North Yorkshire County Council

Hill View Manor

Inspection report

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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

We inspected Hill View Manor on 5 and 10 December 2018. The service had been previously registered with the Care Quality Commission (CQC) under another of the provider's services. This was the first inspection of the service since it registered separately in December 2017.

Hill View Manor is a domiciliary care agency. It provides personal care to people living in their own flats.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Hill View Manor provides support for adults aged 55 and over. There are 40 flats at the extra care housing facility. The housing scheme has accessible communal areas, a garden and a hairdressing salon. A guest flat was available for visitors to stay at the service. The housing provider arranged for lunches to be served in the dining room at an extra charge. Hill View Manor housing scheme was run by a housing provider with an estate manager based on-site.

Not everyone using Hill View Manor receives a regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of inspection there were 14 people receiving a regulated activity. The service provides planned care visits and an emergency responder service to all those living in the housing scheme.

The service is registered to provide support for people with dementia, learning disabilities or autistic spectrum disorder, mental health needs, older people, people with a physical disability and those with sensory impairment. At the time of inspection, the majority of people receiving a service were older people.

Where services support people with learning disabilities or autism we expect them to be developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any other citizen. There were no people with a learning disability or autism using the service when we inspected. Therefore, we were unable to assess and monitor if the service was following this guidance.

There was a registered manager in post. A registered manager is a person who has registered with CQC 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.

People were supported to remain safe and appropriate staffing levels were maintained. Risk assessments identified specific risks to individuals to help staff keep them safe. Staff had a clear understanding of their safeguarding responsibilities.

People received support following accidents, incidents and 'near misses'. This information was reviewed by senior members of staff to look at how the service could improve to maintain people's safety.

Care plans reflected where people had capacity to make decisions for themselves and where they may choose to make unwise decisions. People's care plans were discussed with them. Signed consent records showed people were consulted and in agreement with their care arrangements.

Staff were supported through training and supervision to understand the requirements of their role and people's support needs. Staff worked effectively with health professionals to ensure people were supported to have a high quality of life.

People formed close relationships with staff. They told us staff treated them with kindness, dignity and compassion. People were supported to maintain and re-gain their skills to support their independence. Staff were aware of people's communication needs and respected their choices.

Staff took time to understand people's preferences and interests. They had introduced activities in the housing scheme to support a sense of community.

People were consulted in developing their care plans. Reviews took place to consider any changes in people's needs and ensure their care plans remained appropriate to these. People knew how to give feedback, including complaints about the service.

People felt at home living in the housing scheme and felt staff were a key part of this.

Staff were involved in the service through monthly team meetings and team leader meetings. Staff were encouraged to contribute to this and share their learning.

The service used annual quality visit questionnaires sent out to people and a range of audits were used to help monitor what it did well and areas to be addressed.

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 was safe.

Risks assessments provided guidance to alert staff to specific risks to individuals. Staff understood how to safeguard people living at the service.

When accidents, incidents and 'near misses' occurred people received appropriate support and lessons were learnt to make improvements.

Suitable staffing levels were maintained, ensuring staff were on-site at all times to provide planned care visits and in an emergency.

Is the service effective?

Good

The service was effective.

Care plans referred to people's capacity to make decisions for themselves and where they may choose to make unwise decisions.

Staff received training and supervision to help them understand people's needs support their professional development.

People were supported to access their GP, other healthcare professionals and emergency medical attention when required.

Is the service caring?

Good

The service was caring.

People formed relationships with care staff based on kindness, care and compassion.

People received support with their communication needs.

People were treated with dignity and respect. Their independence was promoted.

Is the service responsive?

Good

The service was responsive.

Staff knew people's interests and had introduced activities in the housing scheme.

People were involved in developing their care plans and reviewing these to help meet their current care and support needs.

People knew how to provide feedback or raise complaints about the service via telephone or in person.

Is the service well-led?

Good

The service was well-led.

The service had a warm, welcoming feel where people felt at home.

Monthly staff team and team leader meetings were used to engage staff in the service and share learning.

Questionnaires and audits were used to help the service monitor safety and quality and identify areas for improvement.

Hill View Manor

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 was planned to check whether the provider is 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.'

Inspection site activity started on 5 and ended on 10 December 2018. We gave the service 72 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection we contacted the local Healthwatch England and the local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch England is an independent consumer group, which gathers and represents the views of the public about health and social care services. We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales. The provider had sent us their Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

The inspection was carried out by one inspector. Following the first day of the inspection site visit, on 7 December 2018 an Expert by Experience contacted people who used the service and relatives to gain their views on the service provided. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of service. They specialised in caring for older people and those living with dementia. The Expert by Experience spoke with two people and two relatives.

