

Aston Care Limited

Hill View

Inspection report

33 Church Walk South
Swindon
Wiltshire
SN2 2JE

Date of inspection visit:
10 July 2018

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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

The inspection took place on 10 July 2018. Our visit was unannounced. Hill View is a 'care home' without nursing. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to accommodate up to eight people with learning disabilities. At the time of the inspection there were five people living there. The home is located in a residential area of Swindon.

The service had a registered manager in place who was also the provider. 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.

At the last inspection on 31 May 2017, we asked the provider to take action to make improvements. These were in relation to risk assessments not always containing enough guidance to keep people safe; staff not receiving training necessary to support people's needs and not establishing effective systems to identify risks so they could be addressed. At this inspection in July 2018 these actions had been completed.

People using the service told us they felt safe living at Hill View and relatives we spoke with agreed. People were kept safe from avoidable harm because the staff team had received training on safeguarding and understood their responsibilities.

The risks associated with people's care and support had been assessed, monitored and reviewed. People received their medicines as prescribed.

Appropriate pre-employment checks had been carried out on new members of staff to make sure they were safe and suitable to work there. There were sufficient staff to meet people's needs and spend time with them.

New staff were provided with appropriate induction into the service and on-going training was delivered. This enabled the staff team to gain the skills and knowledge they needed in order to meet people's needs. Staff were also supported through regular meetings with their manager and an annual appraisal. Staff told us that they felt supported by the registered manager and that communication was effective.

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

People who used the service and relatives consistently told us staff were caring, patient and upheld people's dignity. Care plans were personalised and centred on people's preferences, views and experiences as well as their care and support needs.

Relatives and professionals had confidence in the leadership of the service and that if they had any concerns that these would be dealt with. We saw when concerns were raised these were looked into and responded to. Auditing and quality assurance systems took place to monitor the quality of the service so that action could be taken where identified.

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 had improved to Good.

Relatives told us they felt their family member was safe. Staff were aware of their responsibilities in keeping people safe.

People's identified risks were individually assessed and ways to reduce the likelihood of the person being harmed were considered.

Appropriate arrangements were in place for the safe administration and disposal of medicines.

Sufficient numbers of staff were provided to safely and effectively meet people's needs. Staff recruitment procedures and checks promoted people's safety.

Is the service effective?

Good ●

The service had improved to Good

Staff were provided with a regular programme of training, supervision and appraisal for development and support.

People were provided with access to relevant health professionals to support their health needs. Staff knew about people's health needs and personal preferences and gave people as much choice and control as possible.

Staff had received training and showed an understanding of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service remained Good.

Staff respected people's privacy and dignity and knew people's preferences well.

People living at the home, and their relatives, said staff were very caring in their approach.

Is the service responsive?

Good ●

The service had improved to Good

People's care plans contained a range of information and had been reviewed to keep them up to date.

People living at the home and their relatives, were confident in reporting concerns to the registered manager and felt they would be listened to.

A programme of activities was in place so people were provided with a range of leisure opportunities.

Is the service well-led?

Good ●

The service had improved to Good

People, relatives and staff said the registered manager was approachable and communication was good within the service.

There were effective quality assurance and audit processes in place to make sure the home was running safely.

People and relatives' views were actively sought to continuously improve the service.

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 10 July 2018. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was people with a learning disability.

Prior to our inspection, the provider had completed a Provider Information Return [PIR]. This is a form that asks for key information about the service, what the service does well and improvements they plan to make. We looked at the PIR before our visit and took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications. These detail events which happened at the service that the provider is required to tell us about.

At the time of our inspection there were five people living at the service. We were able to speak with two people living there and four relatives. We also spoke with the provider (who is also the registered manager), deputy manager and five care staff.

Some people were unable to verbally communicate so we spent time observing care provided in the communal areas to help us understand the experience of people who could not speak with us. By observing the care received, we could determine if they were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included three people's plans of care and medicines records. We also looked at associated documents including risk assessments. We looked at records of meetings, recruitment checks carried out for three members of staff and the quality assurance audits the management team had completed.

Is the service safe?

