

Marton Care Homes Ltd

# Hill View Care Home

## Inspection report

Hurst Lane (Off Crankshaw Street)  
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Tel: 01706548381

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09 March 2022  
10 March 2022

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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 Care Home is a residential care home which provides personal care and nursing care for up to 45 older people, younger adults, people with a physical disability, mental health support needs, and people living with dementia. Accommodation is provided over two floors and a passenger lift is available to provide access to both floors. At the time of the inspection 31 people were living at the home.

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

People told us they felt safe living at the home and there were enough staff to provide support when they needed it. Staff followed safe infection control practices, including wearing appropriate personal protective equipment (PPE) to protect people from COVID-19 and the risk of cross infection. Staff were recruited safely and knew the action to take if people were at risk of abuse or avoidable harm. Staff managed people's medicines safely, in line with national guidance. The safety of the home environment was checked regularly.

People received support which reflected their needs and risks. Staff received the induction and training they needed to support people well. 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 received support with their dietary and healthcare needs and were referred for specialist support when they needed it. We received positive feedback from community professionals about the support provided. The home environment was purpose built to enable people to remain as independent as possible. The provider had made some improvements to the environment since taking over the service and further improvements were planned.

People told us staff were caring, kind and treated them well. We observed staff treating people with respect and encouraging them to be independent and make decisions about their care when they were able to. Staff respected people's right to privacy, dignity and confidentiality. Care plans included information about people's backgrounds and diversity, to guide staff about what was important to them.

Staff provided people with personalised care that reflected their needs and preferences. People's care needs were reviewed regularly, and documentation was updated to guide staff. Staff knew the people they cared for and encouraged them to make choices when they could. The provider managed concerns and complaints appropriately. People were happy with the range of activities available at the home. End of life care documentation needed to be improved to ensure it reflected people's end of life care wishes, we have made a recommendation about this.

The manager and staff were clear about their responsibilities and focussed on providing people with high quality, individualised care. The service worked in partnership with a variety of community professionals to ensure people received any specialist support they needed. Management sought people's views about the service and acted upon them. People, relatives and staff felt the management of the service had improved significantly since the regional support manager had taken over the day to day running of the home. The

regular checks and audits completed by management were effective in ensuring appropriate standards of quality and safety were maintained at the home.

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

Rating at last inspection and update

The last rating for the service under the previous provider was good (published 7 April 2020).

We also completed a targeted infection prevention and control inspection of the service on 10 November 2020 (published 18 November 2020) and were assured that people were receiving safe care which protected them from the risk of cross infection.

Why we inspected

This was a planned inspection based on the service's date of registration under the new provider. The inspection was also prompted in part due to a number of anonymous concerns received about a variety of issues, including neglect, inappropriate staff conduct and the management of the service. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns.

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 that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

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 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.

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 an inspector and a specialist advisor (nurse).

#### Service and service type

The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. The provider's regional support manager had been managing the home since January 2022, in the home's manager's absence. When a service has a registered manager, 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this

information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send to us to give us 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 five people who lived at the home and four visiting relatives, to gain their feedback about the care provided. We also spoke with the registered manager, the deputy manager, three nurses, three care staff and the administrator. We reviewed a range of records, including five people's care records and a selection of medicines records. We looked at two staff recruitment files and staff supervision and appraisal records.

#### After the inspection

We reviewed a variety of records related to the management of the service, including policies and audits. We contacted three community health care professionals who visited the service regularly for their feedback about 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, under the new provider, 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

- The provider had systems to protect people from abuse and avoidable harm. Prior to the inspection, we had received a number of anonymous concerns about a variety of issues, including neglect, inappropriate staff conduct and the management of the service. During the inspection we did not find any evidence to support these concerns. The local authority had investigated a number of the concerns prior to our inspection and found them to be unsubstantiated.
- People felt safe living at the home. One person told us, "The staff are good, they always try to make you feel happy. They have never been rough with me or spoken to me rudely". One relative commented, "[Person] is happy here, she feels really safe and has lots of friends."
- The manager had taken appropriate action when safeguarding concerns had been raised about the service. She had made improvements where needed and shared any lessons learned with staff. Staff had completed safeguarding training and understood how to protect people from the risk of abuse.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were managed safely and effectively. Risk assessments were in place to guide staff on how to support people safely and were updated regularly.
- The provider had systems to manage accidents and incidents effectively. Staff supported people appropriately when accidents or incidents occurred. The manager reviewed accidents regularly to ensure appropriate action had been taken.
- The manager, deputy manager and maintenance person completed regular checks of the home environment, including equipment, fire safety and water safety, to ensure it was safe and complied with the necessary standards.

Staffing and recruitment

- Relatives and staff were happy with staffing levels at the home. They felt there were enough staff available to meet people's needs. One person commented, "There was a high turnover of staff but it's more stable now. They use some regular agency staff. There are no problems." The manager told us they were in the process of recruiting more care staff and nurses.
- The provider recruited staff safely. Appropriate checks were completed to ensure staff were suitable to support people living at the home.

