

Four Hills Care Limited

# Four Hills Care Limited

## Inspection report

Suite1, 2nd floor  
24 Warminster Road  
Westbury  
Wiltshire  
BA13 3PE

Tel: 01373825630

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09 January 2020  
13 January 2020  
16 January 2020

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Four Hills Care Limited is a domiciliary care agency providing personal care for people living in and around Westbury. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection 43 people were receiving a service.

### People's experience of using this service and what we found

People were supported by staff they knew well. There was a continuity of care provided by staff who people told us were caring. The registered manager told us they would only take on additional packages of care if they had staff to support people safely. Staff were trained and supported by management. Risks were assessed and recorded, and staff had access to all management plans they required.

People told us they felt safe and staff had been trained in safeguarding. Staff understood how to report any concerns and management had worked with the local authority safeguarding team when needed. People had their medicines as prescribed and there was guidance for staff to know what support people needed. We have made one recommendation about 'as required' PRN medicines needing more details.

People knew how to complain and told us they would if they needed to. People had care plans which gave guidance on how they wanted to be cared for. These were reviewed regularly. Care plans were electronic, so staff could access them at any time. People and relatives could also access their records when they wished.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's consent to their care package was recorded in their care plans.

Staff had been recruited safely. Staff told us they enjoyed their work and felt supported in their roles by the management team. There was good teamwork and staff told us they all supported each other when needed. Team meetings were held regularly so staff could share information.

Quality monitoring systems were in place and were effective at identifying improvements. The service worked in partnership with many healthcare professionals. There was guidance for staff to know about people's health needs in their care plans. We have made a recommendation about information provided to staff on knowing how to support people's diabetes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection - The last rating for this service was Good (published 24 April 2017).

Why we inspected - This was a planned inspection based on the previous rating.

Follow up - We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Four Hills Care Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 9 January 2020 and ended on 16 January 2020. We visited the office location on 9 January 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff and the registered manager. We reviewed a range of records. This included six people's care records and medicines records. We looked at five files in relation to staff recruitment. A variety of records relating to the management of the service, including quality assurance and monitoring were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted five healthcare professionals and three relatives to ask for their views of the care and support provided.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us people felt safe using the service. Comments included, "They [staff] are reliable, they come when they say. I have never been missed", "I have no complaints at all, I feel very safe with them [staff]" and "It gives us assurance and peace of mind knowing carers are going in to see [relative]."
- People had support from staff who were aware of the different signs of abuse and how to report their concerns. Staff were all confident the registered manager would deal with any concerns raised. Staff knew how to report any concerns outside of the organisation.
- The provider had safeguarding systems in place. Staff had training on safeguarding people and had access to the safeguarding policy.

Assessing risk, safety monitoring and management

- People's risks were assessed and regularly reviewed. Staff updated the management of any changes when needed so risk management plans could be updated.
- If people had any allergies this was highlighted on the front page of their records, so staff could immediately see this information. Staff had received additional training on how to use emergency medicine to support people with severe allergies.
- Management also assessed the environments staff would be working in to make sure there were no hazards. These assessments included a review of areas such as where staff would park, whether there were any pets or if there were smoke alarms fitted in properties.
- The provider had recently started using an electronic rota system which gave them an overview of where staff were and what visits had been completed. If a member of staff was late, management could easily view the system to see where they were to update people if needed.

Staffing and recruitment

- People were supported by staff who had been checked prior to starting employment at the service. The registered manager completed the required checks for all staff which included a check with the disclosure and barring service (DBS). A DBS supports employers to make safer recruitment decisions.
- The registered manager told us they would not take any new packages of care unless staff were available to support people safely. There were enough staff deployed and we were told there were no missed calls.

Using medicines safely

- People's needs for medicines support was documented in care plans. Staff used electronic records to document when any medicines had been administered. This gave the management an immediate overview

of medicines given so if there were any issues it could be dealt with immediately.

- There was additional guidance available for staff to administer 'as required' PRN medicines. Whilst this gave guidance on how much medicine to give, it was not always clear if the person could ask for the medicine or needed further assessment.

We recommend the provider seeks advice and guidance about all the information required for 'as required' PRN medicines.

#### Preventing and controlling infection

- Staff were provided training on infection prevention and control and food hygiene. The provider made sure staff had supplies of personal protective equipment such as gloves, aprons and face masks.

