell. One member of staff told us, "We work well together and help the person. Because of the training we all know how to act and do the same thing. We have a lot of support from the occupational therapist and psychologist and it's good to share experiences. They help us to realise that it gets better." One member of staff told us, "I was really proud of our team." Relatives confirmed that people received prompt health intervention where this was required. One relative told us, "If anything is wrong they are so quick at getting in touch with the doctor or hospital; there's no messing about with them."

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. The information in people's assessments and care plans reflected their capacity and when they needed support to make decisions. We saw people were supported to make everyday decisions about how to spend their time and what to wear. Staff knew about how people made decisions and understood their responsibilities for supporting people. One member of staff told us, "We always assume capacity and we make sure that people can make decisions. We ask people what they want to do. It's not always about what they can tell us, it's looking at body language and facial expressions to identify what they are saying."

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 and hospitals 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. All people received one to one support during the day and support when they wished to leave the home. DoLS applications had been made for people that used the service and one person had an



authorisation that had been granted. The staff were aware of the how this restricted them and one member of staff told us, "The DoLS is about having support when they go out and also about how we may need to restrict them for their own safety." We saw that the authorisation considered all aspects of the persons care and recorded how the staff provided care in the least restrictive way.

People were supported to follow a healthy balanced diet and maintain diets that were specific to their health needs. Where concerns were identified, health care professionals were involved to ensure the right food was offered and assessments were completed to ensure people were supported to eat in the right way. Staff knew what people liked to eat and how to present food to ensure it was pleasing and appetising to them. We saw during the lunchtime meal that staff supported people individually and allowed time for people to eat and offered words of encouragement. Where people refused any food, staff respected this and alternative food was provided or people were able to choose to eat at a later time.

New staff received an induction into the service and one member of staff told us this covered how to support people safely so they could start working in the service. They also worked alongside other staff in a supervised role so they had an opportunity to meet and get to know people. All new staff completed the care certificate which sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One member of staff told us, "I've been really pleased with how I've been supported here and I am really happy I chose to work here."

## Is the service caring?

### Our findings

People were recognised and valued as adults and staff showed a passionate commitment to enabling people. We saw staff used adult language when speaking with people and recognised their achievements. One relative told us, "What's really good is that they get to do activities and have holidays that other people do at their age. It's lovely to hear about the experiences."

People were supported to maintain contact with family members and people who were important to them. People visited family in their family home and spoke with them on the phone. One relative told us, "The staff are like our extended family. When I turn up, the kettle is always on for us and we are made to feel welcome. It's no different from visiting other family members." One member of staff told us, "We recognise how important family are and [Person who used the service] loves speaking with them. They laugh and sing together and it's lovely for them and their family."

There were positive and caring relationships between people who used the service and staff and people were comfortable with the staff that supported them. Staff demonstrated a good understanding of people's needs and treated people with respect and in a kind and caring way. Staff spoke with people about what they had done together and made plans for a holiday later in the year. One relative told us, "[Person who used the service] loves their holidays. The staff are so relaxed and just want to make sure they have a great time."

The staff were motivated and were kind and compassionate in their approach to care. People were given time to make a decision and staff encouraged people to express themselves. One member of staff told us, "People have a different way of communicating so we have to be patient and not just listen but look. As many of us have worked here for a long time, we can recognise how people are telling us what they want." A relative told us, "The staff team work so well together and understand people. All the staff are so different but together it just works so well." One relative told us, "The staff are lovely and always polite to people and to me. For example, when I visit they always call me by my full name and never my Christian name. They are very courteous."

People's privacy and dignity was respected and where people needed support with personal care we saw this was completed discreetly. If people's clothes became dirty they were supported to change their clothes. One relative told us, "Whether in the home or when out, they are always dressed really well. [Person who used the service] can get really messy but it's never a problem for staff and they just help them to get changed. If I'm there they just say, 'excuse me', close the bedroom door and help them to change. It's done straight away and they are very respectful." Another relative told us, "They really do care and they make sure they are dressed well and they are never in a mess."

Relatives were kept informed and involved in their family members care. One relative said, "If anything happens they always keep us informed. I speak with the staff throughout the week and I'm never excluded. We work together to get the best for people."

## Is the service responsive?

### Our findings

People were supported to participate in a range of activities. The staff demonstrated a good understanding of how to support people to try new experiences and recognised people's diverse interests. Staff spoke with people about events they had been involved with. One person was supported in the kitchen and could watch and experience a cake being baked. One member of staff told us, "They love to eat puddings and cakes and like being here so they can still be involved." Another person had eaten breakfast in a local restaurant with a friend. One member of staff told us, "We try and go out as much as possible and eating meals out is a nice social event that people enjoy." A relative told us, "The staff really think about what they are planning and get the right staff to support them and then everyone has a good time and it really shows."

