

# Aston Care Limited

## Hill View

### Inspection report

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### Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# 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 home.

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

This was a targeted inspection to follow up 2 warning notices served at the previous inspection about safe care and treatment and how well led the service was. We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Based on our inspection of safe and well led, we found not all aspects of the warning notice had been met to ensure improvements were made in specific areas to evidence compliance with the regulations.

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.

Based on our review we found the service was still not demonstrating how they were fully meeting the underpinning principles of right support, right care, right culture.

Right support: Care records did not always guide staff to provide suitable care. People's records did not always show how decisions had been made about their support and how risks were reviewed and analysed.

Right care: Staff did not always have clear guidance on how to support people's individual needs.

Right Culture: The ethos, values, attitudes and behaviours of the provider did not always ensure people using services led confident, inclusive and empowered lives. The service failed to effectively evaluate the quality of support provided to people.

Governance approaches were still not fully effective in ensuring good standards of care, a safe environment, or to identify and lead required improvements. Some environmental risks within the home were known by the provider but had not been effectively assessed and responded to in a timely way to ensure people were safe. We were not assured that people were completely safe from environmental risks (fire and legionella).

Staff showed a good understanding of people's needs and an operations manager was in place to support the provider to make the required improvements.

The provider had recruited an operations manager to support management across 4 of the provider's locations, to make the necessary improvements to improve the quality and safety of care.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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 and update

The last rating for this service was inadequate (published 21 October 2022).

At the last inspection we served warning notices in respect of safe care and treatment and good governance. At this inspection we found although some improvements had been made, the provider had not met the warning notices in full and therefore remained in breach of regulations.

#### Why we inspected

We undertook this targeted inspection to check whether the warning notices previously served in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. Therefore, the overall rating for the service has not changed following this targeted inspection and remains inadequate.

#### Enforcement

The provider remains in breach of regulations found at the last inspection. These relate to keeping people safe from potential abuse, mitigating risks to people, making decisions for people who lack capacity or have fluctuating capacity, lack of staff training and management of the home.

#### Special Measures

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of their registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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.

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](http://www.cqc.org.uk)

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

We always ask the following five questions of services.

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

At our last inspection we rated this key question inadequate. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Inspected but not rated**

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

At our last inspection we rated this key question inadequate. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Inspected but not rated**

# 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.

This was a targeted inspection to check whether the provider had met the requirements of Warning Notices in relation to Regulation 12 (safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### 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. The provider was in the process of trying to recruit a new registered manager. In the interim, the location was being overseen by a registered manager from another of the provider's services, a deputy manager and operations manager.

#### Notice of inspection

The first day of this inspection was unannounced. We gave short notice of our visit on the second day to ensure the management team were in place to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from partner agencies and professionals. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with the operations manager, manager and deputy manager. We also sought the views of 6 staff who worked at the service. We reviewed a range of records related to the management of the service including policies and procedures, audits and risk assessments. We spent time with people and observing their interactions with staff.

# 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 this key question was rated inadequate. This meant people were not safe and were at risk of avoidable harm. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

### 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) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served the provider a warning notice and told them to meet Regulation 12 by 16 September 2022. We went back to the service to check that the warning notices had been met.

Although some improvements had been made, the provider remains in breach of Regulation 12 (Safe care and treatment)

- At the last inspection, we found there were limited risk assessments in place for people and these had not been regularly reviewed. This meant people were at significant risk of avoidable harm as staff did not have up to date information. These risks were in relation to choking, epilepsy, and continence.
- At this inspection, we found a care plan still referred to choking and dysphagia guidance which was difficult to locate in the records. In addition, there was no guidance on display where drinks and meals were prepared. On the second day of the inspection, we noted clear guidance in place in the main kitchen but not in the kitchen in the annexe for the person who needed thickened fluids. We asked staff about what level of thickened fluids were required and they were able to state this to us. This meant the risks were reduced but clear guidance was still required throughout the care plans to ensure consistency of advice was clear.
- At the last inspection, we found there were limited risk assessments in place for people who were at risk of skin damage. At this inspection, we found the management team had made the necessary arrangements and amendments to ensure people's skin integrity was maintained safely. We saw that health professionals such as district nurses and occupational therapists had visited to oversee people's needs in relation to pressure areas and ensure appropriate equipment was in place. However, there was no specific care plan or risk assessment in place for people who were at risk of pressure damage.
- At the last inspection, the provider had not ensured that people were protected from risks associated with unsafe catheter care. A care plan stated that catheter output should be measured to ensure action could be taken if required to reduce this risk. However, this had been inconsistently recorded. At this inspection, we still found no consistent records of catheter output. There was not a specific care plan or risk assessment to



ensure any concerns in respect of catheter care were clearly outlined to staff with actions needed in the event of blockage or bypassing.

