

# North Yorkshire County Council

## Hill View Manor

### Inspection report

Manor Court  
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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

Hill View Manor is a domiciliary care agency providing support for adults aged 55 and over. Support is provided to people within an extra care housing scheme. There are 40 flats over three floors at the serviced by a lift. The housing scheme has accessible communal areas, including a garden, accessible bathroom, laundry facilities and a hairdressing salon. A guest flat was available for visitors to stay at the service. The housing provider arranged for lunches to be served in the communal dining room as part of the accommodation cost. Hill View Manor housing scheme was run by Anchor, a housing provider. The estate manager was based on-site.

Not everyone using Hill View Manor receives a regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of inspection there were 24 people receiving a regulated activity. The service provides planned care visits and an emergency responder service to all those living in the housing scheme.

The service is registered to provide support for people with dementia, learning disabilities or autistic spectrum disorder, mental health needs, older people, people with a physical disability and those with sensory impairment. At the time of inspection, most people receiving a service were older people.

Where services support people with learning disabilities or autism we expect them to be developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any other citizen. There were no people with a learning disability or autism using the service when we inspected. Therefore, we were unable to assess and monitor if the service was following this guidance.

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

Medicines were administered safely but records were not always accurately completed. We have made a recommendation around the completion of medicines records.

Staff had a good understanding of safeguarding and people trusted staff to keep them safe and they felt safe. There was enough suitably qualified staff to meet people's needs.

The provider had assessed, and reviewed people's needs regularly. These were person centred with a focus on the individual being as independent as possible. Staff supported people to access the services and equipment they needed and followed professional's advice to ensure the best outcomes for people.

People and their relatives told us the staff were kind and caring and we observed positive interactions and person-centred care. People were listened to and their decisions and choices respected.

One person told us, "It was the best thing we ever did when we moved in here."

People's care was personalised, and their preferences met. They felt comfortable to raise concerns to staff and the registered manager and had confidence any issues would be resolved.

Quality assurance processes and audits were in place to monitor and improve the service. Staff felt supported and there was clear leadership and a positive culture within the service. Where shortfalls were identified there was an action plan in place to address these.

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.

#### Rating at last inspection

The last rating for this service was good (published 6 February 2019).

#### Why we inspected

We undertook this inspection as part of a random selection of services rated good and outstanding to test the reliability of our new monitoring approach.

We looked at infection prevention and control measures under the safe key question. We look at this in all supported living and extra care housing inspections, even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

## 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.

# Hill View Manor

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience who spoke to people who use the service and their families over the phone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

#### Service and service type

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

This service provides care [and support] to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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 24 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 12 August 2021 and ended on 16 August 2021. We visited the extra care housing location on both days.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and other professionals and agencies who work with the service.

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.

#### During the inspection

We spoke with seven people who used the service and five relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, senior care worker, care workers and the estates manager.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies, procedures and training records.

#### After the inspection

We looked at quality assurance records and provider's policy and procedures, risk assessments and action plans.

# 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.

### Using medicines safely

- Staff did not always accurately and thoroughly complete documentation and the medicines administration records as per the providers medicines policy. The registered manager was aware of the issue and this had been raised on several audits and discussed with staff separately and in staff meetings.

We recommend the provider reviews best practice guidance and implements their own policy to ensure accurate and thorough medicines records are kept.

- Staff supported people to take their medicines safely. People were encouraged to manage their own medicines where they had those skills.

### Staffing and recruitment

- Recruitment and training evidence was not always easily accessible to demonstrate compliance. We discussed this with the registered manager who was going to review the current systems used to ensure more effective oversight.
- The provider operated a safe recruitment process.
- There was enough staff on shift to meet people's care needs. People told us that staff responded quickly when they used the emergency call system.

### Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems and processes in place to safeguard people from the risk of abuse. Staff had training and understood what to do to keep people safe and how to raise concerns.
- People and their relatives told us they felt safe. One person told us, "We do feel safe living here as everyone is so nice, my husband is needing more things to help him keep safe and the manager is great at showing us things and talking with the equipment service".

### Learning lessons when things go wrong

- Accidents and incidents were reviewed regularly to identify trends and patterns to prevent further incidents occurring. Staff and leaders were open to learning lessons and improving the service provided.

### Preventing and controlling infection

- We were assured that the provider was minimising the risk to people and their visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was supporting people to maintain safe levels of hygiene and minimise risk of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.



# 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

- Assessments of people's needs were thorough, and people's expected outcomes were identified. Outcomes were person centred and focused on the individual being as independent as possible.
- People's wishes and preferences around care and support were discussed with people and documented. This included those living in extra care housing who weren't in receipt of care at that time. This ensured care could be person centred if required in an emergency or as a temporary measure.

