

Aston Care Limited

# Hill View

## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service effective?	<b>Inspected but not rated</b>
Is the service caring?	<b>Inspected but not rated</b>
Is the service responsive?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

### About the service

Hill View is a care home providing care and support for people who are living with learning disabilities. At the time of our inspection five people were using the service. The service can support up to 8 people. The service can accommodate up to six people in one adapted building and two people in two adapted cottages within its grounds.

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

There was a welcoming environment. We saw many positive interactions between staff and people.

Relatives we spoke with told us they were confident that people were safe living at the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were effective systems in place to protect people from harm and staff understood their responsibilities to report any concerns. Staff felt supported and received training to ensure they had the skills and knowledge to meet people's needs.

All complaints were dealt with in line with the provider's policy. There were effective systems in place to monitor and improve the service.

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

### Rating at last inspection

The last rating for this service was Good (published 16 August 2018)

### Why we inspected

The inspection was prompted in part due to concerns received about staff training, risk management and consent. 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 this concern. Please see the safe and effective domains of this report.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific 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.

### 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?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### Is the service effective?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### Is the service caring?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### Is the service responsive?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### Is the service well-led?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# Hill View

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check on specific concerns we had about staff training, risk management and consent to care. The inspection took place on 3 December 2020.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that 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:

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used this information to plan our inspection.

#### During the inspection:

We observed how staff interacted with people. We looked at records, which included three people's care records. We checked staff training records. We looked at a range of records about how the service was managed. We also spoke with the provider, the registered manager and two staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures. We spoke with two relatives to gather their views.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

### Systems and processes to safeguard people from the risk of abuse

- Relatives felt people were safe living at the service.
- Staff had a clear understanding of their responsibilities to identify and report any concerns relating to harm or abuse.
- The provider had policies and systems in place to ensure safeguarding concerns were investigated and appropriate action taken to protect people from harm and abuse. Records showed that policies and procedures were followed.

### Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure the risks were managed and that people were safe.
- People's risk assessments included areas such as epilepsy, emotional wellbeing and behaviours which may challenge others. Staff were familiar with, and followed people's risk management plans.
- The registered manager ensured there were systems in place to manage emergency situations such as evacuation in case of a fire.

### 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 can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Learning lessons when things go wrong

- Accidents and incidents were reported and recorded to ensure action was taken to minimise the risk of reoccurrence.
- The registered manager ensured learning was shared across the staff group following incidents

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. A relative we spoke with told us, "Staff are very knowledgeable".
- Staff received training to ensure they had the skills and knowledge to meet people's needs. This training involved face to face and online training that was specific to people's individual needs. We noted that some staff training in supporting people with behaviours that may challenge others had not taken place because of the pandemic. However, the registered manager had taken steps to mitigate risks by ensuring any staff members that had not received the training had received peer led training and were on shift and visible to a senior member of staff who had received the training and was competent.
- Staff were supported through regular supervisions.

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 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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service worked within the principles of MCA and where necessary people had the appropriate assessments and best interest processes in place.
- Where people were being deprived of their liberty appropriate applications had been submitted to the local authority.

## 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. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

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

- Relatives told us staff were kind and caring. One relative said, "Staff are brilliant. They are patient and kind".
- Staff showed compassion and understanding when supporting people.
- Staff understood the importance of treating people as individuals and respecting them for who they were.

## 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

Improving care quality in response to complaints or concerns

- People had access to the complaints procedure which were available in different accessible formats. Relatives were confident that they would be listened to.
- The provider had effective systems to manage complaints and the records reflected any issues received, these were recorded, fully investigated and responded to as per the provider's policy.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

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 CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, continuous learning and improving care

- The provider had effective quality assurance systems in place. These included, staff training, safeguarding, infection control and risk management. These provided an overview to ensure improvements were made where necessary.
- The management team promoted continuous learning, they held meetings with staff to discuss work practices, training and development needs.