

Four Seasons (Bamford) Limited Hill View Care Home

Inspection report

Hurst Lane (Off Crankshaw Street)
Rawtenstall
Rossendale
Lancashire
BB4 7RA

Tel: 07106218484

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26 July 2017

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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

Hill View Care Home is a residential service which provides accommodation and support for up to 46 people who require nursing or personal care. At the time of our inspection there were 32 people living at the home.

At the last inspection, the service was rated Good. At this inspection we found that the service remained Good.

We found that staff had been recruited safely and were aware of how to safeguard vulnerable adults living at the home from abuse. There were safe processes and practices in place for the management and administration of medicines.

Most people were happy with staffing levels at the home. During our inspection we found that there were a suitable number of staff available to meet people's needs in a timely way.

Staff received appropriate training. People who lived at the home and their relatives felt that staff had the knowledge and skills to meet people's needs.

People received appropriate support with eating and drinking and their healthcare needs were met at the home.

People were encouraged to be independent and staff respected their privacy and dignity. We observed staff at the home communicating with people in a kind and caring way. People looked relaxed and comfortable in the home environment.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; the policies and systems at the service supported this practice. The service had taken appropriate action where people lacked the capacity to make decisions about their care and needed to be deprived of their liberty to keep them safe.

We saw evidence that people received care that reflected their needs and preferences. We received positive feedback from people who lived at the home and relatives about the activities available.

People's religious or spiritual needs were documented and they received appropriate support. However, people's sexual orientation had not been documented. The registered manager advised that this would be discussed with people and documented in future.

The service had a registered manager in post. People who lived at the home, relatives and staff were happy with how the service was being managed. They found the registered manager and the deputy manager approachable.

The registered manager had sought feedback from people who lived at the home, their relatives and staff about the care and support provided. A high level of satisfaction had been expressed about many areas of the service. Where improvements had been suggested, we found evidence that action had been taken.

We found that audits and checks of the service had been completed regularly and were effective in ensuring that appropriate levels of quality and safety were maintained at the home.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Hill View Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 25 and 26 July 2017 and was unannounced. The inspection was carried out by one adult social care inspector, an expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert involved in this inspection had expertise in the care of older people. The specialist advisor was a nurse.

Before the inspection we reviewed the information we held about Hill View Care Home, including previous inspection reports and notifications received from the service. A notification is information about important events which the service is required to send us by law. We contacted nine community health and social care professionals who were involved with the service for their comments, including GPs, community nurses, a pharmacist and a speech and language therapy service. We received responses from two professionals. We also contacted Lancashire County Council contracts team and Healthwatch Lancashire for information. None of the agencies we contacted expressed concerns about the care and support provided at the service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information contained in the PIR and used it to help make our judgement.

During the inspection we spoke with nine people who lived at the home and seven visitors. We also spoke with two visiting healthcare professionals. We spoke with four care staff, one nurse, the registered manager, the deputy manager and the regional manager.

We observed staff providing care and support to people over the two days of the inspection and reviewed in detail the care records of five people who lived at the home. We also looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments

records, audits of quality and safety, fire safety and environmental health records.

Is the service safe?

Our findings

People who lived at the home told us they received safe care. One person commented, "I find it is very good. I feel safe and well cared for". The relatives we spoke with told us their family members were kept safe at the home. One relative commented, "I think this is a good and safe place for all the residents here and I think they probably have enough staff". Another relative told us, "This is a secure place. It's always clean and tidy".

The staff we spoke with understood how to protect people from abuse and were clear about the action to take if they witnessed or suspected abusive practice. A safeguarding policy was available which included the different types of abuse and staff responsibilities. Information about safeguarding and how to raise an alert with the local authority was also displayed in the entrance area of the home. Records showed that all staff had completed up to date training in safeguarding vulnerable adults from abuse.

We saw evidence in staff recruitment records that staff had been recruited safely and that checks had been made of their suitability to support vulnerable adults.

Detailed risk assessments were in place for each person living at the home, including those relating to falls, nutrition and hydration, mobility and skin condition. We found that the risk assessments were detailed and provided information for staff about the nature and level of each risk and how best to support the person to reduce each risk. We found evidence that risk assessments were reviewed regularly.

We looked at staffing arrangements at the home. Most of the people who lived at the home and the relatives we spoke with felt that there were always enough staff on duty to meet people's needs. However, one person who lived at the home, one relative and one member of staff felt that this was not always the case. We reviewed the staffing rotas for three weeks including the week of our inspection and noted that the minimum staffing levels set by the service were met on all occasions. During both days of our inspection we found that there were enough staff available to respond to people's needs in a timely way.

