

# Review of compliance

Homes Caring For Autism Limited Hilltop	
<b>Region:</b>	South West
<b>Location address:</b>	32 Trewartha Park Weston-super-Mare Somerset BS23 2RT
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	August 2011
<b>Overview of the service:</b>	Hilltop is a residential care home registered to accommodate eight people. The service cares for people with various degrees of cognitive impairment, including autism spectrum disorder, learning disabilities, and complex health needs.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Hilltop was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 6 July 2011, checked the provider's records, observed how people were being cared for and talked to staff.

### What people told us

Due to the nature of the autism spectrum disorder of those people living at Hilltop, we were not able to talk or communicate effectively with people, but we were able to take time to observe their care. We talked to members of staff who had worked with some of the people for a number of years, or who had recently joined the service, about the care they provided.

We observed care delivered with kindness and patience, experience and knowledge of the person.

During an observation of care we saw some positive interactions from one member of staff during lunch.

We saw a number of innovative systems at the service developed and designed to help some or all of the people living at Hilltop. This included charts designed using widgets to demonstrate to one person when they could expect events to take place. There was a system designed to allow a person to interact with one of his favourite possessions but to teach him about patience and manage expectations.

We also saw some of the interactive games and tools that had been made by a trained member of staff to encourage and improve various motor skills and interactions.

### What we found about the standards we reviewed and how well Hilltop was meeting them

**Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

Overall, we found that Hilltop is meeting this essential standard.

We found that people who live at Hilltop are cared for by members of staff who understand them and help to provide support that meets their needs and help them to have as much independence as they can manage. We found that people were put at the centre of care and support and where possible, their views taken into account and used to decide how the service is delivered.

**Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

Overall, we found that Hilltop is meeting this essential standard.

People who live at Hilltop are protected by systems that require decisions to be taken about care and support provided by people who know the people who use the service well. We found that people are cared for by staff who know what decisions the person is able to make for themselves and act to allow that person to make those decisions.

**Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

Overall, we found that Hilltop is meeting this essential standard.

We found that people are being given safe, appropriate and effective care and support. We saw that people's needs are assessed and planning and delivery of care meets these needs and ensures that people's rights are protected.

**Outcome 05: Food and drink should meet people's individual dietary needs**

Overall, we found that Hilltop is meeting this essential standard.

We found that people living at Hilltop have their nutritional needs met. We found that people are supported to have a healthy routine of eating and drinking.

**Outcome 06: People should get safe and coordinated care when they move between different services**

Overall, we found that Hilltop is meeting this essential standard.

We found that people who live at Hilltop will receive coordinated care if their care is transferred to another provider. Information held about people staying at Hilltop is transferred responsibly ensuring that only essential information is provided to others.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

Overall, we found that Hilltop is meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

We found that people who live at Hilltop are protected from abuse. The service has policies and procedures in place for responding to suspected abuse. Members of staff are

aware of the safeguarding policy and whistle-blowing policy. The safeguarding policy and the knowledge of members of staff do not include the role of the local authority in holding the statutory duty of the safeguarding of vulnerable people.

### **Outcome 08: People should be cared for in a clean environment and protected from the risk of infection**

Overall, we found that Hilltop is meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

People who live at Hilltop are protected from the spread of infection by appropriate and proportionate systems and procedures that staff members follow. The service did not have a copy of the code of practice guidelines for adult social care on the prevention and control of infections and related guidance. We found that the service was replacing the carpets throughout the home but in the meantime had not addressed the unacceptable smell of urine in one communal area.

### **Outcome 09: People should be given the medicines they need when they need them, and in a safe way**

Overall, we found that Hilltop is meeting this essential standard.

We found that people who live at Hilltop are helped to receive their medication safely and when it is needed. Medicines are stored safely and administration recorded correctly.

### **Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare**

Overall, we found that Hilltop is meeting this essential standard.

We found that people at Hilltop live in premises that are safe, suitable for their needs and maintained. The premises are secure, the grounds are maintained, and equipment and services required for the running of the premises is safe and maintained. Some areas are in need of care and attention but a programme of decoration and maintenance is in place to deal with these requirements.

### **Outcome 11: People should be safe from harm from unsafe or unsuitable equipment**

Overall, we found that Hilltop is meeting this essential standard.

We found that people who live at Hilltop are not at risk of harm from any unsafe equipment. Arrangements are made to ensure that equipment, fixtures, and fittings are maintained, repaired, and serviced as is appropriate.

### **Outcome 12: People should be cared for by staff who are properly qualified and able to do their job**

Overall, we found that Hilltop is meeting this essential standard.

We found that people who live at Hilltop are cared for by members of staff who are recruited following relevant appropriate checks. We found that staff are assessed to be

mentally and physically fit, skilled, and experienced to carry out their role.

**Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

Overall, we found that Hilltop is meeting this essential standard.

We found that people who live at Hilltop are being looked after by sufficient staff with the right mix of qualifications, skill and experience. We found that the service has systems in place to adapt to the changing needs of people who come to live there, and expected and also unexpected changing circumstances in the service.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

Overall, we found that Hilltop is meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

We found that people who live at Hilltop are looked after by competent members of staff who are properly supported, trained, and receive regular supervision. Some training is now overdue for annual update. Systems are not sufficiently developed to allow staff members to know when training is due. We found that staff are supported to develop their skills and experience and to gain further qualifications relevant to their role. We found that communication and support of staff is delivered well following an unsettling period when a person living at Hilltop was particularly challenging.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

Overall, we found that Hilltop is meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

We found that people who live at Hilltop do so in a service that makes effective decisions about the care and support it delivers. This is done by taking action from learning about adverse events, comments from people, and members of staff. The service does not yet have an effective programme of audit to take account of all assessments of quality and monitoring of the service and drive changes with a more systematic approach.

**Outcome 17: People should have their complaints listened to and acted on properly**

Overall, we found that Hilltop is meeting this essential standard.

We found that people who live at Hilltop or people who act or speak on their behalf will have their comments and complaints listened to and acted upon. We found that people are supported by a system that is in place to deal with complaints in a timely and responsive manner.

**Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential**

Overall, we found that Hilltop is meeting this essential standard.

We found that people who live at Hilltop have records that are accurate and fit for their intended purpose. Records are stored in such a way that allow them to be accessed quickly. Records are kept safe and confidential and only people who have the right to see the information are allowed to do so.

### **Actions we have asked the service to take**

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

### **Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

We visited Hilltop on 6 July 2011. The service was caring for seven people (all male) on the day of our visit. These people have all been diagnosed with autism spectrum disorder, which is a neurological and behavioural condition that can affect a person's ability to communicate, understand language, and interact with others.

The people living at Hilltop have relatively severe autism spectrum disorder and we were therefore not able to talk or communicate in any depth with people at Hilltop directly. We were able to observe their care, talk with members of staff, and review the records the service holds in order to assess the quality of care provided.

People living at Hilltop come to the service as their permanent place of residence and staff members are therefore able to get to know the person well and develop an understanding of their likes and dislikes.

In knowing the people well, staff members can make adjustments to the service, care and support generally, to suit the person's needs and abilities. The service also makes adjustments rapidly to manage periods of challenging behaviour or high anxiety.

One change we noted was when we heard that a number of the people at Hilltop did not like being too hot. A number of people therefore had air conditioning units in their bedrooms and the bedrooms were kept cool.

Some of the people had decoration in their rooms, including pictures or photographs of things that staff and their families and friends knew that they were interested in.

The home has a resource room which contained numerous games, musical instruments, and painting equipment. The room also had high quality interactive equipment made by a member of staff along the lines of the TEACHH method of learning. TEACHH is a system devised in the USA in the 1960s for, among other things, enhancing and developing skills of people with cognitive or behavioural problems, in a structural environment.

The service benefits from a member of staff who has had specialist training in using these resources. The room has fallen out of use in the past few months due to staff resource problems, but this situation was temporary and the room and its resources are now coming back into the routines of people. Other staff members are also trained and will be trained to participate in this developmental area.

People who live at Hilltop take part in a range of community-based activities and outings. People have their own activity charts and there are a wide range of options that they can take part in. The schedule is flexible and adaptable to the person's mood or sudden change of mind. People are not forced to participate in activities and able to make the decisions for themselves. But staff members do actively encourage and enable people to have the confidence to take part in activities to keep them active but also as part of their therapy.

We observed people living at Hilltop being treated with respect and them having a sense of privacy. People were able to go to their rooms if they wished and have some peace and quiet, and there were smaller and quieter sitting rooms available for people who wanted to be away from other people, but not necessarily in their bedroom. We observed staff members knocking in people's doors before entering.

The service has been installing biometric locks on the bedroom doors so that only people who were authorised to enter this private space were able to do so. This meant that people who did not want other people who use the service to enter their private rooms were able to exclude them.

### **Other evidence**

We looked at the care plans for people who live at Hilltop. The documentation highlighted the things that people who live there have been found to like. One person likes mobile phones and cars. The service had devised a strategy to manage the person's fixation with phones and found a way to obtain demonstrator phones (i.e. real phones but not functional) and use them for motivation and development of skills and appropriate behaviours.

### **Our judgement**

Overall, we found that Hilltop is meeting this essential standard.

We found that people who live at Hilltop are cared for by members of staff who understand them and help to provide support that meets their needs and help them to have as much independence as they can manage. We found that people were put at the centre of care and support and where possible, their views taken into account and used to decide how the service is delivered.

## Outcome 02: Consent to care and treatment

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Where they are able, give valid consent to the examination, care, treatment and support they receive.
- \* Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- \* Can be confident that their human rights are respected and taken into account.

### What we found

#### Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

#### Our findings

##### What people who use the service experienced and told us

The people who live at Hilltop do not have capacity to consent to the major decisions that influence their lives. This has been assessed by various care providers, including local authorities, clinical professionals, family members and people working with them at Hilltop. Best interest meetings are therefore held when big decisions need to be made, including, for example, moving to Hilltop, undergoing medical procedures, and financial decisions.

However, people who live at Hilltop are generally able to make decisions about their day-to-day lives. This includes what they want to eat and to drink, what they want to wear, when they get up and go to bed, when they want to go out in the day, and where they would like to go.

We observed staff members asking people for their consent to come into their private space or if they wanted the person who uses the service to move from one area to another.

##### Other evidence

We reviewed some of the care plans of people living at Hilltop in some detail. We were able to see the recording of decisions around capacity and consent taken by multi-disciplinary teams, often led by the funding body. We were able to confirm that people did not have the full capacity to consent to major decisions, but the care plans confirmed that they were capable of making plenty of decisions about daily life for

themselves.

**Our judgement**

Overall, we found that Hilltop is meeting this essential standard.

People who live at Hilltop are protected by systems that require decisions to be taken about care and support provided by people who know the people who use the service well. We found that people are cared for by staff who know what decisions the person is able to make for themselves and act to allow that person to make those decisions.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

At our visit to Hilltop we talked with six members of staff at some length about how they assess the care and welfare needs of the people living at the service.

We were told that the ethos of Hilltop and the provider, Homes Caring for Autism, is to promote structure and routine for people and to encourage skills that work towards independence.

We saw staff members working with people at the service and working towards these goals. A number of the people at Hilltop were able to go swimming and had been during the morning. The service has spent time assessing various swimming pools to find one where people who use the service can be best accommodated. Staff members have located a pool which is a short car drive away and the service has a mini bus and a car which allows a number of people to travel together. The service also meets other people from other Homes Caring for Autism services at the pool so that there are plenty of familiar people around.

The home works with people who use the service to find ways to encourage them to perform simple tasks, and has been able to report some success in motor skills and coordination, and desensitisation to noise. This has, for example, enabled people to dress themselves, clean their own teeth, and be more confident in the community.

