

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Hillside Care Home

31 Albany Street, Ilkeston, DE7 5AD

Tel: 01159300171

Date of Inspection: 14 September 2012

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September 2012

We inspected the following standards as part of a routine inspection. This is what we found:

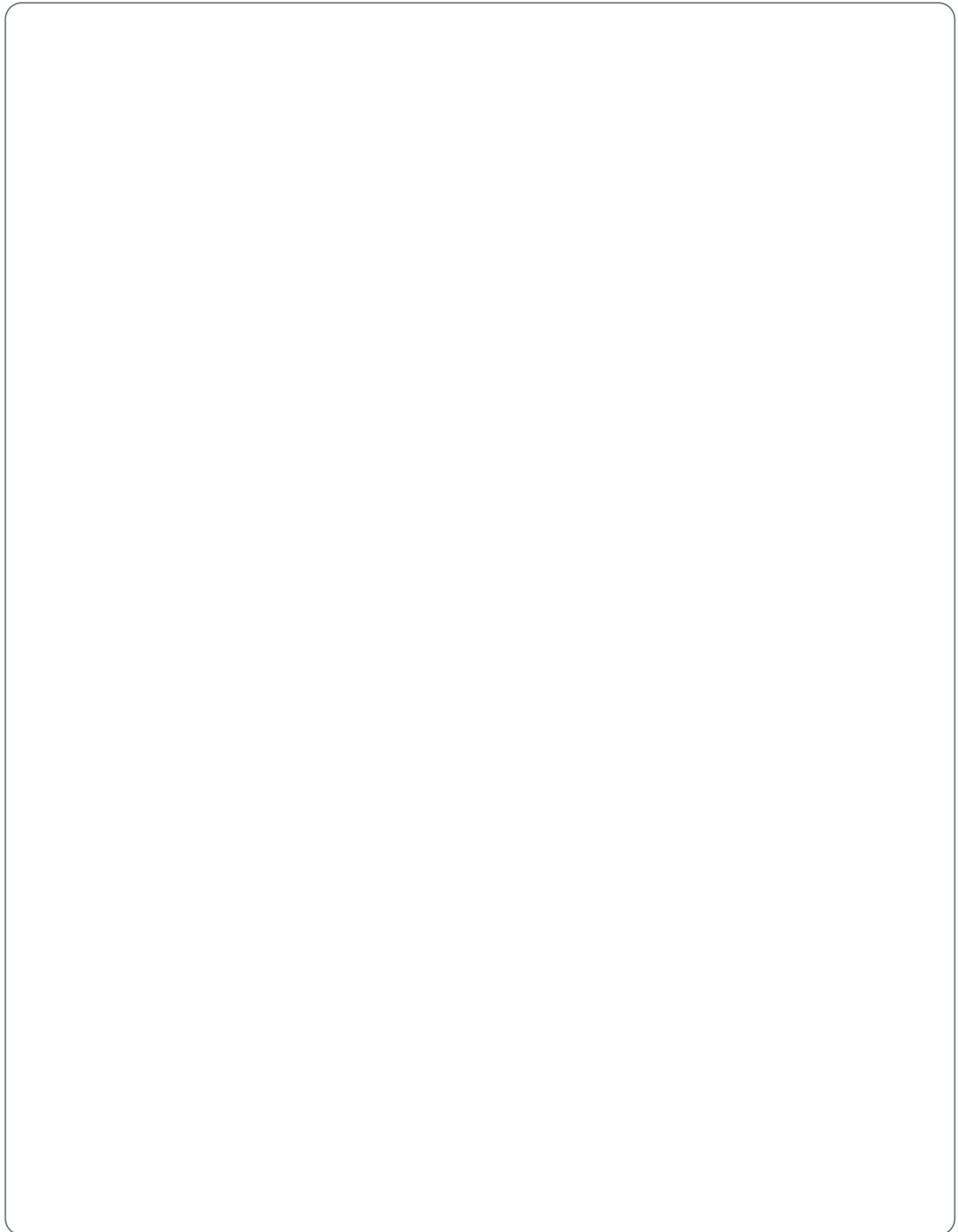
Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	United Health Limited
Registered Manager	Miss Jayne Dempsey
Overview of the service	Hillside House is a care home that offers care to two adults who have a learning disability. It is located in the Ilkeston area of Derbyshire.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.



