

Aston Care Limited

Hill View

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hill View is a residential care home that can support up to 8 people. The service provides support to adults with a learning disability and/or autism, dementia, mental health conditions and physical disabilities. The service consists of a detached house and 2 self-contained annexes. At the time of our inspection there were 8 people living at the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was able to demonstrate how they were meeting the underpinning principles of Right Support, Right Care, Right Culture. People's care appeared person centred and there appeared to be a positive culture within the service, which maximised people's independence.

Right Support

The service was situated nearby shops, local groups and bus routes. We saw people were supported to regularly access community services. The service had various communal areas such as an activity room, conservatory, a large lounge and dining area, and a garden, that could be accessed by all. Staff promoted people's independence and supported people to have maximum choice and control in their lives; the policies and systems in the service supported this practice.

Right Care

People received kind and compassionate care and were supported in a person-centred way. Staff had the training and knowledge to support people effectively. Staff promoted people's equality and diversity and knew them well as individuals. People's care, treatment and support plans contained a high level of detail to enable staff to support them in a way that promoted their well-being.

Right Culture

There was a positive culture within the service; staff were committed to providing high-quality, person-centred care that met people's individual needs. Management proactively rectified issues identified on the day of inspection and were committed to making improvements within the service. Staff appeared to support each other and worked as a team to meet people's needs. We received positive feedback from staff and relatives about the service.

Rating at last inspection and update

The last rating for this service was inadequate (published 10 February 2023).

This service has been in Special Measures since August 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures, however remains in breach of a regulation.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

The provider has taken action to mitigate the risks, and this has been effective.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hill View on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Hill View

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 Health and Social Care Act 2008.

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 two Inspectors and an Expert by Experience.

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

Hill View is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hill View is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had recently started and intended to register.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 3rd May 2023 and ended on 15th May 2023. We visited the location's service on 3rd May 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 relatives, 5 members of staff, including the deputy manager and the area manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included four people's care records, daily records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider failed to have systems in place to assess, monitor and mitigate people from potential abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- At the last comprehensive inspection, staff had limited training and training did not always meet people's needs. At this inspection, we found improvements had been made. 93% of staff had completed their e-learning training and we saw that face-to-face training had been taking place. There was an active plan in place for staff to complete their training.
- At the last inspection it was unclear how people should be supported to express feelings or emotional reactions and keep them and others safe. At this inspection, we saw that staff had completed or been booked on to a physical intervention training programme, so that staff could support people safely. We saw this training had taken place since the last inspection.
- People had in-depth positive behaviour support plans and crisis interventions which contained clear guidance on how to manage and de-escalate feelings or emotional reactions to keep them and others safe
- Staff were aware of their responsibilities in relation to safeguarding. The deputy manager told us; "We have a safeguarding policy in place, staff have been trained and they know how to report. We had one safeguarding concern recently with a repositioning chart, we spoke with nurse. Now we use a toto bed (a system which automatically moves people at regular intervals to assist with turning), repositioning [person] every 2 hours. This is much better for [person]. Staff report to myself and I report to area manager for advice, report to safeguarding and CQC. We also inform family".

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- At the last comprehensive inspection, records were unclear relating to a person's prescribed thickener

guidance. This put the person at risk of choking. At this inspection, we found guidance was not always followed correctly and some records remained unclear. This was rectified on the day of inspection; a new referral was made, and guidance was updated and made clearer to staff.

- We found epilepsy monitors turned on and unsupervised in communal areas. We addressed this during the site visit and were informed that the person's bedroom door is open when they are in their room. Leaving epilepsy monitors unsupervised left people at increased risk should they have a seizure.
- We found accidents and incidents were not always recorded. This meant patterns could not be identified and lessons could not always be learned, we found similar accidents and incidents had occurred as a result. These have now been investigated and appropriate action has been taken by the provider.
- One person's guidance around meal preparation stated food needed to be 'mashed and moist'. We raised this as an issue during the inspection due to the risk of different interpretation by staff. We were informed that this guidance came from a GP who did not feel a speech and language therapy referral was necessary. However, we found this guidance was not clear for staff and remained open to interpretation. For example, one staff member told us that this person had their food blended.

Risks relating to the health and safety of people had not always been established, assessed and mitigated. This was a breach of Regulation 12 (1) (2.b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had up to date risk assessments in relation to skin breakdown, epilepsy, choking and moving and handling.
- We found regular audits took place relating to people's health and safety.

Staffing and recruitment

- At the last inspection, we identified concerns relating to staffing. At this inspection, some improvements had been made. However, from 7pm – 7am there were 3 staff supporting 8 people, 2 of which require 1:1 support at all times.
- One staff member told us "[Person] or [person] gets left on their own a while, during evening personal care, pad changes, repositioning of other service users. This can take an hour, sometimes 2. The morning is the same". We saw night shift allocations which confirmed this.