We found that there were safe and effective processes in place for the management of medicines. Records showed that the nursing staff who administered medicines had completed the relevant training and their competence to administer medication safely had been assessed regularly. We observed a nurse administering medicines and found that people were given their medicines safely.

During both days of our inspection we found that the home was clean and tidy. The staff and relatives we spoke with told us that hygiene levels at the home were always good. One person living at the home told us, "The place is kept very clean".

We found that checks of the safety of the home environment had been completed, including fire safety and legionella checks. Legionella bacteria can cause Legionnaires disease, a severe form of pneumonia.

Is the service effective?

Our findings

People told us that they were happy with the care that they received and the staff who supported them. Comments included, "I am in the best place here. Everything and everyone is very good", and "I think the staff are all very good and I enjoy the meals". Relatives told us that their family members' needs were met at the home and the staff were competent. Comments included, "They care for [my relative] very well here and they are very good with me" and "This place is very good and they are brilliant with [my relative]".

Records showed that staff completed a thorough induction when they joined the service and their training was updated regularly. The staff we spoke with felt they had completed all the training they needed to support people effectively and told us they could request further training if they felt they needed it.

People who lack the mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that appropriate procedures had been followed where it was felt that people who lived at the home needed to be deprived of their liberty to keep them safe. We found that capacity assessments had been completed and relatives had been involved in best interests decisions relating to their family members' care and support. The relatives we spoke with told us their family members' needs were discussed with them regularly.

Care plans and risk assessments included information about people's nutrition and hydration needs and their likes and dislikes. Most people were happy with the meals available at the home and we noted that people had lots of choice at mealtimes. The expert by experience who experienced lunch on the first day of the inspection found that people were supported appropriately and the quality of the food was good. The relatives we spoke with felt that the meals at the home were good and people were not rushed.

We looked at how people were supported with their healthcare needs. People's care records included information about their medical history and any needs or risks related to their health. We found evidence that appropriate referrals had been made to a variety of healthcare agencies including GPs, dietitians, speech and language therapists, physiotherapists, dentists and opticians. This helped to ensure that people's healthcare needs were met.

The community healthcare professionals who provided feedback about the service did not have any concerns. One professional told us, "The staff are responsive to changes in the resident's condition because they know the residents very well. They contact our service appropriately and in a timely manner, in reaction to any changes in a resident's condition. The staff are well organised. I have not experienced any problems with the home and have no concerns". Other comments from community professionals included, "The staff refer appropriately and follow our guidance" and "The staff are on the ball and can quickly recognise when residents are unwell".

Is the service caring?

Our findings

People who lived at Hill View Care Home told us that the staff who supported them were caring. Comments included, "I am very happy with the way I am treated here", "I get on with the carers" and "The staff are very good with me and see to me well". Relatives told us that staff supported their family members in a caring way and treated them with dignity and respect.

During our visits we observed staff interacting with people in a kind, patient and sensitive way. Staff were relaxed and friendly with the people they supported. It was clear that the staff we spoke with knew the people who lived at the home and were familiar with their needs, risks, preferences and how best to support them. People moved around the home as they pleased and looked relaxed and comfortable in the home environment. We observed them seeking support from staff when they needed it.

Staff told us they encouraged people to make everyday decisions such as what they wore each day, what they ate at mealtimes and where they spent their time. We saw evidence of this during our inspection, for example staff asking people what they would like for their lunch and asking people if they wanted to sit in the lounge or spend time in their room.

The registered manager provided us with a copy of the welcome brochure that was issued to everyone who came to live at the home. The brochure was not specific to the service but gave information about what the provider offered at their homes. The brochure included information about the services available including hairdressing and laundry, safeguarding, security, activities and how to make a complaint. The registered manager advised that the welcome brochure was also available in large print or braille. This meant that the information was accessible to people with a visual impairment.

Records showed that where people did not have the capacity to discuss their care, their relatives had been consulted. The relatives we spoke with confirmed this to be the case. One relative said, "[My relative] has been here over 12 months. I feel involved in his care and the staff always inform me of any concerns or changes".

Staff told us they encouraged people to be independent. We saw evidence of this during our inspection, such as people being encouraged to mobilise independently and to eat their meals independently when they were able to do so safely. Staff told us they respected people's privacy and dignity and could give examples of how they did this, such as ensuring doors and curtains were closed when they were supporting people with their personal care. We observed staff knocking on people's doors before entering their room and gaining their consent before providing care, for example when administering medicines or supporting people with their meals.

