The Regard Partnership Limited

Hill View

Inspection report

Hill View
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Hill View provides accommodation in a purpose built building for up to six younger adults with physical and learning disabilities. There is a second home on the same site and both are run by the Regard Partnership, which is a national provider of care. There were six people living at Hill View at the time of our inspection. People's needs were varied and included requiring support associated with cerebral palsy, and epilepsy. People had complex communication needs and required staff who knew them well to meet their needs.

There was 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.

This comprehensive unannounced inspection took place on 17 and 18 March 2016.

Although we observed some very caring practices there were also times when some of the practices observed were not always caring or dignified. For example, one staff member assisted two people with their meal at the same time.

Although there were enough staff on shift, there were times when staff were out supporting people, which left fewer staff to support people at home.

The registered manager and staff had completed training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They had assessed that some restrictions were required to keep people safe for example, the use of bed rails and lap straps on wheelchairs. Where this was the case referrals had been made to the local authority for authorisations.

Staff had a good understanding of the risks associated with supporting people. They knew what actions to take to mitigate these risks and provide a safe environment for people to live. They understood what they needed to do to protect people from the risk of abuse. Appropriate checks had taken place before staff were employed to ensure they were able to work safely with people at the home.

Staff had a good understanding of people as individuals, their needs and interests. Each person had the opportunity to go out most days. A 'You said, we did' board was used to demonstrate that when people made choices about activities, arrangements were then made for these to happen.

People had access to healthcare professionals when they needed it. This included GP's, dentists, speech and language therapists and community nurses. Communication passports were used to ensure that anyone supporting people could communicate effectively with them. They helped to identify the subtle ways that people indicated their choices and made their needs known.

People were asked for their permission before staff assisted them with care or support. Staff had the skills and knowledge necessary to provide people with safe and effective care. Staff received regular support from management which made them feel supported and valued.

Hill View was very homely and the decoration had been carried out to reflect the tastes and personalities of people living there. For example a transport theme was used in the entrance hall to reflect that two people particularly loved trains. A visiting professional told us, "the service users are happy, I'm very impressed with the informal homely environment." A relative told us that they particularly valued the support provided by their relative's keyworker.

The registered manager was approachable and supportive and took an active role in the day to day running of the service. Staff were able to discuss concerns with them at any time and know they would be addressed appropriately. Staff and people spoke positively about the way the service was managed and the open style of management.

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.

People's medicines were stored, administered and disposed of safely.

There were risk assessments in place and staff had a good understanding of the risks associated with the people they supported.

Staff understood the procedures in place to safeguard people from abuse.

There were enough staff who had been safely recruited to meet people's needs.

Is the service effective?

Good

The service was effective.

There was a training and supervision programme in place to ensure staff maintained current knowledge and skills.

The manager and staff had a good understanding of mental capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were given choice about what they wanted to eat and drink and received food that they enjoyed.

People were supported to have access to healthcare services and maintain good health.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People's dignity was not always promoted.

Staff knew people well and treated them with kindness and warmth.

Attention was given to ensuring that people's bedrooms as far as possible reflected their choices and tastes.

Is the service responsive?

Good

The service was responsive.

People received support from staff who knew them well.

People were supported to maintain contact with their family and friends.

Communication passports were used effectively to ensure that all staff could identify how people made their needs known.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Although there was enough staff on duty, there were times when staff were out supporting people, which left fewer staff to support people at home.

The manager was approachable and supportive. They took an active role in the day to day running of the service.

The regular newsletter ensured that people and their relatives were kept up to date with changes at the home.

Hill View

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.

This inspection took place on 17 and 18 March 2016 and was unannounced. The inspection was carried out by two inspectors.

During the inspection we reviewed the records of the home. This included staff recruitment files, training and supervision records, medicine records, complaint records, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises. We also looked at three people's support plans and risk assessments along with other relevant documentation to support our findings.

During the inspection, we spoke with the registered manager, a senior support worker and a support worker. We also spoke with a visiting community nurse and a relative of one person. Following the inspection we spoke with a health professional who visited the home periodically and received feedback from another health professional.

We met and spent time with everyone who lived at Hill View. We observed the support delivered in communal areas to get a view of care and support provided. People used various methods of communicating with staff and we spent time sitting and observing people in areas throughout the home and were able to see the interactions between people and staff. This helped us understand the experience of people living at Hill View.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that 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 we held about the home, including previous inspection reports. We considered the information which had been shared with us by the local authority and other

people and looked notifications that had been submitted. A notification is information about important events which the provider is required to tell us about by law.

Good

Is the service safe?