During our inspection we looked at the care files of four people using the service and the medication records of three people. We looked at three staff supervision, training and observation records. We reviewed records relating to the management of the service and a wide variety of policies and procedures including medicines and safeguarding.

We spoke with members of the staff team during the site visit: three care workers, two team leaders and the registered manager. We visited two people in their flats. Three professionals told us about their experiences of working with the service; a social care professional and the housing scheme manager.

Good

Is the service safe?

Our findings

The service had arrangements in place to ensure people were safe and protected against abuse. Staff could name the types of abuse people may experience and knew how to raise any concerns with senior colleagues. Where there had been safeguarding concerns for a person living in the service staff remained vigilant and monitored the risk to keep the person safe. Staff knew how to escalate their concerns if they were not satisfied with the provider's response.

Staff knew how to monitor risks to people. People's files contained up to date risk assessments relevant to their individual needs. This gave guidance to staff on the level of risk, people's understanding of this and how to support people safely. Risk assessments were in place for people's dietary needs. They did not always document how people had been involved and other professionals consulted. The registered manager agreed to review this. Where one person had been identified as requiring a specialist diet due to the risk of them choking, this information had been shared with the housing scheme, who provided a lunch service for people and the registered manager had been proactive in ensuring the person had access to a soft diet option.

Equipment checks were completed to help ensure this was in safe working order. Staff signed records to show they had visually checked equipment before supporting people to use this. Records showed who was responsible for maintaining equipment and contained information about signs staff should be aware of which may suggest the equipment was unsafe.

The estate manager had completed personal emergency evacuation plans for all the people living in the service to identify the level of support they would need in an emergency. The team leaders and registered manager were not involved with completing or updating these records. The registered manager agreed to discuss this with the estate manager to ensure accurate information was maintained to support people's safety.

Staff knew how to respond to accidents and incidents, contacting the emergency services when required. Staff described documenting any incidents and sharing details of this with people's representatives and the estate manager when needed. People told us they received appropriate support following incidents. One person told us following a fall, "Staff arrived very quickly, they were very professional, helped me to get up using equipment, made me a cup of tea and stayed with me until I felt alright."

When 'near miss' incidents occurred that could have put people at risk, including falls and medication errors, the registered manager looked into the cause of this. One person had experienced two falls in two weeks. Their risk assessment was reviewed and referrals made to an occupational therapist to review their mobility needs. The person was provided with equipment and had not sustained any further falls.

At the time of our inspection the service supported 14 people with the regulated activity of personal care and also provided emergency support to all 41 flats. Rotas showed that at least two staff were on duty at all times, with a team leader on-call out of normal office hours for emergency support and guidance. People

told us when they pressed their emergency pendants the longest they waited was 15 minutes. We saw staff speaking with people via their intercom system to establish the urgency of the situation and responded appropriately.

The service had not recruited any new staff since registering. Agency staff were used at times to ensure sufficient staffing levels were maintained. The registered manager and team leaders checked agency staff profiles to consider their suitability and skills prior to them working at the service. Agency profiles demonstrated relevant pre-employment checks had been completed and the worker had the required knowledge and skills to support people safely. An induction record was completed for each agency worker to provide them with key information about the service.

Medication support plans were used to assess the level of support people needed to manage their medicines. Staff received a medicine competency check annually as a minimum to assess their knowledge and support the safe use of medicines in the service. Medication administration records contained the correct codes to show where people had been supported to take their medicines and when they had been discontinued. Body maps were used to help staff know where people needed topical medicines or creams applying. ''When required' medicines records were used to show where people needed medicines occasionally.

The registered manager explained a medicine 'champion' role was introduced following issues with prescriptions not being re-ordered in a timely way. The care worker who had this role told us about the system they used to ensure medicines were re-ordered and followed up. Another care worker told us, "The system works really well."

All the people we spoke to told us staff kept their flats clean and hygienic to prevent infection. Staff completed food safety training to help them understand risks associated with this and how to prevent this.

Good

Is the service effective?

Our findings

People's needs were assessed before they started to use the service. Assessments from other professionals, including occupational therapists and social workers were used to inform the delivery of people's care. One person's care file contained an assessment from another care provider, who worked alongside the service to support the person. The person told us, "I am happy with how the services work together, they both know what's happening." This demonstrated the services worked effectively together to support the person.

People made decisions about their care. One person said, "They let me make decisions." They gave examples of staff asking where they would like to sit and if they wanted to attend activities happening in the housing scheme. People's decisions were respected. One person told us, "The care workers don't make me do anything I don't want to do."

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 community settings this is decided by the Court of Protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any such conditions were being met. Care plans and risk assessments referred to people's capacity to make decisions for themselves and where they may make unwise decisions, such as not following advice from healthcare professionals. One person's care plan referred to plans for a person to have a representative to manage their finances following safeguarding concerns.