We asked the care staff how they were able to recognise negative changes in a person's mental or physical health and act to prevent further deterioration. Changes in the status of mental health were detected through heightened anxiety and increasing challenging behaviour. This was addressed by withdrawing from that person's space in the short term, and by finding ways to divert that person from the issue or thing causing the anxiety. This process does not always happen quickly, and can be slow

and needing a lot of patience from members of staff.

Staff members have also developed tools and procedures for bringing someone's anxieties down and returning them to a settled situation. We saw a number of short films made by staff members which would be shown to one person living at Hilltop often, to visually show this person how to behave in a situation. The film could be shown as many times as the person wanted, and the person seemed particularly pleased to show it to the inspector during the visit.

People who live at the service are encouraged to spend time with their families and visits are encouraged. One person who lives at Hilltop was looking forward to seeing a member of his family, who comes routinely to the home. The routine, i.e. coming on the same day of the week and trying not to cancel this, has been encouraged to enable staff to orientate the person as to when to expect this visit. The person therefore has a daily chart with 'widgets' (small pictures on Velcro) and knows that they take one of the widgets from the chart each day, and he can then see how many days he will need to wait until his family member visits. This is also used to show the person when he will be getting a new mobile phone (from the stock that the home keeps of demonstrator phones) so that he can look forward to this, but equally understand waiting for things. In terms of changes to health, staff members told us that triggers tend to be changes in eating patterns, signs of pain and discomfort, not wanting to take part in things that they otherwise enjoy, and resisting care and support.

Hilltop also has a key-worker system which allows staff to spend more time getting to know an individual person and be able to monitor their behaviour more closely. So as to maintain continuity in periods of absence, Hilltop has 2 key-workers for each person living there.

The service also has a behaviour support team that works within the provider organisation. This is intended to provide extra support to people who use the service and to members of staff when a person using the service has a crisis. This team also provides suggestions for the plan of care delivered to that person if their needs are particularly unique or needing specialist direction.

### **Other evidence**

We looked at care plans for people who use the service. Each person has an extensive list of risk assessments around the things that they do each day and the care and support provided to them. These risk assessments are updated either when a situation changes for the person who uses the service which is likely to be more permanent, or on an annual basis.

The care plans, through the daily report forms, and other tools such as weight charts, record changes in the person's normal routines. We saw evidence of how staff members use these tools to respond to potential changes in someone's health, and possibly involve other professionals where this was required.

There is a programme of ongoing improvement in care plans in Hilltop and we saw one set of records that is being developed into a more comprehensive document.

### **Our judgement**

Overall, we found that Hilltop is meeting this essential standard.

We found that people are being given safe, appropriate and effective care and support. We saw that people's needs are assessed and planning and delivery of care meets these needs and ensures that people's rights are protected.

## Outcome 05: Meeting nutritional needs

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are supported to have adequate nutrition and hydration.

### What we found

#### Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

#### Our findings

##### What people who use the service experienced and told us

People who come to live at Hilltop were seen, using care records and observation, to generally eat and drink well. The service operates a four-week menu rota, and build a five-a-day approach into menu planning. We saw people having a sandwich lunch with fresh fruit, and a small cake baked in the morning by one of the people using the service.

The service is able to accommodate people who have a gluten-free diet, which is sometimes the case with people with autism spectrum disorder. One of the people who lives at Hilltop has a special dietary plan that has been devised by a dietician, and the home are able to arrange for this person to have food to suit this plan.

The home provides hot and cold drinks to people throughout the day and people can make their own drinks. Staff members do, however, limit fluid intake for some people who live at the home to safe levels. The service has had to remove sinks from some rooms where people were drinking excessive amounts of water and becoming unwell. Eating and drinking is recorded in each person's daily report books, some examples of which we saw.

As part of living in the community, people are able to go out and eat in the local area fairly often. We saw that people are able to occasionally visit fast-food outlets, which one person indicated that they enjoyed. People are also able to go out with support and have, for example, tea and cakes in a local café, and one person had enjoyed doing this with two support workers while we were visiting.

##### Other evidence

We looked at the menu rotas and people were given a reasonable choice of food. There was evidence of fruit and fresh vegetables on the menu and visits to cafés and

restaurants built into the programme.

**Our judgement**

Overall, we found that Hilltop is meeting this essential standard.

We found that people living at Hilltop have their nutritional needs met. We found that people are supported to have a healthy routine of eating and drinking.

## Outcome 06: Cooperating with other providers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

### What we found

#### Our judgement

The provider is compliant with Outcome 06: Cooperating with other providers

#### Our findings

##### What people who use the service experienced and told us

Staff members working collaboratively with other providers of care, and receiving support from them is important for people who live at Hilltop. Maintaining continuity in people's care and making sure that providers to whom care is transferred, such as a hospital or a dentist, is done sensitively and appropriately is critical. This is due to the difficulties that some people at Hilltop have with taking in new information and unexpected and unplanned changes to their expectations.

We talked with members of staff about safe and coordinated care when other providers are involved. If a person needs to go to hospital, the service has a hospital admission statement, which was designed by the NHS, which gives information coded into three categories. The categories are 'Red' for important things that the hospital must be aware of, 'Amber' for the more general things, and 'Green' for those things that would be useful if the hospital knows if the person needs longer-term care.

We saw these assessments for all the people living at Hilltop. We also saw care plans that were produced by the local authority or primary care trust that were commissioning the care for the person. We saw how Hilltop had built the recommendations and requirements from the commissioning services into the care that they provided on a day-to-day basis.

##### Other evidence

We asked the provider to send us some additional information to tell us how they judge their compliance with cooperating with other providers. The service judged that they were fully compliant with this outcome. We were given some useful information, which included:

"Hilltop works in partnership with each individual's GP to ensure referrals are made to the appropriate services e.g. speech and language, psychiatry, psychology, neurology, rheumatology, etc.

"Hilltop works within the recommendations of the professionals described above. This can be evidenced through changes made to care plans after consultations and letters from the professional describing their recommendations for the plan of care.

"All staff will ask for permission (where relevant) from the individual when offering information to other professionals, particularly when the individual is present at the meeting. This evidence can be observed on a daily basis within the home.