Our findings

At the previous CQC inspection in May 2017 we identified concerns that the provider had not ensured all risk assessments were completed to provide full and clear guidance to manage risks. We also found some risk assessments were not in place or did not contain sufficient guidance for staff. Personal Emergency Evacuation Plans (PEEPs) did not detail where people were located in the building. Care plans did not contain clear guidance to staff on how to safely support people with equipment and reduce risks. Where people had charts in place to monitor weights, food and fluid these were not consistently completed or analysed. These were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following this inspection, we asked the provider to send the CQC a report stating what action they were going to take. We reviewed this during this inspection and found the provider had carried out the necessary actions to make improvements.

People had up to date PEEP's in place explaining where their rooms were to assist emergency services quickly with evacuation in the event of a fire.

People's care files contained assessments relating to risks such as falls, going missing and behaviours that may challenge. We saw that one person's record explained they were a smoker and did not wish to stop. Measures were therefore put in place to ensure smoke detectors were working and staff to remind the person to smoke outside their flat in the area designated. This meant the risks to the person and others were identified and regularly monitored and reviewed to manage the risks. This respected the person's choice to continue to smoke which also eased their anxiety. One person's representative said, "From my visits I feel my client is safe. There are identified risks which are assessed and the environment is safe and secure".

People and their relatives told us they felt safe in the home and that staff were trustworthy and sufficiently skilled to keep them safe. A relative told us, "It is very safe here, I have every bit of confidence in these people. My [family member] moved here on palliative care and it was only through the staff here that cared and nursed her so well, she did a complete turnaround. Medical staff had given up hope on her but with all the loving care and kindness shown to her and by finding her the right diet and cutting back on medication she didn't need, she is now back with us, communicating and eating again. They are the ones who managed to sort her medication out properly because half of the medication she was on she did not need to be on which was making her worse, now she is so much healthier and is only on half of the medication she once was, I am so happy with them, it couldn't be better and believe me I am very observant".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential harm or abuse. Staff comments included; "I'd report any concerns to the manager". There were safeguarding procedures in place and records showed that all concerns had been taken seriously, fully investigated and appropriate action taken. Training in other areas to keep people safe such as understanding, preventing and managing behaviours that may challenge had taken place.

Arrangements for ordering and disposing of medicines were reviewed and we saw that these were managed

safely. There were suitable arrangements for storing medicines which required extra security. Regular checks of these were made and no issues were identified. We checked three people's medicine administration records (MAR) and saw they had been fully completed to evidence medicines had been administered correctly.

Protocols for medicines that were to be taken when required were available and detailed when the medicines could be given. Staff could offer non-prescription medicines in response to people's minor symptoms. This was covered by the medicines policy and a record was kept when any medicine was supplied. Medicines audits were completed monthly.

There were sufficient staff on duty with the required skills to meet people's needs. Staff were not rushed in their duties and had time to sit and chat with people. During our inspection we saw people's requests for support were responded to promptly. A person's representative told us, "[Person] requires one to one support at all times so has appropriate levels of support. I have observed plenty of staff on site every time I have visited. I don't know what staff ratio the other residents need but there seems to be someone available to support the residents when I have visited". A relative told us, "There is always someone to talk to and staff around if I need to ask anything. Nobody is ever left alone".

We saw a range of pre-employment checks were in place, such as Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals. This helps employers make safer recruitment decisions and employ only suitable people who can work with adults at risk.

The service analysed information so that learning could be taken from incidents such as medication errors. Actions were taken to minimise the chance of these reoccurring.

People were protected from the risk of infection. Infection control policies and procedures were in place and we observed staff following safe practice. Personal protective equipment (PPE) was available and we saw staff wearing protective aprons and gloves before personal care. The home was clean and free from malodours.

We saw that the premises and equipment had been maintained in line with policy. Records showed equipment and the environment was monitored. These included fire precautions with checks on emergency lighting, emergency evacuation drills and weekly alarm tests. Electrical, gas, water safety had been checked in line with policy to ensure safety. Equipment used for moving people had been maintained and serviced to keep people safe.

Is the service effective?

Our findings

At the previous CQC inspection in May 2017 we identified concerns that the provider had not ensured all staff had received the training to meet people's needs as stated in their policies and procedures. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made a recommendation consulting guidance to ensure best practice was followed whilst awaiting approval for a Deprivation of Liberty Safeguards application. Following this inspection, we asked the provider to send the CQC a report stating what action they were going to take. We reviewed this during this inspection and found the provider had carried out the necessary actions to make improvements.

