

The Regard Partnership Limited

Hill View

Inspection report

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Date of inspection visit:
13 March 2020

Date of publication:
21 April 2020

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

Hill View is a residential care home providing personal care for up to six people. At the time of inspection, six people were living at the service. There is a second home on the same site that is separately registered. Both homes are run by the Regard Partnership, which is a national provider of care. People's had various support needs associated with cerebral palsy, and epilepsy. People had complex communication needs and required staff who knew them well to meet their needs.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. They were encouraged to take part in daily living tasks with support from staff in areas such as laundry and cleaning.

People received support from staff who knew them very well as individuals. People's care and support needs were assessed and reviewed regularly. This enabled them to receive care that was person-centred and reflected their needs and choices.

Staff supported people to take part in choosing activities to meet their individual needs and wishes. Some people loved train and bus rides. Others liked swimming, bowling and cinema trips. Staff ensured people had regular opportunities to use cafes and restaurants and to visit the bandstand at Eastbourne. Annual holidays were organised.

People were protected from the risks of harm, abuse or discrimination. Staff knew what actions to take if they identified concerns. The home was clean and tidy throughout. Enhanced cleaning had been instigated as a result of coronavirus and staff were thorough in relation to ensuring their own and people's hands were kept clean. There were enough staff working to provide the support people needed, at times of their choice. Recruitment procedures ensured only suitable staff worked at the service.

In the absence of the registered manager who was on special leave at the time of inspection, there were good systems to ensure oversight of the service. Two registered managers from other services took it turn to provide cover and to share the role. Quality assurance systems were comprehensive and ensured all aspects of the running of the home were examined regularly, records were kept up to date and any actions resulting from audits were addressed swiftly.

Staff understood the risks associated with the people they supported. Risk assessments provided further guidance for staff about individual and environmental risks. People were supported to receive their medicines safely.

Staff received training that helped them to deliver the care and support people needed. This included specialist training in autism, epilepsy and person-centred active support. Staff attended regular supervision meetings and told us they were very well supported by the registered managers.

People's health and well-being needs were met. Where appropriate, staff supported people to attend health appointments, such as the GP or dentist, and appointments for specialist advice and support. People's nutritional needs were assessed, and specialist diets were catered for. Menus were varied and well balanced.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. There was a detailed complaint procedure, and this was displayed so anyone wanting to raise a concern could do so.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good. (Published 4 September 2017).

The overall rating for the service has remained Good. This is based on the findings at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Hill View

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was announced the evening before our visit.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with everyone, but most people were not able to share their views of the service, due to complex communication and support needs. Therefore, we observed their experiences living at Hill View and staff interactions with them. We spoke with two registered managers, the regional manager and three staff members.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also pathway three tracked people. This is where we check that the records for people match the care and support, they receive from staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff training, minutes of meetings and quality assurance records. We received feedback from one healthcare professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were unable to tell us they felt safe, but we observed people to be relaxed and content in their surroundings.
- Staff had a good understanding of how to make sure people were protected from harm or abuse. A staff member was able to tell us about different types of abuse and they were clear that if they witnessed any abuse in the home, they would not hesitate to report it immediately.
- All staff had received training and knew how to recognise signs of abuse. It had not been assessed as necessary to make any referrals to the safeguarding team since our last inspection.

Assessing risk, safety monitoring and management

- There were guidelines in relation to the management of behaviours that challenged. People who displayed behaviours that challenged had positive behavioural support plans. Where there were known triggers to behaviours these were recorded. There was advice on early interventions that could be taken, how to deal with a crisis situation, how to empathise, reassure and redirect the person to recover from situations.
- Each person's needs in the event of a fire had been considered and each had an individual personal emergency evacuation plan that described the support they needed in an emergency.
- Fire drills were held regularly. A staff member was clearly able to describe the actions taken when the alarms sounded.
- People lived in a safe environment because the service had good systems to carry out regular health and safety checks and checks on electrical appliances safety. Water temperatures were monitored regularly.
- One person had recently started to join staff in observing the carrying out of vehicle checks.