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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 September 2012, observed how people were being cared for and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We used a number of different methods to help us understand the experiences of people using the service, because the people using the service had complex needs which meant they were not able to tell us their experiences.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We saw that there were notice boards placed around the home which included information on activities at the home, weekly food menus and the processes in place to respond to any concerns that people may have. All of the activities and key documents were presented in an easy read format.

The registered manager told us that the provider employs an activities co-ordinator and there are regular activities for people across three of the providers local homes. This means that people using the service have access to a broad range of activities including "Come dine with me" cooking and hosting competitions, Christmas pantomimes, and family days.

We looked at records which detailed people's daily activities and recorded details of their general health and well being. We saw that people at the home regularly went out on day trips and visited services in their local community.

We looked at the care records of the two people using the service. We found that all documentation was written in a person centred approach to the way they were supported. The choices and preferences of the individual concerned were reflected throughout. Staff were encouraged to ensure that independence was promoted and respect for dignity and privacy always observed.

We observed the provider interacting with two of the people at the home. We saw that the interactions were kind and warm. We saw evidence that the provider understood the needs of the people at the home.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We looked at two peoples' care records. The care records gave very detailed instructions for care staff on the type of care the person required and how they should deliver this care. The care records also contained an assessment of the person's needs, which identified any potential risks to both the person using the service and staff.

Each element of the care record had been reviewed and revised at least annually. The support plans were accompanied by various assessments where risk might be encountered. Again these were regularly evaluated and contributed to the overall plan of staff activity. We also saw detailed records that included medical appointments and healthcare milestones, as well as daily logs of activities, events and incidents.

We saw evidence that families of people at the home were involved in care planning and attended reviews of care regularly. Relatives we spoke with told us that they were fully involved in the care of their family members. One relative told us "the care is superb".

People received regular health checks including dental check up's and treatment where necessary.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at the storage of medicines and a selection of people's medication records and care plans. We observed a staff member giving medicines to people. We saw that the staff member waited patiently to ensure that medicines were properly swallowed. We noted that staff correctly signed the medicine chart each time they gave someone medication.

We looked at the arrangements for handling controlled drugs. The home had a locked storage facility for controlled drugs. We found that the home did not have any controlled drugs on the premises, and records were kept to ensure that the home complied with legal requirements.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff we spoke with told us that they felt well supported by the manager. Staff told us that they had regular supervision and annual appraisals. Staff records we looked at supported this.

We saw documentary evidence that the manager held monthly team meetings for all staff. Staff told us that they are encouraged to use team meetings to air their views and concerns and that their views are listened to.

We saw that five staff at the home had achieved a National Vocational Qualification (NVQ) in Health and Social Care at level two or above, and another two staff were enrolled to begin their training in the near future. Staff at the home had access to a broad range of training opportunities, both mandatory and annual refresher training.

We were shown a copy of the homes training matrix. This showed that staff had received training in subjects specific to their roles.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

A sample of records relating to health and safety checks showed that all required safety checks had been carried out. We saw that there were systems in place for undertaking audits of gas, electrical equipment, infection control and water safety. We saw documentary evidence of a recent audit by the Fire Officer who found that the home was "broadly compliant".

We saw that there was a complaints procedure on display. We saw that the contact details for the CQC in the complaints procedure were out of date. The registered manager assured us that she would amend these immediately.

We saw evidence of staff surveys which showed high levels of satisfaction with training, management support and duties and responsibilities at the home. One staff member had commented "I am happy with the feedback and encouragement I get from my manager and co-workers".

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists, primary medical services and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.


In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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