Using medicines safely

- People's medicines were managed in line with the National Institute for Health and Care Excellence (NICE) guidance. People received their medicines as and when they should.

- Staff had completed the necessary training and been assessed as competent to administer people's medicines safely. Management completed regular checks of medicines stock and records. People living at the home and relatives were happy with how medicines were managed.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People were receiving visits in line with Government guidance and local Public Health advice. The manager understood the importance of visits to people. When visits within the home environment had not been possible, staff had supported people to have video calls with family and friends.

#### Learning lessons when things go wrong

- The provider had systems to analyse incidents, complaints and concerns. The manager made improvements where necessary and shared any lessons learned with staff during meetings and through memos.



# 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, under the new provider, 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 received care and support which reflected their risks and needs. Care plans and risk assessments were available to guide staff. They included information about what people were able to do for themselves, the choices they were able to make, and how staff should support them to ensure they received effective care.
- The provider had policies and procedures for staff to follow, which reflected CQC regulations and relevant guidance, including Government guidance about the management of COVID-19. These were reviewed and updated regularly.

Staff support: induction, training, skills and experience

- The provider ensured staff received an effective induction and completed the training necessary to support people well. Staff received regular supervision and yearly appraisals. Staff were happy with the training provided.
- People and relatives felt staff were competent and provided good care. One relative told us, "We have nothing but praise for the staff."

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

- People were supported to eat and drink enough. Care plans included information about people's dietary needs, risks and preferences. Care staff and catering staff were aware of these and were updated about any changes.
- People's weight and nutritional intake were monitored, and they were referred for specialist support if concerns about nutrition were identified.
- People were happy with the food provided at the home and records showed there was lots of choice available at mealtimes. People had recently been consulted and the menus were being updated to reflect people's suggestions and preferences. One person told us, "The food is lovely. We can have an alternative if we don't like what's planned."

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

- The provider ensured people were supported with their healthcare needs. Nursing staff were available to support people at all times and any necessary specialist healthcare support was arranged when needed. Community healthcare professionals who visited the home regularly, were happy with the care provided. They told us staff referred people for specialist support when needed and followed any advice given.

- Care plans included information to guide staff about people's healthcare needs, including their medical history, medicines and allergies. Some improvements were needed to care documentation, for example in relation to catheter care, foot care and diabetes management. The manager was aware of this and had begun work to make the necessary improvements.
- Staff shared information about people's needs and risks with paramedics and hospital staff when people were taken to hospital.

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

- The home was purpose built to meet people's needs and enable them to be as independent as possible. A passenger lift, lifting equipment and adapted bathroom facilities were available to support people with mobility needs. Specialist equipment, including sensor mats, was used to support people at risk of falling. The combined lounge and dining area was open plan, which supported easy access for people with mobility needs.
- People were happy with the home environment. Many people had personalised their rooms to reflect their tastes and make them more homely. One person told us, "On the whole it's a very nice place to stay. It's comfortable and the staff made moving in and settling very easy."
- The provider had refurbished parts of the home since they had taken over the service and further improvements were planned. There were plans to consult people about wallpaper and paint colours, to ensure their rooms reflected their taste.

#### 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).

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

- The service was working within the principles of the MCA. Care plans included information about people's capacity to make decisions about their care. When they lacked capacity, the provider had processes to make best interests decisions in consultation with their relatives or representatives. Where people needed to be deprived of their liberty to keep them safe, the registered manager had applied to the local authority for authorisation to do this.
- Staff asked people for their consent before supporting them. The manager was in the process of ensuring that each person, or relative where appropriate, had provided written consent for staff to provide them with care.

# 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, under the new provider, 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 well cared for and liked the staff at the home. One person told us, "The staff are super, they can't do enough for me. It's not home but it's a good second." Relatives commented, "The staff are lovely, nothing's too much trouble" and "They have made [person] feel very welcome. It's like a family or a community. There's been lots of kindness."
- We observed staff supporting people in a kind and respectful way. Staff chatted with people while they supported them and reassured people if they were upset or confused. There was a relaxed and comfortable atmosphere in the home, with lots of smiling, laughter and gentle banter between staff and people living there. One visiting professional told us that the service had a homely environment and people were always well presented.
- Staff respected people's diversity. Care documentation included information about people's life history and background, including their religion, gender, sexual orientation and ethnic origin. This meant staff were aware of people's identity and what was important to them.

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

- People were involved in decisions about their care. We observed staff asking people for their views about their support and relatives told us people's care needs had been discussed with them when appropriate. We could not always find evidence in people's care files that their care had been discussed with them, but we noted from the home's improvement plan that this was in the process of being addressed.
- People told us they were involved in decisions about their care, such as where they spent their time, what they wore and what time they got up and went to bed. They had recently been consulted about the meals provided at the home and plans were in place to consult them about the redecoration of their rooms and communal areas.
- Information about local advocacy services was displayed so that people could access support to express their views if they needed it.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be independent and staff respected their right to privacy and dignity. One person told us, "I can spend my time as I want to. There are activities most days if I want to do them and I can spend time in my room if I want to, it's my choice."
- We observed staff encouraging people to do what they could and assisting people when they needed it. One person commented, "I get support whenever I need it." Care plans included information to guide staff about what people were able to do and what they needed support with.