The staff team had received an induction into the service when they first started working and training had been provided. Training had been provided to staff that ensured they could meet people's identified needs. This included training in communication, mental health, epilepsy, dementia, positive behaviour support, dignity and respect and equality, diversity and inclusion. Care staff completed the care certificate (a benchmark that has been set for the induction of new healthcare assistants and social care support workers and is therefore what we should expect to see as good practice from providers.) The staff team were supported through supervision and appraisal and told us they felt supported by the management team. A member of staff said, "I get the support I need and the provider is always available to speak with". This meant the staff team could support the people using the service safely and effectively.

Staff had received training on the Mental Capacity Act 2005 (MCA). The 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. A person's representative told us, "[Name] has a severe learning disability but is given opportunities to choose things she wants to do and general decisions such as a cup of tea, go to the toilet etc. [Name] is always asked and given time to respond and consent". A member of staff told us, "I have attended a day's training in both MCA and DoLS. I feel I have a good understanding of ensuring I respect people's rights and refusals and when to make a best interest decision if necessary".

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. This procedure is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any DoLS applications had been made to the local authority. A DoLS application had been requested for a person who lacked capacity in areas of care such as leaving the home without support. Least restrictive options were in place such as supporting the person if they wished to leave the property to keep them safe.

People using the service had their care and support needs assessed. The registered manager explained that whenever possible an assessment would be carried out prior to a person moving into the service. This ensured their needs could be met by the staff team. We spoke with people's relatives who said they had

contributed to their care planning through informal conversations with staff and formal care reviews.

People were supported to maintain a healthy and balanced diet. People were involved with making choices about what they ate. Staff took people shopping to choose what they wanted to eat. A relative told us how their family member's health had improved because of steps the staff had taken to encourage healthy eating. Where people had specific dietary needs, these were catered for. People had been assessed in respect of risks associated with eating such as weight loss or choking.

People were able to access care, support and treatment in a timely way with referrals made to appropriate social and health services when people's needs changed. We saw records of visits and letters from healthcare professionals in people's care files, such as general practitioners, dieticians and speech and language therapists (SALT). For example, we saw a GP had been consulted due to concerns about a person's medicines potentially causing confusion.

People had access to outdoor space. A large accessible balcony had been built to enable people to sit and look over the garden. We saw this was well used and had plenty of shelter during the hot weather. The garden area was used for barbecues and other activities. There was a paddling pool, trampoline and beanbag chairs for sitting in for leisure.

Is the service caring?

Our findings

At the last inspection, we rated the service as good. At this inspection, we found the service remained good. We observed and heard that people were treated in a kind and positive manner and there was a warm and friendly atmosphere. Staff had developed good relationships with people and we saw people were relaxed in the company of staff, who communicated spontaneously with them, using appropriate humour.

All the relatives we spoke with were positive when asked if they felt their family members were cared for and happy. One relative said that she was so happy with her family member's care at Hill View that she could "Die happy now" and went onto say "I do not have one single worry about his safety or wellbeing now he's at Hill View". Another relative said, "I am very happy for my relative to be here, the care is much better than anywhere else they've been before and the staff always keep me very well informed about what's going on, so I have no need to worry".

We asked professionals whether they felt people were well cared for. One professional said, "Staff seem caring and kind to all the residents. They speak to the residents in a kind caring appropriate way".

The staff team had the information they needed to provide individualised care and support because they had access to people's plans of care. These included details about people's past history, their personal preferences and their likes and dislikes.

We asked the registered manager to provide evidence of how the service ensured it worked within Accessible Information Standard (AIS) framework. 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. It is now the law for the NHS and adult social care services to comply with AIS. We saw that staff sought accessible ways to communicate with people. We saw staff using a variety of techniques, written, verbal and non-verbal, to communicate with people. People's communication needs had been considered on an individual basis and we saw in one situation that a person had been provided with cards so they could state their preference. This meant people's opportunity to communicate effectively had been considered by the service.