"Individuals are supported to make relevant appointments for the mentioned professionals and any recommendations are acted upon. This can be evidenced through the medical/professional contact sheets.

"Individuals are supported to receive ongoing outpatients appointments with the consultant they have had before moving to Hilltop, in line with their or their families' preferences."

### **Our judgement**

Overall, we found that Hilltop is meeting this essential standard.

We found that people who live at Hilltop will receive coordinated care if their care is transferred to another provider. Information held about people staying at Hilltop is transferred responsibly ensuring that only essential information is provided to others.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

We talked at length to three members of staff about what they would do if they suspected that someone was being abused. We were told that if there was a suspicion raised, staff members would address this to their line manager or the senior person on duty. If this was not appropriate, the staff member would contact one of the senior management at the provider's head office.

We asked staff what they would do if they felt that nothing had been done to address their concerns and the abuse was continuing.

At this point we found that staff were unsure of the role of the local authority and that, in this case, North Somerset Council, hold the statutory duty for safeguarding of individuals.

We checked the service's policy on safeguarding of vulnerable adults and the policy did not cover the local information or the contact details for North Somerset Council's Care Connect service.

Staff members had read the policy but were not aware of the arrangements that were in place locally.

We talked about whistle-blowing and staff members were aware of the policy and what they would do if they felt that there were problems within the service. Staff members knew that they could contact CQC if they had exhausted all the other internal reporting mechanisms. The service has a whistle-blowing policy and also a laminated notice on the staff notice board which gives outline details, and also contact details for CQC.

We talked with staff members about training they have undertaken and how this works in practice to keep people safe. We were told that staff members undergo positive behavioural management (PBM) training (sometimes called positive response training

or PRT) and this training is essential to de-escalating challenging behaviour and responding positively to diffuse difficult situations. Training teaches staff members how to handle situations to enable them to use physical restraint as rarely as possible. Staff members told us that they have had to use physical restraint on occasion. This tends to involve moving someone away from a situation with two staff taking their arms, or keeping them in an area for their own safety and that of others.

If a person has had to be restrained, the person is checked for any signs of injury, skin maps are made, and the person's family is contacted. Staff members are debriefed and also checked for injuries. Staff members have been injured in the past when a person has been in a challenging mood. This has resulted in the service supplying staff with personal protective equipment (PPE). PPE has included bandanas and hats, to avoid staff having their hair pulled, and wrist covers, and requirements to wear long sleeves, to avoid being bitten.

The service has introduced biometric locks on the bedrooms doors of some people who live at Hilltop. This is to safeguard those people from other's entering their rooms and assaulting or upsetting them.

We asked senior staff working at Hilltop what they understood about Deprivation of Liberty Safeguards (DOLS). Staff members have been trained in the Mental Capacity Act and DOLS and understood the difference between restricting someone and depriving them of their liberty. Staff members at Hilltop will work with Head Office if it was felt that an application to deprive someone of their liberty was required. There is no one currently living at Hilltop who has a DOLS in place.

### **Other evidence**

We asked the provider to send us some additional information to tell us how they judge their compliance with safeguarding people who use services from abuse. The service judged that they were fully compliant with this outcome. We were given some useful information, which included:

"The service manager has processes in place to periodically assess that staff understand the signs of abuse and raise this with the right person when those signs are noticed. This assessment will be through individual supervision meetings, staff meetings and as a debrief to staff in the event that a disclosure has occurred.

"The service has an effective means to monitor and review incidents, concerns and complaints that have the potential to become an abuse or safeguarding concern. The service has an effective means of receiving and acting upon feedback from people who use services and any other person. This process includes formal feedback through service user questionnaires and through feedback forms made freely available in the main reception of the service or provided to people as part of the information pack of the service

"There is evidence through documented and detailed notes that the service takes action immediately to ensure that any abuse identified is stopped and suspected abuse is addressed. Any action taken is in line with the Safeguarding Adults & Children policies.

"There is evidence that where physical intervention is used, this forms part of a multi-agency agreed plan of care and is used as a last resort.

"Staff receive a copy of the staff handbook and particular attention is drawn to staff that they are not able to benefit financially or inappropriately gain from a person who uses services; they are not to be involved in writing wills or bequests of people who use services; they are not able to use property of people who use services for personal use; they are not able to borrow money from, or lend money to, people who use services; they are not able to sell or dispose of goods belonging to people who use services for their own gain.

"Hilltop is committed to maximising people's choice, control and inclusion and protecting their human rights as important ways of meeting their individual needs and reducing the potential for abuse. In addition, staff recognise their personal responsibility in safeguarding people who use services."

**Our judgement**

Overall, we found that Hilltop is meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

We found that people who live at Hilltop are protected from abuse. The service has policies and procedures in place for responding to suspected abuse. Members of staff are aware of the safeguarding policy and whistle-blowing policy. The safeguarding policy and the knowledge of members of staff do not include the role of the local authority in holding the statutory duty of the safeguarding of vulnerable people.

## Outcome 08: Cleanliness and infection control

### What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

### What we found

#### Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

#### Our findings

##### What people who use the service experienced and told us

Hilltop has appointed a member of the care staff as the lead on infection control. The service did not have a copy of the code of practice guidance for adult social care on cleanliness and prevention and control of infections.

We found that the home was generally clean in areas such as people's bedrooms, staff areas, communal toilets, and communal rooms, such as the lounge and dining room. The carpets at Hilltop, although free from general loose dust, were not clean and worn in many areas. The carpet in the sun lounge had a strong smell of urine, which staff members were aware of. We were told that the cleaning routines for this carpet were not working and the carpet was being replaced. We saw evidence that all the carpets in Hilltop are now being replaced in favour of laminate floors, which will be more hygienic and easy to clean. This was not being done however for several weeks, as it takes time to organise, and there had not been any success in dealing with the carpet in the meantime in the sun lounge.

The home had paper towels, soap and alcohol gel available in appropriate places.

Members of staff told us about their hand washing routines and understood the importance of maintaining their personal hygiene and encouraging that of people who use the services. Members of staff have to deal with various continence problems and other hygiene problems and wear gloves and aprons when necessary and ensure that they wash their hands when delivering personal care.