Our findings

Although most people could not tell us if they felt safe, those who could communicate verbally said they did and we observed that when people needed support there was always a staff presence to provide reassurance and guidance where appropriate. For example, when one person was agitated waiting for transport, a staff member played a game with them and reassured them that they would be going out soon.

Staff told us there were enough staff to meet people's individual needs. There were clear on call arrangements for evening and weekends and staff knew who to call in an emergency.

There were three staff on duty throughout the day and a waking night staff member. In addition, at night there was a sleep-in staff member who was shared across both homes on the same site. This person assisted where needed for a set number of hours and was then called on, only if necessary, during the night hours. We were told that alongside the normal staff arrangements, the rotas also included set hours that most people were funded to receive for one to one support with activities throughout the day. Details of the staff support provided were recorded in a personal daily outcome folder for each person.

People were protected against the risks of harm and abuse because staff had an understanding of different types of abuse and told us what actions they would take if they believed people were at risk. They told us that when an incident occurred they reported it to the registered manager who was responsible for referring the matter to the local safeguarding authority. When an incident or accident occurred staff completed a form which described the incident and how it had been resolved. Records relating to incidents had been documented well and where appropriate, matters had been reported to the local authority for further advice and support.

Regular health and safety checks ensured people's safety was maintained. Checks included infection control and cleaning, gas and electrical servicing, hoists and specialist bath servicing and portable appliance testing. All staff had received fire safety training and people had personal emergency evacuation plans. They contained information to ensure staff and emergency services were aware of people's individual needs and the assistance required in the event of an emergency evacuation. There were regular fire safety checks in place including fire drills and staff were clear about what they should do in the event of a fire. A detailed fire risk assessment had been carried out in 2015 and records showed that all actions identified had been addressed. A maintenance book was kept that included details of any faults identified and records of when they were addressed. The registered manager did periodic checks to make sure there were no tasks left outstanding.

Medicines were stored, given to people, recorded and disposed of safely. People's medicines were stored in locked cupboards in their own rooms. Support plans included detailed advice about how people chose to take their medicines. Where people were prescribed skin creams, body charts were used to highlight the specific areas to be treated and advice was given about how much cream to apply. Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain or were agitated. Before giving PRN medicines staff would discuss

the need with the registered manager to ensure this was the most appropriate treatment for the person at the time. Not everybody who experienced pain was able to express this verbally, and there was information in people's care plans about how they may express they were in pain. If people declined medicines this was recorded and advice sought from the person's GP or on-call doctor.

Staff recruitment records contained the necessary information to help ensure the provider employed people who were suitable to work at the home. Staff files included a range of documentation including a recent photograph, written references and evidence that a Disclosure and Barring System (police) check had been carried out to ensure people were safe to work in the care sector.

Good

Is the service effective?

Our findings

Staff knew people well, they had the knowledge and skills to look after them. Those who could tell us verbally said that the food was good. Staff sought consent from people before providing them with any care or support.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had received training on MCA and DoLS and were able to describe its principles and some of the areas that may constitute a deprivation of liberty. Referrals had been made for authorisation from the Local authority for those people who required the use of lap belts or bed rails to keep them safe. The registered manager was awaiting further contact regarding the outcome and had been in touch with the Local Authority DoLS team to seek an update.

Staff asked people's consent before providing support. They had assessed people's abilities to make decisions on a range of matters and were clear that should complex decisions need to be made, a 'best interest' meeting would be held. One person had received support from an IMCA (independent mental capacity advocate) when a medical decision was needed in relation to a health decision.

Staff received ongoing training and support to meet people's needs. There was a training programme and the system in place showed that staff had been booked to attend updates on subjects such as medicines and DoLS. Staff told us they received training which included safeguarding, moving and handling, epilepsy and first aid. One staff member told us that the training was, "Wonderful." They said, "I wasn't allowed to start working in the home until all my e-learning was done." They also said that although they had moving and handling training from a previous work place that was still in date, they were required to complete further moving and handling training at Hill View that was specific to the needs of the people.

The manager and two senior staff had recently completed training on caring for people with cerebral palsy and the manager told us that this had been particularly beneficial. They were going to extend this training to all staff as in addition to learning about cerebral palsy the training included advice and guidance on how to work effectively in a person centred way. We were told that all senior staff completed training on person centred care, risk assessment, care planning and supervision. We asked if any of the staff team had received

training on supporting people with a visual impairment. The registered manager said that none of the staff team had attended recent training on this subject but one staff member confirmed that they were trying to make contact with a 'sensory loss team' so that they could support people further.