People were supported to maintain relationships with their relatives and went to great lengths to ensure this happened. For example, the provider gave lifts to a relative so that they could visit their family member. We also saw that one person's care plan stated they would like to visit their previous care home to keep in touch. We saw that a visit had taken place. The person had also had a visit to their relative and further plans had been made for the relative to visit the person at Hill View.

Relatives told us they could come and go as they pleased. One said, "I can come here any time on any day and the welcome would be the same. Everyone is made to feel so welcome and nothing is too much trouble and their hospitality at Hill View is wonderful, they are always offering refreshments".

We saw and were told that people's privacy and dignity was respected. We saw staff knocking on people's

doors before entering and closing them before delivering care. There was room for people to meet with their relatives in private if they wished. People's rooms were personally decorated in colours they had chosen and they had photographs and items displayed that were important to them. This also showed people were treated respectfully. Staff had responded to people's needs in relation to protected characteristics. For example, staff provided support to meet the diverse needs of people using the service including those related to disability.

People were supported to express their views and were involved in making decisions which were respected. During the day we saw that people were making a variety of choices. People were choosing what drinks they wanted, where they sat, where they wanted to go and what they wanted to do in the way of activities. We saw that people could choose to go to their rooms when they wanted to. On the day of the inspection, three people were going on a pre-arranged trip to the seaside and were looking forward to the outing.

We saw that records containing people's personal information were kept secure. Where information was stored on a computer, the service complied with the Data Protection Act.

Is the service responsive?

Our findings

At the previous CQC inspection in May 2017 we identified concerns that the provider had not ensured that all people's care records reflected their current needs, how these should be met and people's choices and preferences. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We reviewed this during this inspection and found the provider had carried out the necessary actions to make improvements.

The service had ensured care records were up to date reflecting people's current needs. These needs were recorded in care plans that were based on assessments of their needs. Care plans seen covered needs such as medicine management, mental health, communication, living safely and taking risks and social needs. People's needs were reviewed regularly to ensure their care and support was up to date. One relative said, "We have yearly reviews with the staff and all the medical team. I have no worries or complaints. Everything is kept well up to date". We saw on a person's records that one of their goals had been to have three days out on visits before the end of May 2018. We saw this had been reviewed after consultation with the person's family due to a physical and mental decline and the impact that going out may have on the person. This showed that reviews had taken place and decisions from these were reflected in the person's records.

Relatives told us they were involved in their family member's care planning. One relative told us they were always kept informed but felt they didn't need to be involved in everything because, "The staff have it all covered and I don't have to worry about anything". One relative said they would like more involvement in their family member's care planning and we fed this back to the provider and deputy manager. They said they had always tried to keep the relative informed but would look at other ways they may be able to improve this so that the relative felt more included.

People were protected from social isolation by having opportunities to take part in activities that interested them. Two people were members of a local and two people attended the local church. People were part of their local community including visiting the local garden centre and café, shopping and attending local football matches. We saw many photographs of people taking part in trips out, activities and events. The home had two large especially equipped cars to be able to take people out in which meant people were able to go out of the house on trips or attend events outside of the home. A relative told us, "My [family member] is much happier here than anywhere else he has lived and he really enjoys the fact that he is taken out on outings and trips as where he was before, that didn't happen". Hill View had built positive relationships with neighbours who were invited to events at the home such as garden parties and Christmas parties. A neighbour gave some feedback saying, "I have been invited to a number of events held at Hill View as I am a neighbour. I have been introduced to the residents. I have been to an Easter event, a Halloween Party and a Christmas party with my two children. I have witnessed [staff] giving the same good care to residents on all three occasions that I have been there. The house gets decorated when there is an event and at Christmas the manager dressed as Father Christmas and handed out gifts which was lovely".

People's relatives knew how to make a complaint or raise concerns. Relatives we spoke with said they would have no problem raising concerns or complaints. A relative had raised concerns about an issue which had

been resolved to their satisfaction. Another relative said they had confidence any concerns or complaints would be dealt with and said, "The owners, deputy manager and staff are open and honest and considerate at all times". The provider and deputy manager told us they always encouraged people and their relatives to make their views known so that they could ensure that everyone was happy.

