Freeways

Hillsborough House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We undertook an unannounced inspection of Hillsborough House on 3 October 2017. When the service was last inspected in May 2016 five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified.

During this inspection we checked that the provider was meeting the legal requirements of the regulations they had breached. You can read the report from our last comprehensive inspection, by selecting the 'All reports' link for Hillsborough House, on our website at www.cqc.org.uk

Hillsborough House provides personal care and accommodation for up to 14 people with learning disabilities. At the time of our inspection there were 14 people living at the home.

A registered manager was in post at the time of our inspection. 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 home is run.

At this inspection we found that improvements had been made within the service. Four of the five previous breaches had now been met. We found that the service was not always responsive to people needs as further improvements were required in regards to daily information recording and guidance for agency staff. We have made a recommendation in regards to people's fluid and nutrition.

Systems to monitor and review the quality of care did not always identify potential risks to people. Systems were in place to gain feedback from people, relatives and staff. This was through meetings and surveys. However, the information collected through surveys was not always utilised to make changes or improvements.

Improvements and changes had been made in staffing deployment, medicine guidance and person centred information in care records. Staff were supported through an effective induction, regular training and supervision.

Safe recruitment procedures were in place. People were involved in the interviewing and selection of new staff members. The service was compliant with the requirements of the Deprivation of Liberty Safeguards. Consent to care and treatment was sought in line with the Mental Capacity Act (MCA) 2005. Capacity assessments were untaken where appropriate and decisions taken in people's best interest were decision specific.

The service was clean and maintenance untaken where required. Further improvements to the environment and garden had been identified. Incidents and accidents were recorded. Actions taken in response had not always been clearly documented.

People were supported by staff who were kind, caring and respectful. Staff knew people well and how people preferred to be supported. People independence was promoted and encouraged. People were supported with their healthcare needs. Recommendations from professionals were followed.

Communication systems with staff and health professionals had improved. People were involved in activities of their choice.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of this report.

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.

Staffing deployment had improved to meet the needs of people.

Medicines were stored and administered safely.

Safeguarding concerns were reported and managed.

The service was clean and suitable for purpose.

Is the service effective?

Good

The service was effective.

Staff received regular training and supervision.

The requirements of the Deprivation of Liberty Safeguards were being met.

Consent to care and treatment was sought in line with the Mental Capacity Act 2005.

People had access to healthcare and the service took actions when recommended.

Is the service caring?

Good

The service was caring.

Staff were kind and respectful.

People's independence was promoted.

Regular meetings involved people in decisions about the service.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Guidance for staff in the response to people's food and fluid needs was not always clear.

Care records were person centred.

People and relatives could raise issues through the complaint systems and give daily feedback.

People were involved with activities of their choice.

Is the service well-led?

Requires Improvement

The service was not always well led.

Information was collected through surveys. However actions taken as a result were not made clear.

Systems had been changed to monitor and improve the quality of the service. However, they were not always fully effective.

Positive feedback was received about the management team.

Effective communication systems were in place for staff and relatives.

Hillsborough 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 was carried out by one inspector and was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us.

Some people at the service were not able to tell us about their experiences. We used a number of different methods to help us understand people's experiences of the home, such as undertaking observations.

During the inspection we spoke with six people living at the home and six members of staff, which included the registered manager. After the inspection we spoke to three health and social care professionals and three relatives. We looked at four people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies and audits.

Good

Is the service safe?

Our findings

At our last inspection of Hillsborough House in May 2016 we found that that the service had not met the regulations in regards to staffing provision, the management of safeguarding incidents and in some aspects of medicines management and documentation. The provider had sent us an action plan of the steps they were going to take in order to meet these regulations. At this inspection we found the provider had implemented their action plan and the necessary improvements had been made to meet these regulations.

At our last inspection we found there was not enough staff to sufficiently support people. At this inspection we found that staffing rotas had been changed to support people's needs more effectively. This had involved changing staff's shift times and patterns to ensure staffing was responsive to the needs of people. One staff member said, "The rota now meets the needs of the house. People get out to do what they want." The service now had six hours of administrative support in place. Currently there were three support worker vacancies and the service was also recruiting for a team leader. These vacancies were being covered by existing, bank and agency staff. We reviewed the staffing rotas for the previous six weeks. The service had maintained the level of staff it deemed safe for the needs of people. However, relatives we spoke with said they felt staffing levels did at times impact on how much the service could achieve due to the changing needs of people.