The welcome brochure advised that there were no restrictions on visiting and this was confirmed by the relatives we spoke. One relative commented, "I can come in anytime and am made welcome". Another relative commented, "We are made welcome every time we visit".

Is the service responsive?

Our findings

People told us they received care that reflected their needs and preferences. Comments included "The carers are nice and know me well", "The staff know me and my ways so I manage very well". The relatives we spoke with felt that their family members received care that was individualised and reflected their needs and preferences.

The care plans we reviewed contained detailed information for staff about people's individual needs and risks and how to support them effectively. They included information about what people were able to do, what they required support with and how that support should be provided. The staff we spoke with were able to tell us about people's risks and needs and described how they supported people in a way which kept them safe and reflected their preferences.

We noted that each person had a support plan related to their communication, hearing and sight. This included whether people wore glasses and whether they had any cognitive impairment. The plans provided guidance for staff on meeting people's communication needs, for example giving people time to process information and make decisions and ensuring that people's glasses were kept clean. This helped to ensure that people were supported to communicate effectively.

The service had an activities co-ordinator. We noted that the daily activities available included arts and crafts, bingo, quizzes, pamper sessions, dominoes, films, board games and trips out to the local market and a local pub. During our inspection we observed a quiz, nail painting and a film afternoon. People were happy with the activities available at the home. One person commented, "I am happy resting so I don't bother much with the activities. When they arrange one of the trips out to a pub, I go along for the change of scene".

Care records showed that people's spiritual and religious needs were documented in their care plan and they received appropriate support. However, people's sexual orientation had not been documented. The registered manager advised that this was being addressed at the home and in future people's sexual orientation would be discussed with them and documented as part of the pre-admission and care planning process. She advised that training focusing on raising staff awareness of lesbian, gay, bisexual and transgender issues had been arranged for later in the month, to ensure that staff were able to meet the needs of people living at the home.

The registered manager used questionnaires to gain feedback from people who lived at the home and their relatives about the care being provided. Records showed that a high level of satisfaction had been expressed about many aspects of the service including activities, meals, staff and the home environment. Regular residents meetings also took place. We found that the registered manager had made improvements as a result of the feedback received, including the availability of additional activities and an improvement in the quality of the meals at the home.

A complaints policy was in place which included timescales for a response and the contact details for the

Local Government Ombudsman and CQC. Records showed that one complaint had been received in the previous 12 months and had been managed in line with the policy. People told us they would feel comfortable raising a concern or making a complaint. One person commented, "I don't really have any complaints as mostly they [staff] are very good and do seem to know their jobs".

Is the service well-led?

Our findings

People who lived at the home told us they were happy with how the service was managed. One person said, "I have no problems with the carers or the management". Another person told us, "The atmosphere is good and you can talk to the staff and the manager if you need to". The relatives we spoke with were also happy with how the service was being managed. Comments included, "I am happy with what they do. I think the home is managed very well" and "We have had no concerns. The management is very good".

At the time of our inspection the service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the two days of our inspection, we observed the registered manager and the deputy manager interacting with people who lived at the home and their relatives and saw that they were friendly and professional towards them.

The staff we spoke with were clear about their roles and responsibilities and felt well supported by the registered manager. They were happy with the management of the home. Comments included, "The service is well managed. The manager and deputy are both approachable. You can raise any concerns", "They're [management] really good. I've raised issues before and they've been resolved straight away. Staff feel listened to and we're treated fairly" and "They [management and provider] keep us all up to date with everything".

Records showed that staff meetings took place regularly and staff told us they felt able to raise any concerns during the meetings. We reviewed the notes of the meeting held on 21 June 2017 and noted that the issues addressed included staff training, encouraging people to provide feedback, treating people with dignity, falls, hygiene, equality and diversity and staff communication. We noted that there was reference to a policy of the month which was attached to staff wage slips, to ensure that staff remained up to date with the service's policies and procedures.

The registered manager advised that staff feedback about the service was sought each year through questionnaires. We reviewed the results of the questionnaires issued to staff in September 2016 and noted that 52 questionnaires had been completed. A high level of satisfaction had been expressed with all areas, including being proud to work for the home, the management of the home, staff training and skills and people's care being a priority at the home.

Records showed that a variety of audits had been completed regularly by the registered manager and other staff at the home. These included audits of infection control, health and safety, medicines and equipment. In addition, regular audits were completed by the regional manager and we noted that an audit that had been completed by the provider's quality and audit manager in June 2017. Action plans were in place where improvements had been identified as necessary. We found evidence that the audits completed had been

effective in ensuring that appropriate levels of quality and safety were maintained at the service.