We observed staff administering medication to one person at Hilltop and this was done with the use of protective gloves and also using a dispensing cup so that the medication did not come into contact with their hands. We saw evidence of medication being disposed of if it dropped to the floor.

##### Other evidence

We did not use any other evidence to inform this outcome.

**Our judgement**

Overall, we found that Hilltop is meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

People who live at Hilltop are protected from the spread of infection by appropriate and proportionate systems and procedures that staff members follow. The service did not have a copy of the code of practice guidelines for adult social care on the prevention and control of infections and related guidance. We found that the service was replacing the carpets throughout the home but in the meantime had not addressed the unacceptable smell of urine in one communal area.

## Outcome 09: Management of medicines

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Will have their medicines at the times they need them, and in a safe way.
- \* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

### What we found

#### Our judgement

The provider is compliant with Outcome 09: Management of medicines

#### Our findings

##### What people who use the service experienced and told us

People who live at Hilltop have some medication prescribed for them by healthcare professionals. The service has a medication administration record (MAR) chart for each person in a clear, accessible file, which is held in the staff office. We looked at each MAR chart and saw that the administration of medication was precise, accurate, and administered in accordance with the service policy on signatures.

Medicines are stored in the room of each person living at Hilltop, unless the drugs administered are controlled drugs, which are currently not stocked for anyone living there. The medicines are supplied by the local pharmacy and in blister packs. The service checks that the medicines are correct when they are delivered, and checks this again when they are administered.

We observed staff administering medication to one person at Hilltop and this was done with the use of protective gloves and also using a dispensing cup so that the medication did not come into contact with their hands. We saw evidence of medication being disposed of if it dropped to the floor.

We noted that the service obtained a statement from the person's GP every six months to confirm that the medication being administered remained up-to-date and accurate. These statements were overdue for renewal.

##### Other evidence

We checked the care plans for each person living at Hilltop in order to cross reference the medication that they received, and any known allergies, with their MAR chart. We found that the care plan contained accurate information, including a history of the

medication that had been given to the person, and when administration started and stopped.

**Our judgement**

Overall, we found that Hilltop is meeting this essential standard.

We found that people who live at Hilltop are helped to receive their medication safely and when it is needed. Medicines are stored safely and administration recorded correctly.

## Outcome 10: Safety and suitability of premises

### What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

\* Are in safe, accessible surroundings that promote their wellbeing.

### What we found

#### Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

#### Our findings

##### What people who use the service experienced and told us

When we visited Hilltop, the service was accommodating seven of the eight people that it is registered to care for. Hilltop was opened in 2006 and is located in a quiet residential street in Weston-super-Mare and is just over half a mile from the beach and main tourist area. The house is surrounded by high wooden fences which enclose the front and rear gardens. The front garden has some seating and one member of staff is currently considering ways to develop the garden to make it more attractive to people living at Hilltop. The rear garden has a water feature (being repaired) and a trampoline, which people living at Hilltop have not wanted to use. The rear garden is covered with soft bark and has some low walls and a seating area. Another member of staff is also considering ways to improve the rear garden. The service

has an entrance lobby with a visitors' book. The alarm systems are in the area inside the front door, and the service has fire extinguishers located at appropriate places throughout the home. The extinguishers are in appropriate safety boxes. To the front of the house on the ground floor, the home has a resource room, a small lounge overlooking the front garden, and a sensory room. Staff members are considering how to develop the sensory room, as this is not used as much as staff members would like by people living at Hilltop.

The service has a kitchen which is large enough to allow people using the service to get involved with food preparation and cooking. There is a dining room with enough places for all people living at Hilltop and some staff members to eat with them. There is a large spacious lounge with chairs and a television. The service has provided people with chairs rather than sofas, to enable people to have their personal space respected. To the side of the lounge is a sun room and two toilets. While we were visiting one of the toilets was repaired through planned maintenance and brought back into service.

One person living at Hilltop has his bedroom on the ground floor and has a small lounge which he often is able to use on his own.

The other seven bedrooms are located upstairs, along with the staff office and the manager's office.

The bedrooms were all different and contained only those things that had been assessed as safe for the person to have with them when they were alone. Some rooms were therefore, at the time, without any personal belongings or non-essential furniture, but we were told by staff members and saw in the care plans why this was necessary. Some rooms had essential items boxed in for protection of the person in the room and also the property.

One person at Hilltop was being moved to a new bedroom in the coming weeks. This room was in the process of being redecorated and already had some personalisation for the person moving to the room. Other rooms had also been recently redecorated, and the service was redecorating the rooms in rotation.

The corridors of the home were showing wear and tear and in need of some attention in places. One of the bathrooms had a hole in the wall made by the removal of a piece of equipment. While we were visiting the service, the hole was repaired and made safe before permanent repairs would be made.

The provider has a dedicated maintenance person who looks after all the homes.

Hilltop also employs a member of the care staff who is qualified in maintenance, to carry out repairs, decorating and maintenance in overtime hours.

We looked at maintenance records for some aspects of the service. Water temperatures are taken and recorded. The records show what range of temperatures are safe and what staff members need to do if temperatures are outside the permitted range. Shower heads are flushed through in rotation. Fire extinguishers were serviced in August 2010.

Hilltop is accessible for a visitor who came to the home and used a wheelchair. This person would be able to access the communal areas downstairs to visit a person who lived at Hilltop. However, the home is not suitable to accommodate people who use wheelchairs due to there being no lift to the upstairs floor. One person might be accommodated on the ground floor with some adaptations.

### **Other evidence**

We did not use any other evidence to inform this outcome.

### **Our judgement**

Overall, we found that Hilltop is meeting this essential standard.

We found that people at Hilltop live in premises that are safe, suitable for their needs and maintained. The premises are secure, the grounds are maintained, and equipment and services required for the running of the premises is safe and maintained. Some areas are in need of care and attention but a programme of decoration and maintenance is in place to deal with these requirements.