At our last inspection the service was not suitably clean and cleaning records had not completed during the day. A cleaning schedule was in place at this inspection to ensure the service was clean and tidy. Different duties were to be completed during the day and night shift. These had been completed. We observed communal rooms and bathrooms and these were clean and fit for purpose. There was a designated staff member for housekeeping duties. Staff told us this had a positive impact and ensured these duties were covered without taking support time away from people. One staff member said, "The cleaner has made a huge difference." The service now also had six hours of administrative support.

Incidents and accidents were recorded. Immediate action taken in response to the incident was documented such as first aid treatment. An 'occasion log' documented incidents that occurred that had not resulted in an accident for example, behaviours that may be viewed as challenging. Both these types of records had an overview completed so any patterns or trends could be monitored. The registered manager and staff could explain and demonstrate actions taken following accidents and incidents. However, the registered manager acknowledged that actions the service had taken to prevent reoccurrence of an incident was not always documented clearly and said this would be addressed.

At our last inspection we found that the provider had failed to recognise the limitations of the service and take actions to keep people safe. At this inspection we found safeguarding incidents were reported appropriately and managed safely. Where the service had identified ongoing behaviours that were impacting on the service, other people and staff, measures were being taken and support sought. The registered manager recognised the limitations of the service around people's care and support needs. One family member told us how they were fully informed and involved in the safeguarding process in regards to their relative. Staff were knowledgeable about how to report and record and safeguarding concerns. One

staff member said, "I would report to my manager."

At our last inspection we found that protocols for "as required" medicines were not in place and the guidance for the administration of topical medicines was limited. At this inspection we found medicines were stored securely in people's rooms. Regular checks were completed by two staff to ensure medicines had been taken as prescribed. Temperatures of medicines storage cabinets was recorded to ensure medicines was stored as directed. Guidance was available for staff on how people preferred to take their medicines. For example one medicines profile said, 'Prefers his tablets tipped into his hand from the dispensing pot.' Protocols were in place for "as required " medicines. Guidance was in place for topical creams and detailed what support people required. For example we viewed guidance for one person that said, 'Will apply cream independently when prompted.' Staff undertook regularly medicine competency assessments to ensure their knowledge and skills were at the required standard.

Fire safety systems and equipment were regularly checked and tested. Fire procedures were in place. When fire drills took place it was described how people responded and any areas that could be improved. People had an individual emergency plan in place. This detailed how they should be supported to remain safe in an emergency situation. This information was kept in people's care file and was not quickly accessible in an emergency situation. An emergency policy was in displayed in the office. However, this had not been reviewed since 2014. The registered manager said this would be reviewed to ensure the guidance and documentation staff needed in an emergency situation would be readily available and current.

People told us they enjoyed the environment and garden. One relative said, "The building and garden are always well maintained and provide a warm environment." Staff told us that items that required maintenance were reported through the provider's system and were repaired promptly. Recent improvements to the environment had included new flooring, new furniture, carpets and areas of the service had been repainted. A schedule of identified maintenance and improvement was in place. We did highlight to the registered manager chipped paint on the bannisters and skirting, a broken unit in first floor bathroom and improvements to the garden to make it more accessible.

Individual risk assessments were in place for areas such as mobility, medicines and health conditions. Guidance was in place for staff on how to minimise risk and support people safely in their preferred way. Risk assessments had been regularly reviewed.

Environmental risk assessments identified potential risk to people and staff. Such as lone working, security and slips, trips and falls. Measures were described of how these risk were minimised. Regular safety checks of equipment had been conducted. These included gas, water and electrical checks. A continuity plan was in place. This detailed procedures for staff to follow in unforeseen events and circumstances such as a loss of water or severe weather conditions.

The service followed a safe recruitment process before new staff began employment. Staff files showed photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people.

Good

Is the service effective?

Our findings

At our last inspection of Hillsborough House in May 2016 we found that that the service had not met the regulation in regards that staff training had not always been updated. In addition staff were not receiving regular support through supervisions. Supervision is where staff meet with their line manager to discuss their performance and development. At this inspection we found that the provider had made the improvements detailed in their action plan and this regulation had now been met.

Staff received regular supervision with their line manager. We saw supervisions discussed training; people staff supported and staff well-being. One staff member said, "I do get supervision, the door is always open." Another staff member said, "Supervision is useful. I can say anything." Actions to be taken from the supervision were recorded and these were revisited at the next supervision. The provider kept an up to date matrix of staff supervision throughout the year. We saw that the provider used internal disciplinary procedure when necessary.