There was a structured induction programme in place when staff started work at the home. This included time to get to know people, to read their support plans and to shadow other staff. An in-house induction checklist was completed to ensure that staff knew the home's procedures. On completion, staff who had not previously worked in care went on to complete the Care Certificate. The care certificate is a set of 15 standards that health and social care workers follow. The care certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff received regular supervision which was booked in advance; they told us they were able to have extra supervision if they required further support. We asked a staff member if they felt supported, "Oh yes, very supported, there is good teamwork to get the job done." They said when they started in the role they felt, "Very comfortable, was looked after and supported in all tasks so I was clear about what I had to do."

We were told that a menu meeting was held once a week. People were supported to make choices and a record was kept of which person had chosen each meal. The menus were displayed in the dining room along with a picture of each meal. We were told that if someone did not eat the meal provided an alternative would be provided such as an omelette or spaghetti on toast. We discussed whether it was worth checking in advance of the meal preparation if everyone was happy with the meal choice. Staff said that some people would not be able to say but that if they did not eat much at one meal time they would offer a more substantial meal at the next mealtime. Throughout our inspection people were given regular drinks and were offered a choice of what they wanted to drink.

One person had a specialist diet. There was advice and guidance about this within the person's support plan. When a staff member prepared a meal for this person they checked with other members of staff to make sure nothing went in the meal that could have caused any health problems.

People were supported to maintain good health and received on-going healthcare support. Everybody had a health action plan that identified the health professionals involved in their care for example, the GP and dentist. They contained important information about the person's health needs. Where professionals had provided support to people there were detailed guidelines on any recommendations they had made. For example, following advice from the speech and language therapist (SALT) team, one person now received a soft diet as they had difficulty swallowing. In addition, they also had a new cup to help reduce their risk of choking. Some people also had patient passports that would be used if they needed to go into hospital. Patient passports were used to describe information that might be needed if the person were to go into hospital. This included, "Things you must know about me," "Things that are important to me" and "My likes and dislikes."

Requires Improvement

Is the service caring?

Our findings

People were supported by staff who knew them well as individuals. Some of the staff had worked in the home for a long time and they were able to tell us about people's needs, choices, personal histories and interests. We observed staff talking and communicating with people in a way they could understand. Although we observed some very caring practices there were also times when the some of the practices observed were not always caring or dignified.

We spent time in the dining room observing staff supporting people with their meals. Whilst staff were calm, kind and helpful, the process followed was not always dignified or person centred. For example, we saw one staff member on two occasions standing over a person to assist with their meal rather than sitting at the same level, giving eye contact and ensuring that the mealtime was a sociable experience. Another staff member sat between two people and with arms crossed, they alternated between both people to assist with their meals. The result was a loss of dignity, particularly for one person who had food on their face because the staff member could not see what they were doing.

One person used specific sounds to communicate their needs. When they had to wait or when they did not understand what was happening, the sounds increased in intensity. Whilst staff tried to ensure that the person's needs were met, there were times when due to practicalities the person had to wait until staff were ready to provide support. During one of these occasions we overheard a staff member using undignified comments, for example telling one person to go into the lounge to, "Get away from the screaming," and "If (the person) continues to scream shall we just ignore." We raised the matters in the above two paragraphs with the registered manager who said that they would be discussed with the staff team. These are areas for improvement.

We also observed positive practices that showed that people's dignity was respected. Staff knocked on people's doors before they entered the room. They said they maintained people's dignity by helping them to maintain their independence and involving them in decisions such as the clothes they wore. They ensured that people's doors and curtains were always closed when personal care was given. One staff member gave us an example of where one person refused to wear a bath robe walking to the bathroom but accepted wearing a towel to preserve their dignity. One person was unable to use the call bell system so staff fitted a 'bell pull' system which the person could use more easily.

People's bedrooms were individually decorated and furnished as far as possible to reflect their individual tastes and personalities. One person showed us their room and it had been decorated with items which were of great importance to them. They also showed us pictures of outings and holidays they had been on. We were told that the entrance hall had been decorated with transport in mind, to fit in with the tastes and hobbies of some of the people living at Hill View.

Staff gave people the time they needed throughout the day, for example when they supported people with personal care, assisted people with their meals and supported them to go out for the day. Staff were relaxed and unrushed and allowed people to move at their own pace.

People had an allocated key worker. A key worker is a person who co-ordinates all aspects of a person's care and has responsibilities for working with them to develop a relationship to help and support them in their day to day lives. Monthly Key worker meetings were being introduced to plan activities with people and to give them opportunities to discuss any individual issues.

Good

Is the service responsive?

