Hillside Care Services Community Interest Company

Unit 14b - Day Lewis House

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

Unit 14b – Day Lewis House also known as Hillside Care Services, provides personal care services to people in their own homes. At the time of our inspection three people were receiving care from this service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People's relatives told us their family members trusted staff and felt safe when staff supported them. There were systems in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding procedures and understood how to safeguard the people they supported.

Staff helped make sure people were safe and knew the risks people faced each day. They took steps to reduce those risks while still encouraging people's independence. Staff followed safe practices when assisting people with their medicine.

There was a 24-hour call system in operation, this made sure support and advice was always available for people and staff.

People were cared for by staff who received appropriate training and support to do their job well. Staff felt supported by managers through regular supervision and appraisals.

People and their relatives were involved in making decisions about their care, treatment and support and the care plans reflected this. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Relatives told us their family members liked staff and thought they were caring. Staff respected people's privacy and dignity. When required, staff supported people with their activities and interests, both in their own home and in the community.

People were asked about their food and drink choices and staff assisted them with their meals when required.

People's healthcare needs were met through the involvement of external professionals when required.

People's relatives said they would complain if they needed to and knew who to complain to.

People were contacted regularly to make sure they were happy with the service and spot checks helped

review the quality of the care provided.

Further information is in the detailed findings below.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Unit 14b - Day Lewis House

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.

The inspection took place on 25 September 2018 and was announced. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in.

One inspector undertook the inspection. Before our inspection we reviewed the information we held about the service which included statutory notifications we had received in the last 12 months and the Provider Information Return (PIR) the registered manager had sent us. The PIR is a form we ask the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make.

During our inspection we spoke with the registered manager. We looked at three people's care records, four staff files as well as a range of other records about people's care, staff and how the service was managed.

After our inspection we spoke with two members of staff and three people's relatives. The registered manager also sent us additional information such as training records, service user and staff handbooks.

Good

Is the service safe?

Our findings

Relatives told us their family members felt safe using the service. One relatives told us, "[Name of person] really likes her carer, I would know if she didn't." Another relative told us their family member "definitely" felt safe with their carer.

Staff we spoke with understood how to keep people safe and how to report concerns if they felt a person was at risk of abuse or harm. All staff had received training in safeguarding adults and the registered manager provided additional training and knowledge checks during staff meetings and supervision.

The registered manager explained they always tried to keep the same care staff with the same people and worked to build a team of carers that the person would know. Any annual leave or sickness was covered by the office assistant who was also a trained care worker. Relatives we spoke with confirmed they liked to have the continuity of care that the service was able to give.

Staff knew about the risks people faced and supported people to be as independent as they were able while remaining safe. Relatives gave examples of how staff encouraged their family members to become more independent. One relative told us how staff had supported their family member to become mobile again following a hospital admission. Staff gave us detailed examples of how they managed risk and knew people well. Risk assessments regarding people's mobility were updated when required. Other risks such as potential weight loss for one person and the risk of seizures for another were recorded in people's care records but there were no risk management plans in place for these.This meant a new staff member may not have the information they needed to manage the risk identified. We spoke to the registered manager who showed us the supporting information in place to record and monitor risk. For example, food and fluid charts for one person who had a poor appetite. We also spoke to staff and to relatives who gave us assurance that people were safe and risk was managed appropriately. The registered manager agreed they would put detailed risk management plans in place for any new staff and we were sent these soon after the inspection.

Emergency 24 hour on call numbers were given to people when they first started using the service and to staff when they were first employed. This meant they could contact the service out of hours if there was an emergency or if they needed support.

The service continued to follow appropriate recruitment practices. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had obtained in respect of these individuals. This included up to date criminal records checks, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK.

Where people required support with their medicines this was normally supplied in MDS (Monitored Dosage System) packs. Staff noted each time medicine had been taken by the person using a Medication Administration Record (MAR) and we were shown the system used for recording any changes in a person's

medicines including short term prescriptions such as antibiotics. Staff were trained in medicines awareness and the registered manager explained each staff member had their competency assessed during regular spot checks.