At the last inspection staff training had not always been updated regularly. Training records we reviewed showed that staff training in key areas such as safeguarding, first aid and Deprivation of Liberty Safeguards (DoLS) had been updated. A training plan had identified further training necessary for staff to support people effectively. For example particular health conditions. One staff member said, "Training is a priority, it is very good." This training plan was due to be completed by the end of 2017. The provider had facilitated staff with their learning needs. For example, by providing adapted computer software to support staff members.

Staff undertook an induction when they started working at the service. Inductions were aligned with the Care Certificate. The Care Certificate is a modular induction which introduces new starters to a set of minimum working standards. All the staff we spoke with confirmed they received an induction when they began working at the service. The induction took new staff members through systems, procedures and ways of working with people.

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. We spoke with staff who demonstrated good understanding and knowledge of the MCA.

Care records showed that capacity assessments had been completed where appropriate. For example when a person's health condition required monitoring. When a best interest decision was needed for a specific decision this was recorded. The process outlined why other options had been discounted and why the decision reached was the least restrictive option for the person. We did highlight to the registered manager that family member's viewpoints had not always been documented clearly in the best interest decision. The registered manager said this would be completed.

The registered manager had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). 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. The service kept a tracker of the progress of people's DoLS authorisations. Where conditions were stated, it was documented how these were being met.

People were supported to access healthcare when required. Details of appointments were health professionals were recorded in people's health records. Such as with the GP, psychiatrist or chiropodist. One person told us, "I have a doctor's appointment this afternoon. Someone will go with me." People had information on how they liked to be supported at health appointments. This was important as people may become anxious.

We spoke to several health and social care professionals who commented on the improvements made at the service. These were in relation to communication and the follow up of actions required. One health professional said, "A report is now completed with any actions staff need to take forward and this is now done." Another health professional said, "Communication and paperwork has improved." For example we noted that a concern had been raised by a health professional and the recommended actions had been documented by staff.

An accessible menu was displayed in the service. We observed people choosing what they would like to have at different mealtimes. People also were encouraged to help with meal and snack preparations. One person said, "I just had some food. It's nice. I chose it

Good

Is the service caring?

Our findings

People were supported by staff who were kind and caring. One person said, "It's a good house." One relative said, "[Name of person] loves it [the service]. Staff are very good. I am pleased with it." Another relative said, "Staff are always caring and welcoming." A health professional said, "Staff are friendly and supportive."

People told us they had good relationships with staff members. One person said, "I like you and you [pointing at different staff members]." We observed that staff spoke to people with kindness and respect. Staff ensured they listened to people and communicated to people in their preferred way. One relative said, "It is a caring environment."

We observed staff supporting people to prepare food for themselves. Staff encouraged and gave directions when needed. Staff asked people before providing support. Staff were knowledgeable about people's preferences and showed they knew people well. For example, staff could explain people's support needs around particular health needs or behaviours. A relative said, "They do look after her really well."

We observed that staff respected people's privacy. Staff knocked on people's doors and waited to be invited in before entering. People could choose where they wished to spend their time in communal areas, their own room or the garden. Staff supported people in a dignified way. We observed staff discreetly prompt people when needed.

Staff said the home had a positive atmosphere. A staff member said, "The atmosphere is settled and relaxed." Another staff member said, "I enjoy my job." Staff were alert to where people's behaviours may impact on other people living in the home and had strategies in place to manage particular situations.

A noticeboard in the dining area showed people which staff were on duty that day. Information was displayed around the service in an easy read and accessible format. For example information about local activities and classes and residents meetings minutes.

People were encouraged to maintain their independence. One person told us they liked to do their own laundry. We observed them filling the washing machine and later they showed us that they hung it out on the washing line. There was an area in a communal area of the service where people could make their own hot and cold drinks. We observed people access this area throughout the day. People often asked other people if they could make a drink for them, which promoted positive relationships between people.

Visitors were welcomed at the service and there were no restrictions. People told us that visitors were able to come when they chose.

Regular meetings were facilitated with people to share information and gain feedback. The minutes from the meeting were written in an accessible format with pictures included. We reviewed recent minutes and saw that social activities such as a coffee morning, disco and karaoke party were shared with people to see if they wished to attend. New staff were introduced and people were asked for their views on matters relating

to the service.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection in May 2016, we found that the service had not met the regulations as the quality of person centred information within people's care records was not consistent. At this inspection we found this regulation had been met and that care records were person centred. At the last inspection we also found that daily records used to monitor people's health and behaviour had not been fully completed. At this inspection we found that improvements had been made but this was not yet fully effective.