We were not assured the provider had done all that was reasonably practical to mitigate risks by ensuring adequate staff within the service. This was a breach of Regulation 12 (2.b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection visit the provider informed us there will be an extra staff sleeping at the service each night, offering support to night staff when needed.
- The provider had safe recruitment procedures in place, including undertaking relevant checks such as DBS (Disclosure and Barring Service) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, during the inspection we identified 2 staff having unexplained gaps in their employment history. This was raised to the provider on the day of the inspection, the provider told us that they were in the process of reviewing recruitment files and this has now been addressed.
- There was a process in place for staff to seek support out of hours, staff told us this was effective.

Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to medicines. This was a breach of Regulation 12 (2.g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 (2.g).

- Daily temperature checks of medicine cabinets were in place. This meant the service could be assured medicines were stored at safe temperatures.
- People had photos on their MAR (Medication Administration Records) charts so that people could be clearly identified, and allergies were clearly noted. This reduced the risk of error relating to medicine administration.
- PRN 'as required' protocols were in place for each person. This meant staff had clear guidance in place for when people required additional medicines such as pain relief.
- Monthly medication audits were in place. This meant that any issues relating to medicines were identified and addressed.
- There was not an effective system in place for monitoring stock levels of non-blister packed medications. This meant the service could not always be sure that medicines had been administered as prescribed. This was addressed following our inspection visit and a stock management document was implemented.

Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to infection. This was a breach of Regulation 12 (2.h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 (2.h).

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

The service had good visiting arrangements within the service which aligned to government guidance.

Learning lessons when things go wrong

- The provider had not always taken appropriate action following incidents. For example, falls from wheelchairs. This meant they had not made any amendments to practice to reduce the risks of similar incidents taking place.
- Management of the service proactively resolved any identified concerns to improve the quality of the service.

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 our last comprehensive inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience;

At the last inspection, the service did not always ensure enough suitably qualified, competent, skilled and experienced staff were deployed to support people. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 (1).

- Most staff had received regular supervisions from management. Staff told us these were effective.
- Improvements had been made in staff training. The service was 93% compliant with e-learning and face-to-face training had taken place.
- Staff told us, "We have had lots of training since the last inspection, we have had learning disability, autism awareness, moving and handling and midazolam training". The staff member told us they felt confident in the training provided.

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

At the last inspection the service did not effectively monitor and respond to people's health needs. This was a breach of Regulation 9 (1.b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9 (1.b).

- People were supported to eat and drink enough to maintain a balanced diet. People were offered choices in what they wanted to eat and drink.
- Where people needed their fluid intake monitoring, we saw this was in place.

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

- Two people had Speech and Language Therapy (SALT) guidance in place. However, [person's] guidance stated it needed to be reviewed within 2 weeks of the date of issue, which was dated 2021. This was addressed by the service during the site visit.
- There was evidence of the service working with other agencies. During our site visit, we spoke with a

community nurse. The nurse told us staff had called in the rapid response team a few times, which she felt was appropriate and responsive action by the service. Equipment had been sought from other professionals and guidance was updated in the person's care plan.

- One person was supported to attend a Zumba class (an aerobic fitness programme) on a weekly basis, and people were supported to exercise.

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

At the last inspection the service was not always well maintained. This was a breach of Regulation 15 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of Regulation 15 (1).

- The service was adapted in a person-centred way to meet people's needs. For example, one person liked birds, and had lots of wall and ceiling decorations of birds.
- Staff told us one person responded well to the colour purple, so their living space was painted in this colour.
- At the last inspection, we identified various health and safety concerns. We saw that maintenance repairs for the service had been sought.

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

At the last inspection the service did not always work within the principles of the Mental Capacity Act 2005. This was a breach of Regulation 11 (1) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of Regulation 11 (1) (3).

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 MCA 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.

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

We checked whether the service was working within the principles of the MCA, and observed appropriate legal authorisations were in place when needed to deprive a person of their liberty, and any conditions relating to those authorisations were being met.

- People had robust Mental Capacity Assessments in place. We observed advocacy involvement for some decisions where people lacked capacity.
- Staff understood the principles of the Mental Capacity Act. One staff member told us; 'We are giving

everyone a choice of clothes, food, activity. We know the way they communicate. All the staff are brilliant, for example, [person] loves going for walk every day with her [favourite staff member].

- Where appropriate, people had DoLS in place and conditions were being met.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At the last inspection the service failed to consistently involve people and their representatives in decisions about their care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of Regulation 9.