People were helped to experience sensory activities. A member of staff told us, "[Person who used the service] loves sensory games and we have tried many different things. We made our own modelling clay from peanut butter, marshmallows and icing sugar so they could touch and mould it, but it was also safe to eat. We have hidden jelly sweets in jelly and they love to find them and let the jelly go through their fingers. You have to think about different things which are also safe and enjoyable." We saw one person was helped to choose which sensory equipment they wanted to use. One member of staff told us, "[Person who used the service] loves being involved and part of what we do. They love to watch people and experience crowds, lights and action so we plan activities accordingly. We have our own transport so go out as much as we can. They love going to markets and busy places." Another member of staff told us, "[Person who used the service] loves water activities and swimming. They like it so much we are looking to get a hot tub. It will be great for them." This meant people were provided with opportunities to be involved with activities that were meaningful to them.

People were supported to have social activities with friends. Activities were organised across all three services managed by the provider in the local area. These events included a 'Come Dine with me' evening. One member of staff told us, "We transform the living room and make a three course meal and it is judged by décor, food, gift and overall experience. This year we did super heroes and dressed up. People get so much from it and they help with the art work and are part of the planning and it creates a great team spirit. Everybody eats the food and we visit the other homes and take part there too."

The care records were personalised and included guidance and information staff needed to enable them to provide individualised care and support. We saw staff spoke and supported people as adults with their own interests, values and preferences. Information was provided about each person regarding what people liked and admired about them, what was important to them and how to support them. The support plan included photographs to show what people liked to do. One relative told us, "We are always involved with what is happening and any reviews. If anything changes we are informed so we can see they get the care they want." Staff demonstrated a good understanding of people's needs. Reviews of care were completed in partnership with people, their representatives and healthcare professional and were centred on people's diverse needs and to promote positive outcomes for people.

People who used the service were not able to raise any concern although staff told us they recognised where

people may be unhappy. One member of staff told us, "You can tell a lot by people's body language and we can see when people are not happy. If we saw people weren't happy or if I saw people weren't happy being supported by particular staff then I'd raise this with the manager, so we could look into it." Another member of staff told us, "We have to be their voice and it's important we speak up and make sure they are as happy as they can be." One relative told us, "I know how to make a complaint but I don't need to. If there were any problems or had to say anything I would though. If anything wasn't right with the staff though, the other staff would be the first to say anything. They're wonderful."

## Is the service well-led?

### Our findings

An annual business plan had been developed and this set out targets for forthcoming year. The last business plan stated the main aim was to achieve excellence in all areas of work. For example, this included improving staff training and development. The registered manager explained that the provider aimed to keep the turn over below national average. To achieve this, opportunities had been provided for staff to develop both within the home and within the other services managed by the provider. This meant for some staff they were given additional responsibilities, such as training or medicine management. For other staff members this meant having the opportunity to be apply for promotion. The registered manager told us, "We want to minimise staff turnover by promoting motivation, morale and good team work. We also hold monthly team meetings and training sessions through supervisions. I am very proud of the team here who go above and beyond what is expected of them."

We saw that audits were undertaken to check that people received good quality care. These included checking the care records were reviewed, the health and safety of the home and checking staff competence to ensure people were safe and to promote good practice. The registered manager checked for any patterns and trends to ensure actions could be taken as needed. Where improvements were required, actions had been taken. Visits were undertaken by a representative of the provider to audit areas of care such as people's care plans, medicines management and to observe the support and speak with staff. Staff confirmed that during these visits they were assessed on their knowledge and understanding, including safeguarding the people they supported and their understanding of MCA and DoLS. One member of staff told us, "They always come and speak with us and want to know what's going on here. We all want the best for people so it's good they come and see what is happening."

Relatives and staff were consulted about the quality of the service. Relatives were provided with questionnaires and one relative told us, "They are genuinely interested in what we have to say and what can be done better. I have to be honest and say that this service just keeps getting better and better each year." Staff were offered opportunities to discuss this through 'How's the weather at work?' This involved asking staff about people who used the service, the home and staff and what improvements could be made in the home. One member of staff told us, "We don't wait to be asked though; if there is anything I want to say then we just say it. The manager always wants to know what's happening."

The service had a registered manager. The staff told us that the manager provided leadership, guidance and the support they needed to provide good care to people who used the service. The staff told us that the manager was approachable and provided support when they needed it. One member of staff told us, "It doesn't matter what time it is, night of day, we know they are always there for us." The registered manager assessed and monitored the staffs learning and development needs through regular meetings with the staff and appraisals. Staff competency checks were also completed that ensured staff were providing care and support effectively and safely. One member of staff told us, "We are always being supported to extend ourselves and have more responsibilities. The manager recognises what we do well and is always looking at ways where we can be better. It works really well." We saw the registered manager and staff's values were based on respect for each other and putting people at the heart of the service.