At the last inspection we found the quality and frequency of individual daily records was variable. Since then, the format of these records had been reviewed and changed. Different sections had been added to give more detailed information about the care and support people had received and to identify and communicate to staff any changes in people's behaviours or health needs. We found that further improvements were required as information documented did not always give sufficient detail or there was inconsistent recording. For example, for one person we reviewed sections about their mood, when they arose and food had not been consistently completed on three days. The registered manager said this had been recognised prior to the inspection and , whilst the new form had given clearer areas to focus the information required from staff further amendments would improve the effectiveness of the record. The registered manager said this would be reviewed in the next scheduled staff meeting

People spoke positively about the keyworking system in place. A person had an allocated keyworker who oversaw their care and support. Since the last inspection people had met regularly with their keyworker and their care plans had been reviewed. The monthly document in the majority of cases had been completed but in a few we viewed it had not. These had already been identified in the registered managers' audits and actions taken to address this. The registered manager said this document and process would be reviewed and additional training would be provided for staff to ensure they were confident in the process.

One person's food and fluid intake was being monitored. This information was being recorded however, it did not accurately detail how much food and fluid the person had consumed. Staff we spoke with knew the recommended fluid intake for the person and this was documented in their care file but not on their fluid chart. The documentation did not give any guidance for staff on actions to take if intake fell below a particular level. This had not been identified in the audits of the service. The registered manager said this would be addressed.

We recommend that the service seeks support and guidance to ensure it has systems in place to identify and escalate concerns about people's fluid and nutrition when appropriate.

Staff told us that agency staff received a full handover before their shift. Descriptions of people's preferences were documented in a quick guide. Whilst agency staff could access people's care records, the registered manager acknowledged further guidance was required specifically for agency staff. This was particularly significant during the night due to the support needs of people and as agency staff had limited support from other staff members. The registered manager wrote to us after the inspection and informed us that this had been implemented.

Care plans were person centred. People had been involved in creating and maintaining their care record. Information detailed people's significant contacts, interests and background. People preferences and routines were also described. For example one care record said the person liked, 'Horse-riding,' but disliked 'Not going out when I want.' People's care records promoted people's independence by detailing where people required support. For example one care record said, 'Will make hot drinks and sandwiches independently. Uses a key for bedroom independently.' Strategies were in place to guide staff on positively supporting people to manage behaviour that may be viewed as challenging.

The complaints procedure was displayed. Relatives told us they were happy to raise concerns with the service if needed. One relative said, "Oh yes I can complain, I have done." They explained what they had complained about and how the service had resolved the issue.

People were encouraged to use a 'happy/unhappy' form. These were in an accessible format and located around the service. One person told us how they would fill these in and post it in the box in a communal area of the service. They told us, "They are good." The registered manager reviewed all comments raised and fed back to people any actions taken. People were consulted to ensure they were satisfied with these actions. It also highlighted areas of people's care that they particularly enjoyed so these activities or experiences could be repeated.

People's diversity was supported and encouraged. We observed that people's rooms were decorated in colours of their choice and with their own personal style. People had different furniture and had set up their rooms how they wished. One person said, "I like my room. I have the best view." One person told us that wearing jewellery was important to them. They showed us pieces of their jewellery and asked a staff member to support them putting their earrings on. People told us their preferences were respected. One person said, "I like it quiet. I like staying in."

People told us they were happy with the activities they took part in. One staff member said, "There are good activities, always things going on." Another staff member said, "It is personal choices of what people want to do with their time." People had been involved with choosing the activities they wished to participate in such as animal therapy, music therapy, exercise, religious services and socialising in the community. One person showed us their timetable in their bedroom. They explained that this supported them in knowing what they were doing each day. The person told us they liked their activities which included pottery, drama and shopping. Staff encouraged people to try new activities which they may enjoy. Another person told us about the social club they attended in the evening and why they enjoyed it. A relative said, "Staff take [Name of person} shopping, which she likes."

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in May 2016 we found that the service was not meeting the regulations in regards to good governance. Previous shortfalls that had been raised with the provider had not been improved. Audit systems were not effective as areas that were identified as requiring actions were not always completed. The provider had failed to act on feedback gathered from people, staff and relatives through surveys and meetings. At this inspection we found the provider had taken actions to improve their governance systems. However, these did not identify all areas that could place people at risk. Feedback through meetings with people and staff were now acted upon. Actions were also taken from the happy/unhappy forms completed by people. However, feedback gathered through surveys had not been fully utilised.