People had signed consent forms to indicate they were in agreement with their care plan and willing for their information to be shared with other professionals when needed. One person said, "Staff go through what's in the care plan with me and get my agreement." This showed people were involved in deciding their care arrangements and the outcomes they hoped to achieve from this.

Staff received supervisions every two to three months to support their development. One supervision record referred to a care worker reflecting on a difficult situation they had faced with a colleague, considering how they could learn from this and use this to inform their practice in the future. Annual appraisals were used to monitor staff performance. The appraisal records we saw showed staff received feedback on their strengths and areas for development.

People felt staff were suitably trained. One person told us, "The staff seem competent." Another person felt staff were knowledgeable about their health condition. They said, "Staff are aware of my arthritis and how this affects me, they apply gel and give me paracetamol." Staff had received training in subjects relevant to caring, including dementia awareness and moving and handling. Some staff training was not up to date.

Staff supervision records showed team leaders were addressing this to ensure training had been updated.

Staff monitored the amount people had to eat and drink to ensure they had a sufficient food and drink intake. They worked with people and their families to identify people's preferences and ensure they had sufficient food and drink supplies available. One person's care plan showed there had been previous concerns about their weight loss and they had been prescribed supplements to help maintain and support them to gain weight. Following effective support from care workers, the person no-longer needed the supplements. Staff supported people to have a balanced diet. A care worker said, "We keep an eye on what people eat, we tell their families if we feel people need more variety with their meals."

Staff shared information with people's families to support the delivery of effective care. One relative said, "If my relative needs anything or there is anything wrong they always inform me."

When people required emergency medical attention or a GP appointment, people and their relatives told us this was arranged. One family member told us, "Last year my relative required a prompt visit from their GP. They were then transferred to the hospital. If there are any slight changes in their condition staff know to contact the GP or send them to A&E." Staff ensured transport was arranged to enable people to attend hospital appointments.

Care plans referred to health professionals involved with people's care. People and their relatives had confidence staff understood the roles of different professionals and would refer them to the relevant professional if required. One relative said, "When [Person] had swallowing difficulties they arranged for a dietician and speech therapist to visit." People described staff following advice from professionals involved in their care. This showed staff were clear about their responsibilities and worked with others to help people achieve a good quality of life.

Hospital passports were in place. Hospital passports are documents to share key information about people's health and social care needs with health professionals. These records did not always contain sufficient detail that may help others when working with the person, for example, their communication needs. The registered manager agreed to review this and showed us a hospital passport they had made improvements to.

Good

Is the service caring?

Our findings

People were supported to maintain and develop their relationships. One person entered into a relationship, which had led to a significant improvement in their wellbeing and quality of life. The registered manager described how staff had worked with the couple of support them to stay overnight together at the housing scheme. On the second day of our visit, the person had been supported to move in with their partner, enabling their relationship to progress. A social care professional told us, "The staff have been very person centred and supportive of the move."

Staff had built up meaningful caring relationships with people. Many of the staff had worked at the service for a number of years. One person said, "Five of the staff have been here since I arrived, so they know me well." Staff recognised the important role they played in people's lives. A staff member said, "For some people we're the only people they see." The estate manager told us the staff were valued by people living there, they told us, "People tell me they don't know what they'd do without them."

All the people we spoke with felt staff consistently treated them with kindness and care. People praised the staff and their approach. One person said, "They [staff] are marvellous, it's fabulous." Another person said, "They are kind and caring, you can have a joke." When people experienced discomfort or pain, staff treated them with compassion. One person told us, "If I am in real pain they will stay with me, they make me a cup of tea and stay until the pain eases."

Staff received an annual observation by team leaders to monitor the care they provided. One observation record showed a care worker's caring approach, it read, 'They show the utmost respect for people they support whilst always having a sense of humour and making the person feel at ease.'

The service followed the Accessible Information Standard. The AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Staff were aware of how to support people with their communication needs and facing people when speaking to them. A team leader said, "I am very particular about clean glasses, it makes a real difference to people." People's care plans referred to their communication needs and whether they were able to read information in standard print.

Staff were aware of the need to maintain people's confidentiality. A staff member said, "I am conscious of where I have conversations with people." People's care records were stored in secure cupboards in a locked office.

Staff respected people's privacy and dignity. People described staff knocking on their doors before being given permission to enter. This showed staff respected people's own properties. During personal care, people's dignity was maintained. One person said, "When they wash me they keep me covered up."