#### Learning lessons when things go wrong

- Any incidents or accidents were reviewed by the registered manager. Any learning identified was shared with the staff. The registered manager told us they could send out immediate alerts or changes to people's care to all staff using electronic systems.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed by the registered manager prior to any care packages being agreed. The registered manager told us they only accepted care packages if they knew staff could meet people's needs. One person told us, "[Registered manager] came and did the assessment. She asked me questions. She did a good job and we came to the same conclusion."
- People's individual routines were recorded so staff had step by step guidance of how people wanted to be supported. This included information on oral care and how people preferred their personal care.

Staff support: induction, training, skills and experience

- Staff had been given an induction when they started working for the provider. This included training and shadowing other more experienced members of staff. One member of staff told us, "I asked for extra hoist training, which they [provider] gave me, so I am more confident now. The company has been great, I asked for extra shadow shifts which they also gave me."
- Training updates were provided to all staff when needed. This included training in areas such as equality and diversity, dementia and first aid. Staff also had the opportunity to have supervision regularly. One member of staff told us, "We have supervisions where we can bring up any concerns."
- Staff had an annual appraisal of their performance to support their development. A member of staff told us, "I find this process helpful, [registered manager] will give us feedback and really good advice on how we can improve."
- The registered manager told us they encouraged all staff to work towards a health and social care diploma.

Supporting people to eat and drink enough to maintain a balanced diet

- People who required support from staff with their eating and drinking had their needs recorded in their care plans. Support provided ranged from leaving snacks and drinks out for people to preparation of meals.
- Care plans included guidance reminding staff to offer choice of meals and drinks. This included details such as how many sugars people preferred and the snacks people enjoyed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health needs were recorded in their care plans with guidance for staff. Where people had diabetes, there was limited guidance for staff to know when to seek medical help. The registered manager told us people lived with spouses or partners who would know if the person was unwell and respond appropriately. We discussed with the registered manager that at times there may be occasions where staff

were supporting people alone, therefore guidance would be effective.

We recommend the provider seeks advice on guidance for staff to follow where people have health conditions such as diabetes.

- Staff communicated with each other about people's needs and any changes. Staff told us they were able to read previous daily records on an electronic app on their phones.
- Where people had been given exercises to carry out by healthcare professionals staff helped people to complete them. This was recorded in people's notes.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and found it was.

- Staff received training on the MCA and understood how it applied to their work. People's consent for care was recorded in their care plan so staff could see this information.
- Staff also told us they asked people's consent before supporting them with any activity. If people lacked capacity an MCA was carried out and a decision made in people's best interest. During our inspection the service was supporting one person who lacked capacity, and nobody had a Court of Protection in place.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were very happy with their care workers. People spoke positively about the approach of staff who visited them. Comments included, "The staff are lovely, I have a regular carer who is lovely", "Staff are brilliant, nothing is too much trouble for them. I haven't got to say anything they do it, they do what I need" and "They [staff] are very cheerful, always ask how are you? They look after [person] well, really help him."
- Staff told us they enjoyed their work and spoke about people they supported with care and respect. One member of staff told us, "I love my job, I have the same clients every day. I have built a relationship up with them."
- People had information about their background recorded to give staff an overview of people's lives. This information also helped staff to understand people's needs.
- People were provided with staff rotas for their visits if they wanted them. One person told us, "I get my rota emailed out to me every Friday, so I know who is coming. It is really important to me to know who is coming."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in all decisions about their care and support. People planned their support at the start of the service and could make any changes they wanted to when they needed.
- People and their relatives told us the registered manager had been prompt in making changes to care when they had given feedback. One relative told us, "I was not happy at the start, but they have responded to my feedback. I am happy now." One person said, "There were some bumps in the road to start with but now it runs like clockwork."
- Details on advocacy services were available in the customer guide given to people when they started the service. Advocacy services can be used to help people speak up when they don't have anybody to do this for them.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and told us they felt comfortable being supported with their personal care. One person told us, "They [staff] are brilliant at respecting my dignity. I know them well, so it helps as we have got to know each other really well. They [staff] are so caring"
- Staff we spoke with gave us examples of how they maintained people's dignity. This included making sure doors and curtains were closed, covering people with a towel during personal care and calling people by their preferred name.