Surveys were conducted with people and relatives. Relatives told us their views were regularly sought. One relative said, "Yes every year they send surveys." We reviewed the last survey and the feedback gained was positive with comments such as, 'Everyone is really friendly and helpful' and 'Provides a nice friendly environment.' We found that no analysis was undertaken of the survey findings for people or relatives at the service level. People and relatives had not been informed or any changes made as a result of the survey. The survey findings did contribute to a wider analysis of the organisation. This had been highlighted to the provider at the last inspection. The registered manager told us that written feedback would be provided to people and relatives in the future.

At the last inspection we found that systems in place to monitor and review the quality of the service were not fully effective. At this inspection we found systems had been changed. The registered manager had a prompt system in place to ensure areas and systems were regularly reviewed and checked. However, this had not identified all areas that may place people at risk.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Audits were in place for medicines, care records and the environment. We saw action plans were completed on areas identified during these audits. For example, a recent medicine audit identified that evidence of professional advice being sought for one person whose medicines had recently changed. This was to ensure their medicines were compatible with homely remedies. Actions required from care record audits were listed for keyworkers to complete on a monthly basis. These were checked to ensure completion.

The registered manager completed a bi-monthly assessment of service. This monitored areas such as complaints, DoLS authorisations, staff supervisions and staffing. This identified any trends and patterns and recorded actions being taken. Peer and provider assessments were also completed as part of this process.

The registered manager facilitated regular staff meetings. We reviewed recent minutes and saw that information was communicated in regards to staff practices, reporting and recording and maintenance issues. Discussions were held about people's care and support, which included staff strategies. Actions were recorded and these were revisited at the following meeting to monitor the outcome or progress made. One staff member said, "We [Staff] give feedback, our views are listened to."

Staff, relatives and people spoke positively about the management at the service. One person said, "[The registered manager] is good at her job." A staff member said the registered manager was, "Approachable and effective." Another staff member said, "The registered manager is very proactive, she has done a lot of work in this house. She listens and is very good." A health professional said, "The management is very good."

Staff spoke positively about the staff team. Staff told us the atmosphere and team approach had improved. One staff member said, "We are a good little team." A staff member said the registered manager promotes, "A calm atmosphere by taking a common sense approach and finding solutions." Staff said they were well supported by senior staff. A staff member said, "There is a good management team." A health professional said, "You can feel the changes in the home. There is a better atmosphere."

We received feedback that record and documents had been improved and were more efficient. Staff told us that documents were reviewed and revised as necessary to ensure they were effective. A health professional told us that the implementation of new systems and robust communication systems. Staff told us they views were sought on how to make improvements within the service. A relative said improvements had been made in, "Reporting and record keeping."

People were included in the interview and recruitment of new staff members. Two people told us how they were involved with asking potential new employees questions about their suitability for the role and what support they could offer people living at the service. One person explained a question they asked during the interview and why the person's answer was important. People spoke positively about this experience and how their views were listened to in the recruitment process.

Staff said that effective communication systems were in place. One staff member said, "Communication has improved. We have a verbal handover, a handover sheet and a communication book. I know what I need to know at the start of my shift." There was a diary for appointments, a communication book for staff to communicate messages to the staff team. For example, around activities and particular events. Daily handovers took place that were both verbal and written. This ensured information was communicated about people's medicines, finances, cleaning and staffing. We did highlight that to the registered manager that staff were not promptly indicating they had read and understood key information provided for them in the handover file. This related to changes in people's care and support or information such as staff meeting minutes. The registered manager said this would be addressed with staff.

Relatives told us they were kept informed and were involved in people's reviews of care. One relative said, "Communication is good. The registered manager and deputy manager are open and honest in their communications, which is appreciated." The provider produced a newsletter which communicated information about the service and organisation.

Staff had access to an employee assistance programme. This was facilitated by the provider and gave confidential external support to staff members to support their well-being.

The registered manager understood the legal obligations in relating to submitting notifications to the Commission and under what circumstances these were necessary. A notification is information about important events which affect people or the home. The registered manager had completed and returned the Provider Information Return (PIR) within the timeframe allocated and explained thoroughly what the home was doing well and the areas it planned to improve upon.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality monitoring systems had not identified all areas of risk to people. The provider had failed to act on all feedback received regarding suggested areas for service improvement.