## Outcome 11: Safety, availability and suitability of equipment

### What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- \* Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- \* Benefit from equipment that is comfortable and meets their needs.

### What we found

#### Our judgement

The provider is compliant with Outcome 11: Safety, availability and suitability of equipment

#### Our findings

##### What people who use the service experienced and told us

People who come to live at Hilltop don't generally require any medical or mobility equipment to support their care. One person has a seizure monitor in their bed. Staff members have been trained in the use of the monitor and the monitor is checked every week to ensure it is in working order.

People who do come to the service who need equipment will have this supplied by the service in advance of their arrival if they are not bringing it themselves.

The home has other equipment and fixtures and fittings for the day-to-day running of the home. The equipment that we saw had been sourced in order to minimise risks to people who have autism spectrum disorder, or to assist with skills development. This included plastic dining and bedroom chairs, touch-screen electronic equipment, resources and art materials.

People's furniture and communal furniture was all in good condition and appropriate to the needs or current mood of the person. Furniture was comfortable and fit for its intended purpose.

We noted that the freezer needed defrosting.

##### Other evidence

We asked the provider to send us some additional information to tell us how they judge their compliance with safety, availability and suitability of equipment. The service judged that they had a minor concern with this outcome due to portable electrical testing (PAT) being overdue. The manager has stated that this will be done by 1 August 2011. We were given some useful information, which included:

"Prior to moving into Hilltop all individuals have the appropriate specific equipment purchased for them. This will be highlighted within their transitional assessment and prepared prior to admission into the home. All new equipment coming into the home is sourced through reputable suppliers. If it is identified that an individual requires specific equipment after moving into the home this will also be suitably sourced.

"Any new equipment is tested prior to an individual using the item. This is done through manual and visual checks by a competent person.

"New equipment coming into the home which may potentially pose any hazards will be positively managed through comprehensive risk assessments and installed and maintained by a competent person

"As part of the individual's monthly reviews, thorough health and safety checks are completed within the service users' bedrooms. This means that the competent person completing the monthly review will have the opportunity to check and maintain specific equipment belonging to the individuals who live within Hilltop ensuring that the equipment is functioning correctly inline with the product's specifications.

"Specific equipment within the home is stored safely and securely within locked areas of the home to prevent damage or misuse.

"Independence is promoted within Hilltop, and where safe and possible individuals will be encouraged with their independent use of specific equipment within the home. Staff will provide support with specific equipment which pose greater hazards but these are positively managed through comprehensive risk assessments.

"Each individual within the home has comprehensive risk assessments to ensure that specific equipment belonging to that individual is used and managed correctly promoting dignity and respect particularly with more personal items of equipment."

### **Our judgement**

Overall, we found that Hilltop is meeting this essential standard.

We found that people who live at Hilltop are not at risk of harm from any unsafe equipment. Arrangements are made to ensure that equipment, fixtures, and fittings are maintained, repaired, and serviced as is appropriate.

## Outcome 12: Requirements relating to workers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

### What we found

#### Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

#### Our findings

##### What people who use the service experienced and told us

We talked with people who work for Hilltop. A number of the members of staff have worked at the service for several years, and there are some recent joiners. We talked with one of the members of staff who had come to work at the service recently. We heard about the staff induction programme, training and supervision, which was all carried out in accordance with policy and procedures.

We looked at three staff files to check on appropriate checks being made during the recruitment process. All staff files were well organised and contained relevant information. This included the person's application and interview notes; eligibility to work; references (at least two); Criminal Records Bureau declaration evidence; contract of employment; confidentiality agreement; job description; induction record; and identification.

##### Other evidence

We asked the provider to send us some additional information to tell us how they judge their compliance with requirements relating to workers. The service judged that they were fully compliant with this outcome. We were given some useful information, which included:

"Vacancy applications are treated without discrimination. The interviewee must attend two successful interviews with the recruitment and training department and home manager prior to being offered a position. Three references are obtained and must include one good reference from their previous employer.

"All staff are provided with an up to date job description when they sign to agree to the terms and conditions of employment.

"All new staff are provided with a flow chart of staff names and positions within Hilltop in their induction packs.

"Valid ISA checks are received prior to authorising/permitting a member of staff to access the homes premises.

"New staff are not allowed to work unsupervised with service users until their CRB check has been cleared and seen. Any minor concerns raised in the CRB would be risk assessed by the home manager and appropriately recorded and filed into the employee's personnel file. Any discrepancies or serious highlighted misdemeanors would result in a withdrawal of the job offer.

"All new staff have extensive probations, where reviews are held four-weekly for a six month period. At 24 weeks it is determined whether they are deemed competent and able to be confirmed in their role or whether it is necessary to extend the probation or terminate their role if they do not fulfil the duties and expectations detailed in their job description."

### **Our judgement**

Overall, we found that Hilltop is meeting this essential standard.

We found that people who live at Hilltop are cared for by members of staff who are recruited following relevant appropriate checks. We found that staff are assessed to be mentally and physically fit, skilled, and experienced to carry out their role.

## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

##### What people who use the service experienced and told us

When we visited Hilltop, the service had at least one member of direct care staff on duty for each person living at the service. Overall, the service has 21 members of staff and in addition, the manager and deputy manager. Eighteen of the care staff work the day shifts and three members of staff cover the night shift (one being on call).

We observed that there were staff members carrying out their appointed roles within the home while we were there. Staff members were carrying out one-to-one supervision of people, taking people out for activities in the community, cleaning and vacuuming the premises, and completing daily notes and other paperwork.

##### Other evidence

Our quality and risk profile for Hilltop contained some data from the Skills for Care report. This told us that the ratio of care staff to beds was much better than expected; the vacancy rate for staff was tending towards better than expected; and the proportion of permanent staff out of total staff, vacancy rate for staff, ratio of staff to beds (i.e. not care staff), and vacancy rate for management staff were all similar to expected.

These measurements are made against the results of services that are similar in terms of number of people living at the service and service provided.

