

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

Hillgreen Care Limited - 14 Colne Road

14 Colne Road, London, N21 2JD

Date of Inspection: 07 February 2014

Date of Publication: March 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Supporting workers	✓	Met this standard

Details about this location

Registered Provider	Hillgreen Care Ltd
Registered Manager	Ms. Pamela Small
Overview of the service	This service is operated and run by a private organisation and supports a maximum of 6 younger adults with learning disabilities.
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

We carried out this inspection to check whether Hillgreen Care Limited - 14 Colne Road had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Management of medicines
- Supporting workers

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 7 February 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

People we spoke with were positive about the care and support provided at the home. We observed staff supporting people in a friendly manner and people appeared comfortable and at ease with the staff.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw that these plans were being reviewed on a regular basis with input from the person using the service where possible.

Appropriate arrangements were in place in relation to the recording of medicine. Medicines were being kept safely, were being safely administered and were being disposed of appropriately.

Staff had undertaken training that was appropriate and relevant to the needs of the people using the service. Staff were able to describe how training had improved their understanding of the issues faced by people they supported and how it had benefited their working practices.

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

Care and welfare of people who use services

✓ Met this standard

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

At the last inspection of this service in September 2013 we had concerns because people's healthcare and social care needs were not always being recorded in sufficient detail to ensure their safety and welfare. For example, information about people's planned activities were inconsistent and staff were not always aware of what people were doing each day. Information about people's healthcare needs were not always being recorded in their individual healthcare plans. For example, there were gaps in information about diet and exercise, identified health problems and details of dental appointments.

At this inspection we looked at four people's health and social care plans. These all contained detailed information about how each person was to be supported by staff. We were able to look through a support plan with a person using the service. They told us that they went through the plan with their key worker on a regular basis. They also confirmed that their plan was an accurate reflection of their social and healthcare needs and preferences. We saw a dental appointment had been booked and the person concerned confirmed that they had attended the appointment with staff support.

We looked at the pain management section of healthcare plans and saw that the staff had reviewed the pain management protocols for people who were unable to express pain verbally. These were detailed and staff knew how people expressed pain for example, by observing people's facial expressions and body language.

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

At the last inspection of this service in September 2013 we had concerns because medicines were not always being managed safely. Medication received by the home was not always being accurately recorded. There were gaps in the medicine administration records. In some instances it appeared that staff had signed that medication had been given however, when we conducted a check, the medication was still in the blister pack.

At this inspection we checked the records in relation to the receipt, administration and disposal of medication for all people using the service. These records were accurate and included instructions for staff regarding "as required" medication (PRN). Staff we spoke with were clear about their responsibilities regarding medication and staff who had not yet undertaken medication training were clear that they were not to deal with medication. We saw that regular medication audits were now taking place to ensure any issues or errors were picked up in a timely manner.

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

Reasons for our judgement

At the last inspection of this service in September 2013 we had concerns because we found a number of gaps in the mandatory training that all staff should undertake. This included training in epilepsy, medication and first aid. We also found that staff had not undertaken training in autism or other types of learning disabilities.

At this inspection we saw records of completed staff training in autism as well as other required mandatory training including medication, epilepsy and first aid. Staff we spoke with were positive about the training they had completed and gave us practical examples of how the training had benefited their working practices. One member of staff told us that the training in autism had improved their understanding of communication. They told us they now used shorter sentences and avoided asking too many questions within one sentence. We observed friendly and supportive interactions between staff and people using the service.

Staff also told us they had received in house training in specific methods of communication and support for those people receiving care at the home. They told us this had been very useful in supporting people appropriately and according to their specific needs.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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