

Kher Khulpateea

# Hill View Care Home

## Inspection report

5 Essex Close  
Frimley  
Camberley  
Surrey  
GU16 9FH

Tel: 01252838199

Date of inspection visit:  
07 August 2019  
16 August 2019

Date of publication:  
17 September 2019

## 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

The service combines a care home and a Domiciliary Care Agency (DCA). The care home provides care and support for one person living with autism. The DCA service supports two people with learning disabilities and autism in a supported living environment.

Supported living means people have their own tenancy and can choose who supports them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism.

Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

The care home service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People from both the care home and supported living service said they were happy with the service provided. One said; "I like the staff" and another "The staff are nice."

People, when asked said they felt safe with the staff supporting them. Systems were in place to safeguard people. Risks to them were identified and managed. The support required with medicines was assessed, agreed and provided to people. Infection control measures were in place to prevent cross infection. Staff were suitably recruited. People were supported by a mostly long serving staff team. Staffing levels were flexible to enable the service to provide a bespoke service to people to meet their needs.

People were supported by staff who completed an induction, training and were supervised. The support required by people with health and nutritional needs was identified and provided. 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 confirmed staff were kind and caring. Their privacy and independence were promoted. Systems were in place to deal with concerns and complaints. This enabled people to raise concerns about their care if they needed to.

People had person centred care plans in place. They were actively involved in their care and contributed to the development of care plans and reviews. Some people had staff support to access activities and holidays. This was flexible and provided in response to people's choices. People's communication needs were identified, and some people had end of life wishes explored and recorded.

People were supported by a service that was well managed. Records were accessible and up to date. The service was audited, and action taken to address any areas identified that needed improving. People and staff were complimentary of the registered provider and described them as; "Always making themselves available, very hands on and caring." Staff were committed to providing good outcomes for people.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 3 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was now well-led.

Details are in our well-Led findings below.

**Good** ●

# Hill View Care Home

## 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

The inspection was completed by one inspector.

#### Service and service type

This service provides care and support to people living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Hill View Care Home is also a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

We gave a short period notice of the inspection because it is a small service and we needed to be sure that the provider/registered manager would be in the office to support the inspection.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

We used this information to plan our inspection.

During the inspection

We spoke with all three people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager/provider, two senior staff and two support workers.

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

After the inspection

We spoke to two relatives after the inspection to gain further information about the service.

# 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 were protected from potential abuse and avoidable harm by staff who had up to date safeguarding training and knew about the different types of abuse and how to report it.
- The provider had safeguarding systems in place and all staff knew what to do to help ensure people were protected from the risk of abuse. Relatives spoken with agreed people where safe.
- Safeguarding processes and concerns were regularly discussed at staff meetings.
- Safeguarding was discussed at resident meetings and meetings with people on a one to one basis to help ensure people understood how to raise concerns.

Assessing risk, safety monitoring and management

- Risks were clearly identified, and staff had guidance to help them support people to reduce the risk of avoidable harm.
- People were supported to take positive risks to promote their independence. For example, individual care records detailed what support people needed to enable them to access the community as independently as possible.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans documented information for staff to help identify known triggers, so they could respond quickly to prevent situations from escalating.
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use.

Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs.
- The staff covered additional hours, so people had staff they knew and trusted. This was to support appointments or staff absences.
- Where people were assessed as needing specific staffing ratios, for example, when going out in the community, this was always provided.
- Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. For example, staff could spend quality time with people.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.

Using medicines safely

- People received their medicines safely and on time. Staff received training in medicines management and

had regular competency checks to ensure ongoing safe practice.

- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- Medicines were audited regularly with action taken to make ongoing improvements.

Preventing and controlling infection

- The premises were clean and free from malodours.
- Staff had access to aprons and gloves to use when supporting people with personal care. This helped prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- When accidents and incidents occurred these were discussed at regular staff meetings, as a learning opportunity.

# 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's individual needs had been assessed before they moved in. Though all people using both services had lived there for some time.
- Assessments of people's individual needs were detailed and expected outcomes were identified and their care and support regularly reviewed.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and experienced staff who had the relevant skills and qualifications to meet their needs.
- There was a system in place to monitor training to help ensure this was regularly refreshed so staff were kept up to date with best practice. Training methods included online, face to face training and competency assessments.
- Staff training covered those areas identified as necessary for the service and additional training to meet people's specific needs.
- New staff completed a comprehensive induction and worked alongside more experienced staff to get to know people. Staff new to care completed the Care Certificate, a set of national standards social care workers are expected to adhere to.
- Regular supervision sessions were arranged where staff were able to discuss any training needs as well as raising issues around working practices. Staff told us they were well supported by management.

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

- Staff assisted people to maintain good nutrition and hydration, encouraging people to eat a well-balanced diet and make healthy eating choices.
- People were supported with shopping and menu planning in line with their needs and preferences.
- Where possible people were involved in meal preparation and the kitchen was suitably equipped to support people to do this.

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

- Staff supported people to see their GP, district nurses, and attend other health appointments when required.
- If people found attending healthcare appointments difficult, because it might cause them to become anxious, additional staff were provided to support people.

- Health information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.

Adapting service, design, decoration to meet people's needs

- The premises were suitable for people's needs and provided people with choices about where they could spend their time.
- People had access to their own private space which had been personalised for people who wished to have some space and quiet time.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- 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.
- There were processes for managing MCA and DoLS information. The registered provider told us that required applications had been made for some people to have DoLS assessed but that no authorisations were in place at this time.
- Staff understood the requirements of the Mental Capacity Act 2005. Staff said they enabled; "People to have as many choices as possible." They said they were aware of giving too much choice as some people; "Get overwhelmed."