Staffing and recruitment

- There were enough staff to meet people's needs. This meant that whilst they would aim to have four staff on in the mornings, there was a minimum of three care staff on each shift throughout the day and a waking staff member at night. In addition, a sleep-in staff member provided on-call support to Hill View and its sister home on the same site. Staff told us if there was sickness, they always tried to cover with overtime or agency staff.
- There were on call procedures for staff to gain advice and support if needed outside of office hours and at weekends. Staff told us this system worked well and there was always someone available to speak with in an emergency.

- There were safe recruitment checks carried out. Checks had been completed before staff started work at the service including references and employment history.
- Disclosure and Barring Service (DBS) checks had been carried out for all staff to help ensure staff were safe to work with adults in a care setting.

Using medicines safely

- There were safe procedures to ensure medicines were correctly ordered, stored, given and recorded appropriately.
- A stock control sheet was in use to count medicines as part of the home's auditing and to identify any possible safety issues. Two staff worked together to give medicines.
- Some people took medicines on an 'as and when required' basis (PRN) for example, for pain relief. There were protocols in use that described when they should be used.
- People's records clearly stated how they preferred to receive their prescribed medicines.
- Staff had received both online and face to face training in the management of medicines. In addition, they had to be assessed in terms of competency before they were signed off to give medicines.

Preventing and controlling infection

- All areas of the house were clean. Staff had received training in food hygiene and infection control. There were cleaning schedules that ensured cleaning tasks were completed regularly.
- Aprons and disposable gloves were available and used by staff.
- In response to coronavirus, the home had introduced additional hygiene practices and ensured that extra hand sanitisers were provided. Staff and people were encouraged to wash hands more frequently and visitors were also asked to wash hands on arrival. We saw that this happened regularly. There was easy read information about coronavirus displayed in the dining room on the notice board.

Learning lessons when things go wrong

- There were systems to ensure records were kept of accidents and incidents along with the actions taken in response to each to reduce the likelihood of an event reoccurring.
- There had been no incidents in 2020. The registered manager told us that following any incident, risk assessments would be reviewed and if necessary updated. Staff had noticed that one person's health risks increased at certain times. Once this had been identified, they increased staff support for the person at these times and this had reduced the risks of incidents. The fact that no incidents occurred in 2020 demonstrated that staff had learned from incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and wishes were regularly assessed and reviewed to ensure they received appropriate care and support. These included various aspects of people's care needs such as how they communicated their preferences, and information on how they liked to spend their time.
- Relatives and professionals were invited to people's reviews and kept up to date with changes to care plans.
- One person had moved to the service in an emergency situation. However, staff told us that although the person was fairly settled in many ways, they wanted to return to their home area and had capacity to make this decision, so a further assessment had been agreed to seek alternative accommodation.

Staff support: induction, training, skills and experience

- Staff received training that ensured they could meet people's needs effectively. The training programme confirmed staff received training and refresher training. Essential training included safeguarding, infection control, moving and handling, health and safety and infection control.
- Specialist training was also provided that reflected the complex needs of people who lived at Hill View. This included training on epilepsy, autism and person-centred active support.
- Staff attended regular supervision meetings and told us they were supported well in their roles. One staff member said the registered manager was, "Always there when I needed someone." They went on to say the interim manager, "gets things done, so I feel very well supported." Another staff member said, "It's a nice place to work, everyone is very caring."
- The provider had a detailed induction process for all new staff. Each staff member completed an inhouse induction and if they were new to care they went on to complete the Care Certificate. The Care Certificate ensures staff that are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

Supporting people to eat and drink enough to maintain a balanced diet

- People had enough to eat and drink. We observed staff regularly offering and making drinks for people throughout the day.
- There was a six-week rotating menu which was varied and well balanced. People took it in turns to choose the menu each evening.
- One person had a specialist diet and specialist arrangements were in place to ensure food was prepared appropriately to meet their specific needs. Another person had thickener with all their drinks. Staff were able

to describe clearly the actions they took to ensure people's needs were met appropriately.