We reviewed people's experience when they were approaching the end of their lives. Staff caring for people reaching the end of their lives, had access to support and training about end of life care and said how helpful this was. We spoke with a relative whose family member had received palliative care and that the care had improved the person's health considerably. They commented, "Could not have wished for her [family member] to be in better hands". A health professional provided some feedback of their involvement the previous year with this person. This was around advanced care planning and supporting the family and care staff in respect of end of life care. They stated, "Good collaborative care, involving family and healthcare professionals in best interest decision making in supporting individualised care for [person]. Care home staff also, at the time engaged in mini informal education sessions delivered at the care home in recognising dying and supporting someone as they approach the end of their life. The staff knew [person] well and showed genuine care and compassion. They were respectful at all times. Staff engaged with family, listened and worked together to ensure [person] and her family's needs were met in a professional and safe manner. Recognising when to step down and promote rest and when it was appropriate to take [person] out, which it was reported she loves to do with her family".

Is the service well-led?

Our findings

At the previous CQC inspection in March 2017 we identified concerns that the provider had not extended the quality assurance systems to ensure all the requirements in relation to the regulated activities were met. There was no process to ensure that quality and safety were being monitored and action taken where necessary. This was a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014. We also found the provider had not sent notifications of incidents and events to the CQC as required under current legislation. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Following this inspection, we asked the provider to send the CQC a report stating what action they were going to take. During this inspection we found the provider had made improvements.

We noted improvements in the quality assurance systems to both monitor and improve the governance of the service. We saw monthly internal audits had been undertaken on areas such as people's support plans, risk assessments, daily notes, health documentation and medicines. An external fire safety audit had been completed. Policies and procedures were regularly reviewed. The provider had developed systems to ensure that supervisions, training and appraisals were monitored effectively. The service received regular updates from Skills for Care regarding national standards. The provider had further plans to improve the quality assurance as they had introduced digital documentation which would enable the provider to have a good overview of all recording in order to better analyse findings and act upon these.

Following the last inspection, the provider and registered manager had taken action to improve the management of Hill View. The registered manager and staff understood the challenges of ensuring the service improved. All the people and staff we spoke with talked about and displayed a positive, caring attitude and it was clear in the responses from relatives and professionals we spoke with throughout the inspection that the culture of the service was a caring one that was focussed on delivering good standards of care.

There was a registered manager in post who was also the provider. 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. After the last inspection, a registered manager had been recruited to oversee the day to day running of the service. They had left this post two months before this inspection but the service was being adequately managed by the provider and a deputy manager. We asked relatives if they were happy with this interim service. One said "I have no worries about there not being a full-time manager at the moment because the owners and the deputy manager have it all so well covered. The last manager was good but nothing has changed, and I have every confidence in the owners and the deputy manager and all the staff, they are doing a tremendous job".

People's relatives said they felt the service was very well-led. Comments included, "If all homes were based on this one then there would be a lot of happy parents and relatives out there knowing their relatives are being well looked after" and "This is more like a home from home, it's their home and it's a pleasure coming to visit our relatives here, they want for nothing, you couldn't wish for better".

Staff demonstrated positive values which was reflected in the feedback we received. Relatives said communication was good and they were able to have an honest and transparent relationship with management and staff. One relative said, "The owners and managers are so easy to talk to. They always make themselves available and are ready to listen and help". Another said, "Staff, owners and managers are always open, honest and willing to listen. The service is very well led, they always keep us well informed".

Staff told us they felt supported and listened to. Staff comments included: "The provider and deputy manager are very supportive". They also said they were kept up to date and informed immediately about any changes or concerns. Systems for sharing information within the staff team were effective. There were regular staff meetings and systems to update staff when they came on duty. For example, handover information and updates on appointments people may have, or need arranging. Staff meetings were held every month. A member of staff said, "Staff meetings are important and we can all be honest and sort out any 'niggles' so we can all work well together".

We observed staff on the day of the inspection and noted that the staff team worked collaboratively. Staff supported each other, instinctively or when asked and were friendly towards each other and there was a positive atmosphere.

Relatives we spoke with felt they had opportunities to provide feedback on the service. Relative said they had been involved with their family members care package and planning. One relative said "The managers and owners always make time to sit down and talk and to listen. They are very hands on and keep us informed of every development". Another said, "They are very honest and we are very honest; we are very honest with each other and are not afraid to speak up and this helps a lot".