People's independence was promoted. One person described the support staff provided to enable them to do parts of their personal care themselves. They told us, "I wash my own face, staff get everything ready, get

the flannel wet and put soap on for me." Staff recognised people should be supported to be independent and said, "We encourage people to do things to maintain their skills, we help them to re-gain their skills if possible." One person's care plan reflected the personal care tasks they were able to do themselves and where they needed assistance. This demonstrated people were supported to continue to lead independent lives and re-gain their skills where possible.

Good

Is the service responsive?

Our findings

Staff had been proactive in organising activities within the service to promote a community atmosphere. A games afternoon had been introduced on two afternoons each week. A monthly takeaway night was also arranged. The registered manager showed us Chinese lanterns staff had made for the dining room to create a sense of occasion. Staff ensured the activities could be accessed by anyone living in the service and accommodated different needs. A relative said, "My family member enjoys the Chinese takeaway, staff make sure they get a sauce and chips because of their swallowing difficulties."

Staff took time to learn people's preferences. For a new person that had joined the housing scheme a care worker said, "We are learning what they want and how they want things done, we give them choice."

People's care plans referred to their interests and activities they attended, such as church. This helped guide staff to topics people may wish to talk about. One person had a strong interest in sport and football. Staff knew watching sport on television was important to the person and spoke about this with them. Their relative said, "I am currently looking into the possibility of getting a device so that [Person] can change channels using their mouth."

All the people we spoke to told us they had access to their care plans and told us staff went through these with them. One person had written in a quality questionnaire about the service, 'I can look at my care plan and contact sheets at any time to read what has been put.' The provider was conscious that people should be included in the writing of their records and this was checked by senior staff members through audits.

People and their relatives told us their care was reviewed and they were actively involved in this. One relative said, "We go through their care plan every year and sign it. It is detailed, if you disagree with something you tell them and then we have a meeting." Reviews were arranged when there were changes in people's needs. Relatives understood this. One family member said, "The registered manager is concerned about the person's capacity, so is going to arrange for someone to come and see them."

No formal complaints had been received by the service at the time of inspection. People and their relatives knew how to raise any complaints or concerns. They knew how to access the registered manager in person. People described the registered manager as responsive. One person said, "If I have any problems I go to the office and talk to them, I feel listened to." People could contact staff by phone, they told us they had a phone number for this in their care files. The estate manager told us, "The team are able to address any issues." This showed the service was responsive to feedback.

No-one was receiving end of life care at the time of our inspection. Staff described a person they had recently supported with end of life care. They said, "We sat with them while their relative went home, they died at home just as they wanted." The registered manager had completed bereavement training to support staff in providing end of life care.

Good

Is the service well-led?

Our findings

The service had a warm, welcoming feel. Comments from people included, "I really feel at home here" and, "I love living here." Staff felt the service as a positive place to live. A care worker told us, "I'd have no hesitation about saying to people to live here." All the people and relatives we spoke with felt the staff team made the service what it is. Staff worked together to achieve the shared goal of supporting people to lead fulfilling lives as part of the extra care community.

The management team consisted of a registered manager, who was supported by two team leaders. The team leaders shared responsibility for supervising staff, completing some audits and maintaining care files. The registered manager was clear about their responsibility to oversee the service. They identified where improvements were needed and worked with their team leaders and staff to ensure these were implemented. The estate manager was, "The registered manager has brought the service up to such a high level."

The registered manager had regular contact with the provider through management meetings and meetings with the provider's other extra care services. An audit had been completed by the provider, the registered manager had not received this at the time of inspection to consider any points raised.

The provider sent out quality visit questionnaires to monitor the service and involve people in this. The questionnaires were sent out across the year. When they were returned, team leaders and the registered manager looked at any actions required. We saw one questionnaire where a person had said they did not know how to make a complaint. They were then provided with a leaflet detailing this. The registered manager planned to analyse the results of the questionnaire quarterly.

Monthly staff meetings were used to engage staff in the service. Staff were encouraged to contribute towards these. One staff meeting record showed two staff champions for Parkinson's disease had shared information about this condition and directed staff towards resources to enhance their knowledge.

Monthly team leader meetings took place with team leaders from the other service the registered manager had responsibility for. These meetings were an opportunity for team leaders to share best practice and learning. At one team leader meeting, feedback from the inspection of the other service was shared to help prepare the team leaders for this and support improvements.

A range of audits were completed by the team leaders and registered manager to check safety and quality was maintained within the service. This included contact sheet audits, recording people's care visits and medication records audits. Audits were used to help the service identify areas for improvement. Following audits of people's contact sheets, the registered manager had identified variations in the quality of records. They discussed good recording practices within staff meeting to address this.

The service worked very closely with the housing scheme. The estate manager told us, "We have a really good reputation for our housing and care in the community, which we have worked hard to achieve." The

service shared information with the estate manager where needed, ensuring the appropriate level of detail was included.