- Staff respected people's right to confidentiality. People's care records were stored securely, with only authorised staff able to access them. Staff members' personal information was stored securely and only accessible to appropriate staff. The provider had a confidentiality policy for staff to refer.

# 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, under the new provider, 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 supported people in a personalised way, which reflected their needs and preferences. They knew the people they cared for. One person commented, "The staff know me and how I like to be supported." One professional who visited the service told us staff were very responsive to people's needs.
- Care plans included information to guide staff about people's needs, risks, abilities and preferences. They were updated regularly or when people's needs changed. The manager told us she was working on making care documentation more person-centred and detailed, to ensure staff were fully aware of people's individual care needs.

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 care plans included information about how people communicated, any support they needed with communication and how staff should provide it.
- Staff were aware of people's communication needs. We observed them communicating effectively with people, repeating or explaining information when necessary.

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

- Staff encouraged people to maintain relationships and avoid social isolation. Relatives, friends and representatives were able to visit the home in line with Government guidance, and people had been supported to stay in touch with them by telephone and video calls when visiting had not been allowed due to the pandemic. One relative told us, "They've followed the guidance and kept our mum safe."
- Staff supported people to follow their interests and take part in activities. The home had an activities coordinator, who supported people with a variety of group and one to one activities. People told us they were happy with the activities available and were encouraged by staff to take part. During the inspection, we saw people taking part in card making and armchair exercises. There were plans to support people to visit a local craft session weekly.
- Care plans included information to guide staff about people's hobbies, interests and whether they liked taking part in activities.

#### Improving care quality in response to complaints or concerns

- The provider had processes to respond to people's complaints or concerns. A complaints policy was available and information about how to make a complaint was included in the service user guide.
- None of the people we spoke with had made a complaint. They told us they would feel able to raise concerns if they had any. Records showed that complaints were managed appropriately, and improvements were made where needed.

#### End of life care and support

- The provider had processes to provide people with end of life care. We noted that information about people's end of life care was not always detailed enough to guide staff regarding their wishes and the use of pain relief.

We recommend the provider consider current guidance on end of life care and take action to update their practice accordingly.

# 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, under the new provider, 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 service had an open culture, where people, relatives and staff were encouraged to share their views. Management and staff treated people as individuals and included people, and their relatives when appropriate, in decisions about their care. Staff provided people with individualised care which focused on achieving a good quality of life.
- People and relatives we spoke with were happy with how the service was being managed. Many felt the service had improved since the regional support manager had taken over. They told us, "The new manager is very nice, things have improved since she's arrived" and "The management are superb, they're very approachable."
- Staff understood the provider's aim to provide people with personalised, high-quality care. They too felt the service had improved under the regional support manager and deputy manager. One told us, "There have been improvements. It's more organised, staff are clearer about their roles and are doing what they should be doing." Another commented, "Management have worked really hard to turn the place around."

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 and management were aware of their responsibilities. No incidents had occurred that we were aware of, which required duty of candour action.

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

- The provider and manager understood their roles and regulatory responsibilities. The manager was responsible for the day to day management of the home, with support from the deputy manager and nurses. They completed regular audits of quality and safety, along with the provider's regional manager who visited the home regularly and completed a detailed monthly audit. The audits completed by management were effective in ensuring that appropriate standards of quality and safety were maintained at the home.
- Staff understood their roles and responsibilities, which were made clear during their induction, training, supervision, handovers and during staff meetings. Issues around staff performance were addressed appropriately.
- The manager had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law.

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

- The provider had various processes to gain feedback from people and relatives about the care provided. Feedback seen from recent satisfaction surveys and residents' meetings was very positive and showed that management listened and responded to people's concerns and suggestions.
- Staff meetings took place regularly and staff felt involved in the service. They told us management were approachable and supportive. One staff member commented, "I would raise any concerns with the manager or deputy."

Continuous learning and improving care

- Where audits identified the need for improvements, the manager took action to address these in a timely way. Any lessons learned from complaints or concerns were shared with staff during meetings and handovers.
- The provider had made a number of improvements since taking over, including the redecoration and refurbishment of some areas of the home. Further refurbishment was planned.

Working in partnership with others

- Management and staff worked in partnership with people's relatives, representatives and a variety of health and social care professionals to ensure people received the support they needed. These included social workers, GPs, community nurses, hospital staff, dietitians, speech and language therapists and podiatrists. Community professional who visited the service told us that leadership at the home had improved and the regional support manager had made improvements in a short period of time. They told us staff were always available to provide information about people and help with assessments. They did not have any concerns about the quality of care provided at the home.