# 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.

- Staff treated people with kindness and compassion. There was a stable staff team who knew people well and what mattered to them. Positive and caring relationships had been developed between people and staff.
- Care plans contained information about people's abilities and skills. Management and staff took a pride in people's achievements and were keen to talk with us about this.
- Relatives were complimentary about the care and support the service provided. Comments from relatives included; "I'm eternally grateful as (relatives name) is very happy there" and "The home is wonderful, perfect and don't know why we deserve such a lovely place!"

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

- People were supported to make as many decisions as possible about their daily living. Relatives confirmed staff involved them if people needed help and support with decision making.
- Care plans contained information about people's specific communication methods. People living in the care home and receiving support from the supported living service were able to communicate their needs.

Respecting and promoting people's privacy, dignity and independence.

- People's right to privacy and confidentiality was respected. Each person had their own private space when they wished to be alone. Confidential information was kept securely.
- People were encouraged to do as much for themselves as possible. People's care plans showed what aspects of care they could manage independently and when staff needed to support them. Staff promoted people to be as independent as possible by encouraging and praising them.
- People were supported to maintain and develop relationships with those close to them. One relative said; "Always kept informed about any issues." Records showed family members had been updated when changes in people's needs were identified.

# 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

- Care plans described people's individual needs, preferences and routines. They had been updated and reviewed.
- Records and communication books reflected the care and support people had received.
- People had individual support needs that were known and monitored by staff. Staff gave this assistance, without the person losing choice and control of how they wished to be supported and spend their time.

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.

- The service was aware of the Accessible Information Standard and had guidance in place to support this.
- People's care plans outlined any communication need and documents could be provided in other formats if required.
- Information was given to people in an easy read format to help aid their understanding. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with the Accessible Information Standard.

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 were supported to pursue their interests and hobbies. Each person had their own personalised activity planner. People undertook a wide selection of activities inside and outside of the service. For example, shopping, meals out and holidays. One person did volunteer work in a local charity shop.
- People were supported to develop relationships with others. This included people from the supported living service visiting people living in the care home.
- Staff were allocated to work with each person, in the numbers agreed in their care assessment, which meant there were enough staff on duty to provide people with the choice of going out or staying at home.
- Records showed that people went out most days. A relative said; "They do so much, it's great."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scales. The complaints process was available in an easy read version for people to access.

- Residents meeting were held to enable people to raise issues and contribute to the running of the service.
- Relatives knew how to make complaints and felt confident that these would be listened to and acted upon in an open and transparent way. Complaints received were viewed as opportunities to improve the service.

#### End of life care and support

- Staff were not supporting anyone who required end of life care during this inspection.
- The service had explored people's preferences and choices in relation to end of life care. Their care plans outlined their wishes in the event of them becoming unwell and requiring end of life care. These included people's cultural and spiritual needs.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Improvements had been made and the provider had acted on the recommendation made about implementing robust quality assurance systems to monitor the quality of the service.

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

- Regular audits took place, and these were completed by the senior staff and supported and overseen by provider.
- Roles and responsibilities were clearly defined and understood. The registered provider was supported by senior staff. Staff were key workers and had an oversight of named individual's care planning.
- The registered provider was very involved in the day to day running of the service including working hands on, alongside staff where required. The provider had a defined organisational management structure and there was regular oversight and input from them.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service. One staff member said; "It's a lovely job and very rewarding."
- There was good communication between all the staff employed. Important information about changes in people's care needs was communicated at staff handover meetings each day and regular staff meetings.
- The management and staff worked to drive improvement across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.
- The provider had notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed in the service.

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

- Staff and relatives were positive about the management of the service. Staff told us the registered provider was very approachable and always available for advice and support. One commented; "Always available to talk and have a chat" and a relative said; "(named the provider) is so kind" while another relative said; "Very approachable, very hands on." The registered provider was knowledgeable about all the people living at the service.
- The service had clear visions and values in place focusing on community inclusion and supporting people to live fulfilled lives. These values, and any organisational changes, were communicated to staff regularly for example through meetings and discussions.
- The provider's systems ensured people received person-centred care which met their needs and reflected

their preferences.

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

- The provider had a duty of candour policy in place and the provider was aware of their responsibilities to be open and transparent when things went wrong. They used this as an opportunity to promote learning.
- The provider and staff team were open, honest and receptive to feedback to enable them to bring about further improvements within the service.
- Audits were carried out to monitor the quality of the service provided.

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

- Systems were in place to enable people, staff and relatives to give feedback. The provider carried out surveys with people, relatives, professionals and staff.
- People had regular reviews of their care and the service facilitated meetings in the supported living services.
- Team meetings took place and systems such as a communication book, handovers and emails messages were used to promote good communication within the team. Staff told us communication within the service was good and they all worked well as a team. A staff member commented, "The communication is good, and we see the manager every day."

Continuous learning and improving care

- The company used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care.
- The registered provider kept up to date with developments in practice through working with local health and social care professionals.
- Hill View policies and procedures were designed to supported staff in their practice.
- The registered provider had forged good links for the benefit of the service with key organisations, reflecting the needs and preferences of people in its care, and, to aid service development.

Working in partnership with others

- The service supported people to access professionals to ensure the relevant support and equipment was made available.
- The manager and staff team worked in partnership with representatives from key organisations. These included GPs to provide joined-up care and support.