We asked the provider to send us some additional information to tell us how they judge their compliance with staffing. The service judged that they had a minor concern with this outcome, but this was for an area related to outcome 14. We were given some useful information, which included:

"High staffing levels are provided within the home, which reflect the needs of the service users. These are based on support requirements agreed by the relevant

funding authorities. The manager complements the staff team and is able to provide direct care if the need arises (e.g. sudden sickness of a staff member). The home also has its own on-call system. The staff take turns to be on call and will provide cover in the event of sickness. This ensures the staffing levels are maintained and that the need for cancelling activities or appointments is reduced.

"A new rolling staff rota has recently been reviewed and introduced to Hilltop to ensure all staff have a fair allocation of shifts, including sleep-ins and on-call opportunities. This provides staff with consistency and reassurance and ensures there are always suitably qualified staff working on shift and the correct staffing levels to safeguard the service users and meet their individual needs.

"We have individual risk assessments stating the support ratios for each service user, both within Hilltop and out in the community. The rotas ensure that the correct numbers of staff are scheduled to work and attend to meet each and every individual need.

"We do not use agency staff but have created a Behavioural Support Team of specialist staff within the company who can be called on to support in Hilltop if there was to be an emergency with a service user or there was an unexpected shortfall of staff due to sickness etc. They can offer the relevant support to help individuals in an emergency situation. These members of staff have met the service users and shadowed shifts with them, so the service users would hopefully feel comfortable being supported by them in an emergency situation.

### **Our judgement**

Overall, we found that Hilltop is meeting this essential standard.

We found that people who live at Hilltop are being looked after by sufficient staff with the right mix of qualifications, skill and experience. We found that the service has systems in place to adapt to the changing needs of people who come to live there, and expected and also unexpected changing circumstances in the service.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

We talked with several members of staff in some depth about their training and development within the service. Staff members told us that they had regular supervision with their manager. Supervision takes place every two months. We were told that staff members find it helpful to set goals and to deal with emerging problems quickly.

Staff members told us that they felt very well supported working at the home and that they felt able to discuss any concerns that they had without delay or waiting for a formal session.

We asked staff members about their training. We were told about sessions including infection control; understanding autism; health and safety; food hygiene, fire safety, safeguarding; positive behavioural management; and the TEACHH system. Staff told us that positive behavioural management had proved to be an important tool and had resulted in some situations not deteriorating, being turned-around, and people being calmed and diverted.

One person had recently enrolled to start the QCF (quality care framework – replacing the NVQ) modular qualification and had started with the autism module.

Staff members told us that they have an annual appraisal and that this was appreciated as a more formal session where all their supervision through the year would be reviewed. They could also discuss personal development, and training that they would like to undertake.

One person who lives at Hilltop has recently been through a period of low mood and presenting with particularly challenging and violent behaviour. The possibility of mood-swings was documented in that person's care plans, and the episodes recorded in the daily notes. Several staff members were injured at this time and morale was affected.

Staff members said that they found that particular time difficult and communication between staff was not great. We were told, however, that things had improved at the home and personnel changes had brought a new approach and a sense of optimism to staff. We met with the person concerned and he was laughing and smiling and excited about a visit to town that he had just been on.

### **Other evidence**

Our quality and risk profile for Hilltop contained some data from the Skills for Care report.

These measurements are made against the results of services that are similar in terms of number of people living at the service and service provided.

The report told us that the turnover rate for all staff was tending towards worse than expected. The manager of the service told us that the reasons for three staff leaving recently were for positive and not negative reasons.

We asked the provider to send us some additional information to tell us how they judge their compliance with the essential standards of quality and safety. The service sent some information for outcome 13, which we have used to reflect outcome 14. The service judged that they had a minor concern with this outcome due to some annual refresher training being overdue. The manager has stated that this will be done by 1 October 2011. We were given some useful information, which included:

"Copies of training certificates are kept in the staff members' personnel files. The training records have been audited and training needs identified for the next three months. This includes ensuring training refreshers booked in some areas as they are four months overdue for some staff.

"Senior staff are supported by their manager with any issues/concerns relating to staff, thus providing a good support network. Staff members are also aware that if they have any difficulties with the home manager they can also seek support from the area manager.

"A management and development programme is in place for all shift leaders, seniors and managers. It provides the senior team with good support and a continuation of their training. This also supports them to monitor and support the staff team's practice.

"The home aims to continue to source new training initiatives for the staff team and continues to provide all staff with the opportunities for completing their QCF in Health and Social Care.

"Homes Caring for Autism has a dedicated recruitment & training director based at Head Office. The recruitment and training director liaises with the home manager to identify and source the relevant training opportunities. The recruitment department also ensures that staff complete evaluation forms at the end of each training session to monitor the effectiveness of training given and whether any improvements can be made to suit individual needs or relevant constructive comments.

"Hilltop currently has a trainee manager who is a qualified RMA nurse in mental health who is also qualified to train staff in medication and infection control.

"Other training provided by the organisation includes the administration of medication, safeguarding adults, mental capacity assessments, DOLS, epilepsy, firstaid, PBM training, QCF in Health and Social Care, and other autism specific training."

### **Our judgement**

Overall, we found that Hilltop is meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

We found that people who live at Hilltop are looked after by competent members of staff

who are properly supported, trained, and receive regular supervision. Some training is now overdue for annual update. Systems are not sufficiently developed to allow staff members to know when training is due. We found that staff are supported to develop their skills and experience and to gain further qualifications relevant to their role. We found that communication and support of staff is delivered well following an unsettling period when a person living at Hilltop was particularly challenging.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

We talked with members of staff about how they know that they are providing a good service for people who live at Hilltop. One member of staff told us that people who live at Hilltop have noticeably improved in their skills and confidence in the past year. This was said to relate to coming out of the winter period and people having more activities and attending local events. People also are given small goals to achieve, and being given realistic achievements, even though small, has delivered benefits.

The home has monthly staff meetings with all members of staff at the home. The home has worked out ways of supporting people who live at the home to enable as many of the staff members as possible to attend the monthly meetings. The agenda for the meeting is posted well in advance and people are able to add items to the agenda. The home also has monthly shift-leader meetings to discuss some items in more depth. The care for people living at Hilltop is discussed at these meetings, along with the quality and safety of the care delivered. People are also discussed at the twice-daily handover meetings between shift changes.