Our findings

Staff knew people well and responded to their individual needs. The home supported people to maintain relationships with their relatives and friends. A relative told us they particularly valued, "The communication and support given and the way they care about my relative". They said that the staff had helped them and given them advice and support. Although they felt they could talk to all staff they particularly valued the support provided by their relative's keyworker.

Each person also had a communication passport which provided information about how people made their needs and wishes known. Staff told us that the communication passports were under review so some areas had not yet been completed. Where people had limited verbal communication there was advice about what people might do when they were tired, bored, thirsty, sad or angry. A staff member told us that another staff member had recently been on an Intensive Interaction course and that this training would be cascaded to other staff.

Staff told us that the SALT team had assisted staff in looking at one person's activities and given lots of advice about sensory equipment. A number of sensory items had been made as a result to assist staff in supporting this person with hand massage and providing sensory baths. Staff told us that this person enjoyed a sensory bath daily.

A health care professional told us that the home, "Utilises the health team well." They said that the home, "Is really good at trying to empower patients to maintain their independence."

People had varied opportunities to participate in activities. One person attended a day centre four days a week. Others went to a monthly disco and attended a regular club. Two people were supported to visit their relatives regularly. Aromatherapy sessions were also arranged six weekly. An activities board was displayed in the entrance hall. Each person was supported to use local amenities on an almost daily basis.

The first day of our inspection was St Patrick's Day and one of the staff members had dressed up in a themed outfit. The house had been decorated with this theme in mind and Irish music was played. Staff told us that this staff member had lots of outfits for various themes and always made an effort to celebrate special events and to share the fun. A staff member told us that when they started working at the home they were, "Amazed with the themed events." They said, "We had a German night and a St David's night. We had Welsh cakes and Tom Jone's music. It is one of the best places I've ever seen. Perfect." A 'You said, we did' board was used to demonstrate that when people made choices about activities arrangements were then made for these to happen.

A relative told us that all activities were personalised. They said that their relative loved music and there was a lot of focus on that. They said they, "Even have the radio on whilst in the bath."

We asked one person how they knew that the person liked the music that was being played. Staff were clear that the person would hum with the tune if they liked the music but would make a different sound if they did

not like the music.

There was a complaints policy in place and an easy read version was also on display. A speaking out form was available to record any concerns people might raise. People were regularly asked if they were happy or if there was anything they would like to do differently. The last complaint recorded was in 2014. Staff were able to tell us some of the signs people who could not communicate verbally would use to indicate that they were unhappy and staff responded to people when they indicated signs of unhappiness. For example, when one person had to wait until staff were ready to support them with an outing, a staff member spent time with them singing songs and playing a game. A relative told us they had never had to make a complaint. They said that another relative had made a complaint in the past but this had been addressed immediately.

Requires Improvement

Is the service well-led?

Our findings

From our discussions with staff, the manager and our observations, we found the culture at the home was open, relaxed and inclusive. Staff said the manager was available and they could talk to them at any time. A relative told us they would, "Definitely recommend the home to other people. They said, "I'm really happy that my relative is here. I wouldn't change anything." Despite the positive comments we observed some practices that showed that the home was not always well-led.

A service user survey was carried out in September 2015. The process was not person centred in that there was only one format used to gain people's views and people living at Hill View had varied abilities to express their views. However, within the format used there was space to record if the person had required support to complete the form. Some people could give yes/no answers to questions but when this was not possible the staff member completed the form on their behalf. This meant that it was the staff member's views recorded not the persons. However, throughout our inspection we observed several instances where people made their needs known and staff responded to them. For example, when people wanted a drink or when they were uncomfortable and wanted to move to a different position. This meant that people's voices were heard so the lack of a person centred survey had little impact for people. However, the registered manager was clear that this was an area she would develop further.

Although staff told us there were enough staff they said that it would be better if, when staff supported people with activities outside of the home, the staff levels at the home remained the same (three staff). Sometimes there could be two staff to four people at the home. Staff also said that if there were three more staff it would mean they could do so much more. On the afternoon of our inspection there was one staff member to three people for one to two hours. Most of the time the staff member was in the kitchen preparing the evening meal which meant that people received very little support. The staff member was clear that staff from the sister home or the registered manager could be called upon at any time if assistance were required. We assessed that this was an issue about staff deployment rather than staff numbers and we did not observe any negative impact on people during this time. This was raised in feedback with the registered manager who agreed to look at the staffing arrangements.