- At the last inspection, we found people with epilepsy had no evidence of their epilepsy care being reviewed, and if necessary, updated. Documents had not been written by health professionals or reviewed, meaning that information relating to people's epilepsy may not have been accurate. We also found that equipment in use to alert staff that a person was having seizures were not effectively monitored. At this inspection, management told us they had attempted to get the epilepsy advice reviewed and a protocol drawn up by a health professional. On the second day of the inspection, we were told that the GP would review the epilepsy protocols during an annual health review which were to be booked. We asked about how the epilepsy monitors were used so action was taken swiftly. We were informed that any concerns or activation was recorded on daily notes. There was no process of analysing this information to take appropriate action.
- At the last inspection, the provider had not ensured that risks from fire were adequately assessed and mitigated. We requested documentation of the service's Fire Risk Assessment and saw it was dated November 2016. We were informed that the provider had manually reviewed the document but there was no evidence that the remedial actions stated in the report had been completed. At this inspection, the provider had updated most of the remedial actions on the fire risk assessment (FRA). However, there were recommendations that were not followed. When we visited on the second day of the inspection we noted the laundry door was locked. The FRA recommended that a sign be provided so the laundry door was not bolted from 8am to 8pm. This was because it was an evacuation route. We also found there was not a reliable system of smoke detection in the annexes. Another recommendation stated, 'It is recommended that there must be some form of link to the main house from the flats fire alarm panel so that staff in the house may be alerted of an alarm in the flats' and was stated as an immediate action. This had still not been actioned at this inspection.

We found no evidence that people had been harmed however, systems and processes were still not fully established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

### Preventing and controlling infection

At the last inspection, we found the provider did not have effective systems in place to detect, prevent and control the risk of infections from using the hot tub. The provider had not ensured that the risks of legionella were being managed in line with Health and Safety Executive guidance.

At this inspection, we were told that the provider was in the process of securing a service agreement to maintain the hot tub safely. We have not received any documentation to evidence this to ensure it is in line with health and safety guidance to prevent the risks of legionella.

We found no evidence that people had been harmed however, systems and processes were still not fully established to assess, monitor and mitigate the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We were assured that the provider was using PPE effectively and safely in line with national guidance.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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 can be effectively prevented or managed.

#### Using medicines safely

- At the last inspection, we found people were at risk because the provider did not have effective systems and processes in place to ensure the safe management of medicines.
- At this inspection, we found not all PRN protocols had been reviewed to ensure accuracy. For example, the epilepsy and corresponding medicines protocols had not yet been updated.
- We found a gap in a MAR chart that the provider's auditing system and processes had not identified. On investigation, we saw the medicine had been administered but not recorded.

We found no evidence that people had been harmed however, systems and processes were still not fully established to assess, monitor and mitigate the risks to ensure safe management of medicines. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- At this inspection, we saw improvements had been made in respect of ensuring medicines were stored at suitable temperatures. Staff were not involved in handling medicines until they received relevant training.

#### Visiting in care homes

People were being supported to have their family and friends visit them regularly in the home.

# 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 this key question was rated inadequate. We have not changed the rating as we have not looked at all of the well-led key question at this inspection. The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At the last inspection, the provider and manager were not clear about their roles, did not demonstrate a good understanding of quality performance, risks and regulatory requirements and we found widespread and significant shortfalls in how governance systems were used to make improvements. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served the provider a warning notice and told them to meet Regulation 17 by 21 September 2022. We went back to the service to check that the warning notices had been met.

Although improvements had been made, the provider remains in breach of Regulation 17 (Good governance).

- The provider's quality assurance processes were still not fully effective in having oversight of actions required to improve the quality and safety of the service. We reported in the safe section of this report that the provider had still not taken all actions to ensure risks relating to the health, safety and welfare of people, had been adequately assessed, monitored and improved. For example, a system to record when thickeners had been added to fluids so that the provider could review if this was being administered regularly to avoid risk of choking.
- There continued to be a lack of accurate, complete and contemporaneous records in respect of each person. For example, daily records were not capturing whether people's care needs and aspirations were being met as planned. We also found care plans needed further work to ensure all information was clear and accessible for care staff to refer to.
- Staff did not always feel valued by the provider and described they felt management were not always supported by the provider to make the necessary improvements required in a timely manner. This did not always result in a culture that was able to achieve good outcomes for people which is what staff were wanting to achieve.
- The location had a condition of registration that it must have a registered manager. At the time of this inspection, there was not a registered manager in post. A registered manager from another of the provider's homes was supporting the service to make the necessary improvements alongside the operations manager and deputy manager. We were informed that steps were underway to recruit a registered manager to the

role.

We found no evidence that people had been harmed however, systems were still not robust enough to demonstrate they were effective in monitoring, evaluating and improving practice in respect of information gathered and recorded. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were working hard to ensure people's care and support was of good and safe quality.
- The provider had worked with local authorities who had commissioned people's care to ensure they were not having their liberty deprived.
- The provider had recruited a new operations manager in October 2022 who had experience of managing care homes. This role was to oversee the required improvements across all of the provider's homes. They had been in regular contact with the Care Quality Commission.

Working in partnership with others

- Since the last inspection most of the local authorities who commissioned people's care with the service had reviewed their care and support. The service was having regular meetings with the local authority in their area to monitor that identified actions were being completed.

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  The service did not ensure that people were safe.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not ensure appropriate governance systems were in place.