- People's independence was promoted by staff who told us this was an important part of their work. One member of staff told us, "I support one lady who wants to cut down on her visits, so I have been showing her how to use the microwave. She is doing really well and getting used to looking at instructions."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had their own care plan which was personalised. It included information on a range of needs such as moving and handling, personal care and social needs. People's wellbeing had been assessed with guidance for staff to monitor people's mood.
- Care plans were person-centred and included details about all aspects of support. For one person we saw staff had guidance on feeding their pet. This was very important to the person. Another person living with dementia became very anxious if staff were going to be late. Their care plan informed staff to ring the person's spouse if they were running late, so they could reassure the person.
- Staff had access to the information and told us they always read the care plan when meeting new people. One member of staff said, "I always have a care plan to look at, so I can look at people's information. Also, we can come into the office anytime or call the office if we are not sure."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded with guidance for staff to know how best to communicate with people. The registered manager told us information was available in large font, braille or any other format to help people if needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's social needs were recorded, and some staff supported some people to do activities as well as supporting people with personal care.
- One person liked to do their shopping online. Staff were able to support them to do this on their computer. A member of staff told us about a person they supported. They said, "I support one lady who has severe anxiety. I help her with social needs as well, we go shopping, go for walks and do some housework."
- People had been encouraged to take part in a competition organised by the provider called 'Amaryllis wars'. For those who wanted to take part they were provided with an amaryllis plant and encouraged to take care of it. The registered manager told us this was a fun activity to encourage people to maintain their independence.

Improving care quality in response to complaints or concerns

- People had a complaints procedure they could use if they wished. Complaints had been recorded with outcomes of investigations shared with the complainants.
- People and relatives told us they knew how to complain and would if they needed to. One person said, "I have no complaints what so ever, they [staff] are fantastic. I would phone [registered manager] if I needed."

#### End of life care and support

- At the time of the inspection the service was not supporting end of life care, but staff had done in the past. This was an area of care the service worked with other healthcare professionals to provide such as local hospice services.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff told us the service was well managed. Comments included, "[Registered manager] is a good manager. There is a lot of communication, we get emails from [registered manager], she keeps us in the loop, which is important", "I think it is well managed" and "Yes, it is good management. There have been some changes recently, they have been really good supporting us with system changes."
- People were receiving care and support from staff who were happy in their jobs. Comments from staff included, "I have my own round and I love it, I get on so well with everyone" and "I enjoy my job, it is much better working in the community, you are helping people live in their own home."
- The registered manager promoted a person-centred culture and supported staff to provide it. They said, "We do have a good team of staff. We closely monitor our staff to make sure we offer good quality care. I want people to be happy in their work and enjoy caring for people."
- People, relatives and staff told us the management were approachable and tried hard to resolve any concerns. Comments included, "The management are really approachable, they will sort out your problems" and "I am well impressed to be honest. [Registered manager] in the office goes out of her way to make sure we get what we want when we want it."
- Staff told us there was good teamwork at the service and morale amongst the staff was good. Comments from staff included, "There is a good team here, you feel like you have support. We all look out for each other" and "There is good morale, we are like a close family, it is nice, we all get on."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Records of complaints demonstrated the provider understood their responsibilities under the duty of candour. Where needed apologies had been given for any part of the service going wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had submitted CQC notifications appropriately.
- Quality monitoring systems were in place and were effective in identifying improvements. Spot checks and observations were carried out to monitor how staff delivered care in people's homes.
- The provider employed an external consultant who had carried out comprehensive audits. Action plans had been produced which the registered manager was working to complete.
- Audits identified areas for improvement and demonstrated improvement had been made. For example,

the consultant identified safeguarding needed to be added to team meeting agendas. Records demonstrated the registered manager had completed this action.

- The provider had invested in new technology to support care planning. People's care plans had been migrated to a new system recently which the provider hoped would improve recording.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff had the opportunity to attend team meetings which were held regularly. Discussions were recorded and shared with the team.
- People were given a customer guide which gave them information about the service they may need. People also had a contract for the service which outlined the providers terms and conditions.
- People and their relatives had been asked for their views about the service using surveys. Results had been gathered and were positive about the service delivery.
- Feedback that could be used for improvements had been listened to and changes made. For example, one person had asked for one care worker instead of a team. The registered manager had been able to make this change.
- People and relatives had sent in many compliments about staff and the service thanking them for the care provided.

Working in partnership with others

- The service worked in partnership with a range of professionals to improve outcomes for people using the service. This included the local authority commissioning team who visited to carry out checks of the service. One professional told us, 'I have always found Four Hills Care to be very professional in their approach to care. We have never had any issues reported by users and Four Hills have kept us informed if any changes need to be made in the care provided'.