We were told that the personal daily outcomes (PDO) folders were used to record goals that had been set for individuals to ensure they were met. However, it was not clear what goals had been set for each individual and recorded tasks were not written in a way that would have assisted staff to evaluate any progress made. The provider information return (PIR) completed in advance of this inspection highlighted that the PDO was a new document and that it would be monitored regularly to ensure that staff were supported with any shortfalls in recording. The document had been reviewed at regular intervals, changes had been made and it was still under development. A staff member told us, "We have had some great training on PDO personal daily outcomes." They explained that this helped them to ensure people achieved something each day. This is an area for further development.

Two people wore clothing that could be perceived as restrictive. We did not see any documentation that demonstrated best interests meetings had been held to determine these were the least restrictive options

used. Following the inspection the registered manager confirmed that best interests advice had been obtained.

The views of relatives and professionals were sought through annual satisfaction surveys. Although some people had very limited contact from relatives, the results of the last surveys carried out in August 2015 were very positive. Where an issue was highlighted the manager responded to the relative detailing the action that would be raised to address the matter. Results of the professional survey were wholly positive.

At the start of the inspection the manager told us care plans were being rewritten to make them more person centred and this had also been reflected in the PIR the registered manager had completed in advance of the inspection. Staff told us that there were too many files and that the system was over complicated. There was a range of documentation held for each person related to their care needs. This included information about their medical needs, support needs, ability to consent and information about their daily personal objectives. They contained detailed information and guidance about people's routines, and the support they required to meet their individual needs. We came across some inconsistencies between what staff told us and what was recorded in the care plans. For example, in one person's plan it stated that they could eat independently but we observed a staff member supporting the person with their breakfast. Although this was not recorded, staff knew people well and were able to explain why this was the case. However, this is an area that needs to be improved to ensure guidance is updated and people receive consistent support.

The provider had systems in place to monitor the management and quality of the home, for example external management carried out a six monthly quality audit and this had been done in October 2015. In addition, external management carried out a six monthly health and safety audit and the last audit had been carried out in January 2016. In both cases the home was assessed under set criteria to ensure they met the provider's standards. There were no shortfalls found.

Alongside the above audits, one of the provider's locality managers also visited the home on a monthly basis. One month they provided supervision to the manager and the following month they carried out a service review of the care provided. During their visit they looked at a range of areas including, care plans, medicines, staff recruitment, supervisions and appraisals. We looked at a medicines audit carried out as part of this process and saw that a few minor actions had been identified and actions had been taken to address them.

There were a series of quality assurance checks completed each shift and these were recorded on the daily shift form. This included environmental, infection control, medicine and food hygiene checks. If checks had not been completed for any reason, this was also recorded to ensure staff on the following shift were aware and could address the matter. For example, the shift plan ensured that staff were clear about what was expected of them on each given shift and meant that people could be confident that their needs would be met.

The home had good working relationships with visiting professionals. During our inspection we spoke with a healthcare professional who told us that the home was "Brilliant." They said that staff were always pleased to see them and were, "Interested in what I'm doing and ask questions." They said, "the service users are happy, I'm very impressed with the informal homely environment." Another professional told us that the registered manager and staff team, "Are welcoming, and long term staff know their residents well and appear to have good relationships with them." They went on to say that advice they have provided, "Has been received well with staff engaging in discussion, keeping me up to date and following guidelines."

Staff told us that their views were heard through the supervision process and through regular staff meetings. Meetings were held monthly and staff said they were updated about new ideas and changes that were taking place. Detailed minutes were kept of the outcome and demonstrated that a range of matters had been discussed and that action plans had been agreed. The manager told us about the recent training received in respect of caring for people with cerebral palsy. They were making arrangements to ensure that this training was cascaded to all staff. They felt strongly that learning from this training could be used to drive improvement in the home and ensure improved person centred care.

The registered manager ensured that people and their relatives were kept up to date with what was going on in the home. A monthly newsletter was compiled and sent to people and their relatives. The newsletter included photos of activities that had occurred during the previous month. For example, the February edition showed photos of a Valentine's celebrations when people from other homes within the organisation joined together with Hill View for a party. There were also photos of new staff, birthday photos for one person and a staff member's birthday, and information about the monthly house meetings.

We discussed 'duty of candour' (a requirement that all registered providers are open and transparent about care and treatment provided when incidents occur) with the registered manager who was able to tell us how this would be followed and the actions that would be taken if necessary to ensure it was met. There was a policy on 'duty of candour.'

The provider completed a PIR (provider information return) in advance of the inspection. This included areas where the home was planning to make improvements. For example, we were told that senior staff would be completing a leadership and management course. A senior support worker told us they had been to the head office to take part in a managing people course as they were a supervisor of other care staff. They said this was really good training to learn about the running of the home from the manager's point of view. They said they now appreciated the role of a manager more, and how complex it is.