Staff had access to and followed a policy and procedures on infection control. Staff confirmed they were provided with personal protective equipment such as gloves and aprons to use when supporting people. Records confirmed staff had been trained in infection control and food hygiene.

Good

Is the service effective?

Our findings

People's physical, mental health and social needs were assessed when the person first started to use the service. The registered manager met with people and their relatives to find out more about their needs and how they would like to receive care before providing a service for them. Care plans were developed using the information from the assessment and reviewed yearly or when there was a change in people's needs.

All new staff attended an induction with the registered manager when they first started working at the service. Their skills and competence were assessed using the principals and standards in the Care Certificate although the care certificate was not completed. The Care Certificate is an identified set of 15 standards and outlines what health and social care workers should know and be able to deliver in their daily jobs. After the initial induction staff completed annual refresher courses. The provider held a central training matrix to monitor staff training needs and identify when refresher courses were required. The registered manager told us this system ensured all staff received regular training. Staff we spoke with told us they thought they had enough training to help them do their jobs well.

Staff received regular supervisions and appraisals to help support them with their development. One staff member explained, "Supervision is very helpful if you have anything to discuss, especially working as a lone worker it is good to have." Staff told us they felt supported and would speak to the registered manager if they had any problems.

Where required people were supported to eat and drink appropriately. People's dietary needs were assessed before they started using the service. People's allergies were noted in their care records and staff confirmed they would always ask what people wanted before preparing a meal. Care staff had received training in food hygiene and were aware of safe food handling practices.

People's personal information about their healthcare needs was recorded in their care records. The registered manager explained they worked with families when people's healthcare needs changed. Often families would take people to healthcare appointments and update the office of any changes but staff would support people to appointments if required. Any changes were noted on people's care plans. Staff told us they would notify the office if people's needs changed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There is a separate process for services that provide care to people in their homes which involves an application to the Court of Protection.

The registered manager and the staff we spoke with were aware of their responsibilities under the MCA.

People were encouraged to make decisions about their everyday care but when people lacked capacity to make decisions regarding their care they knew they should carry out best interest meetings, involving others in the decisions such as relatives and professionals.

Good

Is the service caring?

Our findings

People's relatives and they were all happy with the standard of care and support provided by care staff. One relative told us, "We have a lovely carer…she goes beyond her duties". Another told us, "My [family members] carer does an excellent job…she makes time, she spends time chatting to [family member] daily."

Staff knew people well and the registered manager tried to keep the same staff with the same people to give continuity in their care and enable staff to learn how people wanted to be cared for. All the staff we spoke with had empathy for the people they supported and were very knowledgeable about how to deliver the care and support people needed. One staff member told us how they had established a routine with one person and had encouraged them to attend outside events to help their independence. The person's relatives confirmed this and told us how happy they were.

Relatives told us staff respected people's privacy and dignity and gave us examples of how they did this while still encouraging people to be independent. All the staff we spoke with told us they enjoyed working with the people they cared for, comments included, "It makes my day when I see clients are happy to see me…when their face lights up, mine does too…sometimes you forget you are working, it makes my day." Another staff member told us, "I love helping people in their golden years, helping them to stay in their own home to be part of their own community".

The provider reinforced the values of privacy and dignity by providing training and support for staff which covered privacy and dignity and working in a person-centred way. The staff handbook also gave guidance to staff and covered the service's expectations of them, this included respecting people's dignity, independence and choice.

People and their relatives were involved in making decisions about their care, treatment and support. One relative told us how they had worked with care staff to encourage their family member to be mobile again after a period in hospital. People's care records contained information about what was important to them and how they wanted to be supported by staff. For example, one person liked to read a newspaper before bed and another person liked their hot drinks prepared in a certain way.

Good

Is the service responsive?

