

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: 15 April 2013

Date of Publication: May 2013

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

Consent to care and treatment	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Complaints	✓ 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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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 15 April 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with carers and / or family members, talked with staff and reviewed information we asked the provider to send to us.

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 most of the people using the service had complex needs which meant they were not able to tell us their experiences. We spoke to the relative of one of the people living at the home who told us "the care is very good, they really know how to look after X".

We found that the provider acted in accordance with legal requirements when considering people's capacity to make decisions.

Relatives we spoke with told us "the food they eat is very good". We found that people's nutritional needs were met.

We saw evidence that the provider worked in partnership with healthcare providers and other organisations to ensure people health and welfare need were met.

We found people who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We spoke with relatives of people living at Hillside Care Home and observed how staff members interacted with people living at the home. Relatives told us that staff members always discussed changes to their family members care and treatment and preferences.

We looked at the care records of two people we saw detailed care plans. The care plans recorded people's preferences and choices and were regularly reviewed.

We saw the provider's policy for obtaining consent to treatment. The policy included details on the Mental Capacity Act and Deprivation of Liberty Standards. The consent policy also contained appropriate guidance if there were issues about a person's capacity to consent. This meant that staff had access to up to date policies about assessing a person's capacity to make decisions. The Mental Capacity Act gives a framework that staff can use to assess whether people can make decisions about the care and treatment they receive. The acting manager told us that no one using the service was subject to the deprivation of liberty safeguards (DoLS).

We looked at records for information regarding decisions made in line with the Mental Capacity Act. We saw that relatives and other healthcare professionals were involved in assessments of capacity and making decisions in the person's best interests.

All of the staff we spoke with were aware of the processes and for gaining and recording consent to treatment and the sharing of information. The provider may wish to note that although care records were reviewed regularly and care decisions were made jointly with relatives and other health professionals, we noted that decisions relating to medical interventions in the persons best interests had not been reviewed since 2011.

Meeting nutritional needs

✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

Staff we spoke with, had a good awareness of people's likes, dislikes and dietary needs, and described how these were taken into account when providing the meals. For example staff had put measures in place to ensure that one person using the service was offered regular snacks throughout the day to ensure their nutritional needs were met.

We looked in the fridges and cupboards in the kitchen and saw that there was a variety of fresh fruit and vegetables available. Staff told us that meals were planned daily and cooked to meet people's preferences which were detailed in each person's care record.

We saw that staff kept a comprehensive daily food intake log for each person using the service. The acting manager told us that she analysed the log weekly. We saw evidence in staff meeting minutes that people's nutritional needs were discussed and appropriate actions taken where necessary.

Cooperating with other providers

✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

We saw evidence that staff worked in co-operation with other health and social care providers to ensure the needs of the people using the service were met.

Relatives we spoke with told us that staff kept them fully informed about the care of their family member. One relative told us that they had recently been invited to attend a hospital appointment with staff to discuss their family members ongoing health needs.

We looked at care records for both of the people living at the home. We saw that the files contained details of all contacts with other health and social care providers including dentists, hospital appointments, physiotherapists and dieticians. Records also contained evidence of multi disciplinary reviews with the local authority.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

There had been no allegations of abuse about the service brought to the Care Quality Commission's attention since it had been operational. The service had reported specific incidents to the Commission, as legally required.

Staff we spoke with were able to describe what to do if they suspected abuse was occurring and told us they knew to report any allegations of abuse to the manager and also which agencies to contact outside the employing organisation. They confirmed that they had undertaken training in safeguarding vulnerable adults.

We saw that staff also completed training in physical interventions. Staff we spoke with could not recall ever having to use physical restraint techniques. We were told that staff used de-escalation techniques and we saw that there were clear documented strategies in place to manage people's behaviour in a safe and controlled way. For example, one person's care records carefully detailed guidance for staff on managing the person's self-harming behaviour.

We saw that the service had a policy for safeguarding adults at risk. We noted that the policy was dated January 2007. The acting manager informed us that the policy was reviewed annually and that the date on the document was the date of publication. We were told that the provider only forwards new documents if there are changes to the policy under review.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We looked at the provider's complaints policy and saw that a copy of the complaints process with local contacts was displayed in the entrance of the home.

We looked at the provider's complaints log. We saw that there had been no complaints made since 2004. Complaints had been responded to in accordance with the provider's policy. Relatives told us that they were not aware of the home's complaints policy, but stated that they would raise any concerns with the manager at the home. One relative told us "I don't have any concerns or complaints".

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, acute 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 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 may have 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. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ 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.

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