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

- We observed positive interactions between staff and people, and staff supported people in a way that suited their needs and preferences.
- Staff spoke kindly to people and treated people with compassion and respect.
- We received very positive feedback from relatives; "[Staff] are devoted to [person], they supported him when [person's relative] passed on". The relative told us staff from the home attended the wake including the area manager and said, "it was good for him, having them there" and "When I thanked [staff] they told me, "We are family".
- People responded positively to staff and appeared happy in their presence.

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

- Staff understood the importance of supporting people to make decisions about their care. Staff told us, "Each person has a dreams and aspirations record – where we ask them what they would like to do. For example [person] said he wanted a fish tank which he now has. [Person] attends Zumba (aerobic fitness programme) weekly and loves it. There is a Zumba fest which takes place each year and we are planning to go".
- We observed people making day to day choices on the site visit, for example we saw one person had chosen to have a lie in due to being out the previous evening.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be independent. At the last inspection, concerns were raised from a relative relating to a person not being supported to eat independently. At this inspection, the person was supported appropriately.
- Staff spoke with people kindly and respectfully. We saw people being supported in a way that promoted their privacy and dignity.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

At the last inspection the service did not provide people with personalised support to meet their needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of Regulation 9.

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

- Care plans were well written and contained a high level of detail, and reflected people's current needs.
- People were involved in setting their own personal goals. A staff member told us one person who required a hoist liked car racing. The service were in contact with Silverstone to arrange a trip that met the person's needs.
- People were observed to be making everyday choices such as where they wanted to go and what activities they took part in.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had positive behaviour support (PBS) plans in place, to inform staff how to support people in a way that promoted their well-being.
- People had specific, detailed care plans around communication. We observed staff following people's communication care plans during our site visit. For example, one person repeated a phrase which may not have been understood by others. Staff knew what this meant and how to support this person in a way that met their needs and promoted their wellbeing.

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

- At the last inspection, we identified concerns relating to community access and activities. At this inspection, we saw improvements had been made and people were supported to live active, fulfilled lives.
- We saw, two people supported individually in an annexe, were able to join in with activities in the main house if they chose to.
- We saw people were supported to attend various activities such as the local weekly club, a weekly disco,

walks, drives, visits to Longleat, bowling and shopping.

- A staff member told us, "[person] decides where she goes, and once a month we organize a big day trip".

Improving care quality in response to complaints or concerns

At the last inspection, the service had not responded to complaints effectively and in line with their own policy. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of Regulation 16.

- We were told there had not been any complaints or concerns raised by staff or relatives, and records confirmed this. We saw that feedback was sought regularly from people, family, friends and staff. Following the inspection, the provider told us they have implemented a 'You said, we did' board, meaning that actions from concerns or complaints could be clearly addressed.
- We saw evidence the service was working alongside the local authority to improve the service.
- We saw the service had made improvements since the last inspection

End of life care and support

- Staff told us "No one is receiving end of life care, but all service users have end of life care plans, the relatives are involved with this".
- We observed people had detailed and respectful end of life plans in place.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection we found governance systems failed to assess, monitor and mitigate the risks to people or maintain securely accurate or up-to-date records of people's care or the management of the service. This was a breach of regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations.

Enough improvement had been made and the provider was no longer in breach of Regulation 17.

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

- Since the last inspection, there had been many improvements in the service. The provider and staff in the service had worked hard to make the required improvements. This had led to an improved and safer lifestyle for people living at the service. However, there were still improvements required in respect of ensuring people's needs were met with the right number of staff to ensure any risks were reduced.
- The service also needed to ensure all records were accurate and up to date. During the site visit, we found some records were not updated. This was rectified by the area manager and deputy manager on the day of inspection.
- There was a clear staffing structure in place. A new manager was just starting at the service, but the service was being overseen by the area manager and the deputy manager
- There were regular audits in place for fire safety, medication, the hot tub, health and safety and infection control
- The deputy manager told us regular spot checks took place, including night spot checks. The deputy manager told us no concerns had been identified during these checks.
- We saw statutory notifications were sent to CQC about safeguarding concerns.

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

- The culture of the service was positive, and people achieved good outcomes. For example, one person was supported to be independent by volunteering at the local shop.
- Staff we spoke with were very positive about the service, "I don't have any problems, I enjoy working there and am so happy".
- Management responded proactively when concerns were identified during the site visit and took actions swiftly and effectively.

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

- Regular feedback was sought from relatives via questionnaires and meetings. Comments included "I know what to do if I have a complaint – but never have", and "Lovely staff. Very caring".
- Staff meetings took place on a monthly basis, and actions were taken as a result of these.
- There was evidence the service worked in partnership with other agencies, such as neurology, SALT (speech and language therapy), district nurses, the Learning Disability Team. This meant that people's health needs were met effectively.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks relating to the health and safety of people had not always been established, assessed and mitigated.