Our findings

Relatives told us the service their family member received met their needs. One relative told us, "[Name of staff member] does an excellent job looking after my [family member]." Another relative told us how they were fully involved with their family member's care and worked closely with the staff so they were sure they knew what to do and when. They told us their member of care staff was "wonderful."

The service made sure people's care reflected people's physical, mental and social needs. This included details of any cultural and spiritual needs and any other support they required such as domestic or emotional. For example, one person's care records gave staff guidance on what they should do if the person became anxious or upset. Another person's care records contained information about their religious needs and gave information to staff about supporting their religious values and beliefs. Each person's initial assessment, when they first started to use the service was updated after the first six weeks and then reviewed yearly or more often if required. The information fed in to the daily tasks allocated to staff, so staff knew what to do and when. Staff told us they had time to read through people's care plans and get to know how people liked to receive support.

Some people using the service were supported to follow their hobbies and interests. We heard how one staff member had actively encouraged a person to attend a local social club to stop them feeling isolated. The person's relatives confirmed how the person now enjoyed the social contact having previously been reluctant to attend. Another relative told us how their family member really enjoyed trips out with care staff and this included activities like shopping and swimming.

People had a choice about who provided their personal care. Relatives we spoke with told us they had regular care staff that they were happy with. One relative told us they had not been happy with their initial member of care staff but explained the registered manager had listed to them and found another staff member that their family member felt more comfortable with. The registered manager told us he would undertake the initial assessment so he could be sure the service could meet their needs. They explained they worked hard to keep the same members of staff with the same person to maintain continuity and build good working relationships but acknowledged staff sickness could sometimes be an issue. It was explained in these circumstances the office assistant, who was also a trained carer, would step in to offer emergency cover.

Relatives told us they knew who to make a complaint to if they were unhappy. The registered manager confirmed they had not received a written complaint in the last 12 months however when people were concerned or unhappy they tried to deal with the issue immediately. The service had a procedure which clearly outlined the process for dealing with complaints and this was included in the service user handbook, given to everyone when they first started to use the service.

Good

Is the service well-led?

Our findings

The service had a registered manager in place. 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.'

All of the relatives we spoke with knew who the registered manager was and told us they would contact him if there were any issues with their family member's care.

People were asked about their views and experiences of the service. The service made telephone calls to people and their relatives to monitor the service delivery. We noted people's comments about the service were positive such as, "keep up the good standards" and "excellent service from my carers". Regular spot checks were carried out to review the quality of the service provided. This included observing the time of staff arrival and length of stay, making sure infection control procedures were followed and reviewing the care records kept at the person's home to ensure they were appropriately completed.

When staff first began to work for the service they were given a copy of an employee handbook, this detailed their role and responsibilities and what was expected of them. Staff spoke positively about their relationship with the registered manager and the support they received. One staff member commented, "I have to let the manager know if I'm not happy about anything and he will do something about it…he will always listen to us." Another member of staff told us, "I can always talk to the manager, even out of hours…as far as I can tell this agency is doing a good job."

Regular staff meetings helped staff understand what was expected of them at all levels. We saw minutes from the last three meetings and noted information included updates on subjects such as safeguarding, infection control, food hygiene and reporting of accidents and incidents. We saw meetings were used to encourage questions and feedback from staff and comments were recorded on the meeting minutes together with any actions needed from management.

The registered manager used their spot checks as an audit tool to quality check the service and identify areas for improvement. These included infection control, care planning and medicines management. They also reviewed records of incidents and accidents so lessons could be learned from them. We were given examples where things had gone wrong but the registered manager had used these to put systems in place to reduce the risk of future occurrence. For example, new systems had been put into place following a missed care visit because of staff sickness.

The registered manager understood their responsibilities in line with the requirements of the provider's registration. They were aware of the need to notify CQC of certain changes, events or incidents that affect a person's care and welfare. The registered manager was aware of their roles and responsibilities.