Staff support: induction, training, skills and experience

- Staff were competent, skilled and had a good understanding of people's care and support needs. They received an induction, regular training and the opportunity to complete further training and obtain qualifications.
- Staff received regular supervisions and appraisals and were invited to attend staff meetings.
- Staff told us they felt supported. One staff member told us, "My team leader is really attentive, and it works both ways, we have a good relationship. They always listen and try and help,"

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

- People were supported to access the on-site restaurant to eat and drink where they required this support. Staff also supported people to prepare their own meals in their flats.
- The provider worked with the chef to ensure that people's specialist diets were known and catered for. Where there was concerns about people's weight staff followed professionals advice on how to best manage this.

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

- Where people needed support to access professionals or specialist equipment staff supported them to do so.
- Staff worked with people to ensure they understood what services and equipment was available to them to maintain their independence and safety. For example, one person was being supported to look at the different types of hoist available to meet their needs.
- The provider was working on improving communication with hospitals to ensure that people received the right level of support when discharged from hospital. Particularly when there was a change in people's needs.

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. At the time of inspection nobody supported at Hill View Manor was being deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- People's decisions and choices were respected, and staff ensured people were involved and consented to care interventions. People signed their care plans to evidence their consent, where able.
- Staff understood what they needed to do when they were concerned about a person's ability to consent, ensuring decisions were made in the person's best interests.

# 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 were treated with kindness and respect. One person's relative told us, "The staff are outstanding, friendly and kind." Another person told us, "The carers are excellent, we couldn't wish for anything better. The staff are friendly and polite, and they have a joke and banter with us."
- The provider had worked with people to develop their life histories. They wanted staff to have a better understanding about people's lives and history, to ensure a holistic view of the person.

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

- Staff were aware of how people liked to be cared for and respected their views and preferences.
- One person's relative told us, "Sometimes he will say he doesn't want a shower and they will respect that, and he has choices and staff respect that."

Respecting and promoting people's privacy, dignity and independence

- Staff had a genuine desire to improve people's dignity and independence. Staff ensured people's environment and equipment encouraged and supported their independence.
- The registered manager had identified that improvements were needed to the meal service outsourced by the housing provider. They worked with people, external professionals and the chef to improve practice and ensure people's dignity and independence was promoted.

# 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

- Staff were aware of people's likes and dislikes and used this information to personalise the care provided. One person told us, "One of the night staff suggested to me that I could do shopping online, once a month she helps me do the ordering taking into account I'm dairy free. This is really good as even when I have my wheelchair, I can't get a lot of shopping. She knows my likes and dislikes and what is easy for me, like readymade salads."
- Compliments had been sent to the staff around the care provided, particularly during the COVID19 pandemic. One relative wrote, "The level of care has been amazing, and nothing has been too much trouble, thanks to you and your team, they have made a remarkable recovery. Knowing that they have been in such capable hands has been an enormous relief to us."

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 outlined in the care files. Staff adapted how they spoke to ensure effective communication.
- The provider made a referral and was working with speech and language therapists to support a person's communication needs.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise a complaint and were confident that the registered manager would listen and respond appropriately.
- The registered manager had listened and acted on feedback quickly to make improvements within the service.

# 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

- The registered manager and other leaders promoted a positive and open culture within the service by engaging and being available to listen and support staff, people and their relatives.
- People and their relatives felt listened to, people's decisions were respected, and their independence promoted. One relative told us, "My Dad was in residential care for quite a while but now he has moved to Hill View he is getting his independence back and also his mobility. The staff encourage him to be more mobile."

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; Continuous learning and improving care

- The registered manager was aware of their legal requirement to notify Care Quality Commission (CQC) about certain events and submitted notifications when required.
- Quality assurance processes were in place, such as regular audits and competency checks by the registered manager. Staff were encouraged to review their own and peers work to learn and improve the quality of the service provided.
- The provider was aware of the areas for improvement and an action plan was in place to address shortfalls. The service was starting to re-introduce face to face meetings, training and activities as part of their COVID-19 recovery.
- The registered manager had support from other registered managers in the provider group and learning was shared across services to improve care and outcomes for people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was well-led with a clear management structure in place. The registered manager, team leader and staff understood their roles and responsibilities.
- Staff had the knowledge and confidence to take the right actions when needed and then communicate this to leaders for any further action.
- The registered manager and other leaders were visible in the service and supported with care tasks when needed.
- One staff member said, "Manager wise, you couldn't ask for better, they're accommodating, and I feel like I can turn to them."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were asked for feedback on the quality of the service provided.
- Due to the COVID-19 pandemic this was predominantly through annual questionnaires. People told us they had attended resident meetings. One relative said, "We are kept informed of what is going on, even when it's something they can't control."
- Staff felt involved in the running of the service and able to give honest feedback to the registered manager. Staff were able to do this in supervisions and staff meetings. One staff member said, "If we have any concerns, we don't wait for a supervision that door is open to talk to them."
- Managers and staff worked closely with visiting health and social care professionals to ensure people were provided with right care and support. Professionals were complimentary about the service and the support people received.