The service also carries out surveys of people living at the home, their families and carers, and staff members working at Hilltop. The responses are fed back to the service and changes that are seen to be needed will be implemented.

##### Other evidence

We asked the provider to send us some additional information to tell us how they judge their compliance with the assessing and monitoring the quality of service provision. The service judged that they had a minor concern with this outcome due to the updating of monthly service user reviews not being always completed on time, and a programme of

audit needing development. The former will be completed by 1 August 2011 and the latter by 1 November 2011. We were given some useful information, which included:

"The home has a concerns and complaints form that show evidence of following through areas of concern raised and recording actions taken and if the complaint/concern has been resolved. There have been three complaints from families in the last 12 months which have been resolved to a satisfactory standard.

"Incident forms are monitored and analysed to ensure that the needs of each individual are being met, and if not at that given time, details of what is being done to ensure those needs are being met whilst the individual is in crisis. Incidents are reviewed and those incidents that are frequent are analysed to consider what measures can be put in place to reduce the risk of re-occurrence and ensure the safety and well being of the individual. The current manager is trained as a Positive Behaviour Management trainer and is a member of the Behavioural Support team for the company.

"Care plans are regularly reviewed unless something occurs which warrants a change immediately. All staff are advised of the changes as and when they occur and are expected to sign to say they have read and understood the changes.

"All staff are aware of the Whistleblowing policy and how to use it. This is refreshed via supervision discussions.

### **Our judgement**

Overall, we found that Hilltop is meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

We found that people who live at Hilltop do so in a service that makes effective decisions about the care and support it delivers. This is done by taking action from learning about adverse events, comments from people, and members of staff. The service does not yet have an effective programme of audit to take account of all assessments of quality and monitoring of the service and drive changes with a more systematic approach.

## Outcome 17: Complaints

### What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- \* Are sure that their comments and complaints are listened to and acted on effectively.
- \* Know that they will not be discriminated against for making a complaint.

### What we found

#### Our judgement

The provider is compliant with Outcome 17: Complaints

#### Our findings

##### What people who use the service experienced and told us

We looked at the complaints file for the last year. The home has investigated five complaints in the last five months of which four were from families of people living at the home. All the complaints had been dealt with appropriately.

The complaints policy requires the service to acknowledge a complaint with 48 hours of its receipt and to respond fully after an investigation within 28 days of the arrival of the complaint.

##### Other evidence

The Commission was informed of a complaint by a neighbour of the Hilltop property. As a result of this complaint, the manager made some urgent changes to the delivery of the service. This included fitting new windows and additional restrictors to the frames. The window panes were also covered with one-way or two-way film which meant that people could not see into the room from the outside. The manager liaised with the neighbour to ensure that the neighbour was satisfied with the changes and there have been no complaints received since that time.

##### Our judgement

Overall, we found that Hilltop is meeting this essential standard.

We found that people who live at Hilltop or people who act or speak on their behalf will have their comments and complaints listened to and acted upon. We found that people are supported by a system that is in place to deal with complaints in a timely and responsive manner.

## Outcome 21: Records

### What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

\* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

\* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

### What we found

#### Our judgement

The provider is compliant with Outcome 21: Records

#### Our findings

##### What people who use the service experienced and told us

Hilltop keeps the records of people living at the service in the staff office. This office is locked at all times and records can only be accessed by people who have access to the office and permission to read records.

Maintenance and service records are kept in the manager's office unless they are the current recording schedules.

Personnel files are kept in the manager's office in a locked filing cabinet and other staff members, apart from the deputy manager, do not have access to these files.

Records that we saw were accurate, well organised, legible, and signed and dated when and where required. Records were also kept for the appropriate length of time and records that were no longer currently or valid were moved to archive storage or safely destroyed.

##### Other evidence

We did not use any other evidence to inform this outcome.

##### Our judgement

Overall, we found that Hilltop is meeting this essential standard.

We found that people who live at Hilltop have records that are accurate and fit for their intended purpose. Records are stored in such a way that allow them to be accessed quickly. Records are kept safe and confidential and only people who have the right to

see the information are allowed to do so.

## Action we have asked the provider to take

### Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p><b>Why we have concerns:</b></p> <p>We found that people who live at Hilltop are protected from abuse. The service has policies and procedures in place for responding to suspected abuse. Members of staff are aware of the safeguarding policy and whistle-blowing policy. The safeguarding policy and the knowledge of members of staff do not include the role of the local authority in holding the statutory duty of the safeguarding of vulnerable people.</p>	
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	<p><b>Why we have concerns:</b></p> <p>People who live at Hilltop are protected from the spread of infection by appropriate and proportionate systems and procedures that staff members follow. The service did not have a copy of the code of practice guidelines for adult social care on the prevention and control of infections and related guidance. We found that the service was replacing the carpets throughout the home but in the meantime had not addressed the unacceptable smell of urine in one communal area.</p>	
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p><b>Why we have concerns:</b></p>	

	<p>We found that people who live at Hilltop are looked after by competent members of staff who are properly supported, trained, and receive regular supervision. Some training is now overdue for annual update. Systems are not sufficiently developed to allow staff members to know when training is due. We found that staff are supported to develop their skills and experience and to gain further qualifications relevant to their role. We found that communication and support of staff is delivered well following an unsettling period when a person living at Hilltop was particularly challenging.</p>	
<p>Accommodation for persons who require nursing or personal care</p>	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</p>	<p>Outcome 16: Assessing and monitoring the quality of service provision</p>
	<p><b>Why we have concerns:</b></p> <p>We found that people who live at Hilltop do so in a service that makes effective decisions about the care and support it delivers. This is done by taking action from learning about adverse events, comments from people, and members of staff. The service does not yet have an effective programme of audit to take account of all assessments of quality and monitoring of the service and drive changes with a more systematic approach.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 28 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
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