- Staff had received training on nutrition and hydration.

Adapting service, design, decoration to meet people's needs

- People's bedrooms were arranged as they wanted them with personalised objects, photographs and individual furniture, and bedrooms reflected their personalities. One person was keen to show their bedroom and their very large collection of trains and planes.
- Communal spaces included a lounge area and a dining area. Some structural changes had recently been made. The wall between the lounge and dining room was removed to create a more open plan space. The front door and one person's bedroom door had been widened to accommodate their wheelchair more easily. Everyone had wheelchairs to support their mobility, some only needed them for longer distances outside of Hill View. Everyone had shower chairs and two people had hoists.
- One person had a visual impairment, but they enjoyed sensory lights and there was a wide range of sensory equipment in their bedroom.
- Two people had listening devices so that staff could monitor for epilepsy and would be able to attend quickly in an emergency.
- One person was unable to use the call bell system so staff fitted a 'bell pull' system which the person could use more easily.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Referrals had been made for specialist advice and support when needed. Records were kept of visits to see professionals and any changes in support and care were discussed with the staff team.
- The registered manager was aware of the need to ensure people had good oral health, appointments with dentists were arranged as required. Records demonstrated people were prompted and where appropriate, supported to look after their teeth. Oral health assessments had been completed for each person to assess any specific needs or wishes.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff encouraged people to make informed decisions and where appropriate, easy read documentation had been used to aid communication and understanding.
- All but one person had DoLS authorisations. Applications had been submitted to renew these and the home was waiting for these to be processed. One person had been assessed as having full capacity to make decisions and did not need a DoLS.
- One person attended a hospital clinic for a particular medical examination but then refused to allow the

examination. Following discussions with medical staff it was agreed an examination was in the person's best interest and the Consultant visited the home and the person was more relaxed and agreed to an examination. It was then agreed that there would be three-monthly visits by a nurse from the hospital.

- A health professional told us, "Staff were very open to looking at different ways of carrying out an assessment by video, discussed the issues of consent and best interests and went ahead with making a short video which I could follow up in a phone call. This was very effective, and I really appreciated the pragmatism that they showed to make it happen."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who knew them very well. Staff used a warm and caring approach and they regularly checked to make sure people's needs and wishes were being met. They knew people's likes, dislikes and background.
- Staff told us about people's needs, choices, personal histories and interests. They knew what people liked doing and how they liked to be supported. For example, one person's care plan clearly stated that having a particular object with them at night was very important to them.
- Staff told us people chose what time they got up and went to bed. One person liked to be in bed early, another liked to wait up and spend time with night staff and another liked to spend time in their bedroom quite late before going to bed.
- People were supported to maintain relationships with family and friends. Visitors were welcome at the service and arrangements were in place for some people to visit family members. The registered manager told us one person enjoyed being taken to visit friends in other services run by the organisation and enjoyed having friends to visit at Hill View too.
- A health professional told us, "On visiting the service it struck me as a very homely and caring environment. The way that the staff communicated with the service users was warm and encouraged interaction in a way that felt very natural."

Supporting people to express their views and be involved in making decisions about their care

- People and their families where appropriate, were involved in planning care delivery. Records confirmed regular meetings were held with people, and their relatives had been invited to attend. Keyworker meetings were held regularly, and records demonstrated people were always asked if they wanted any changes whether this was in relation to menus, activities or anything else and the registered manager always followed up to check that any changes requested had been provided.
- Records showed that one person who had a visual impairment was offered choice in relation to the clothes they wanted to wear through allowing the person to feel the fabrics and choose.
- Staff told us that as part of the alterations to the lounge/dining room, people had been involved in choosing the new décor for these areas.
- House meetings were held monthly and demonstrated people were updated on a range of matters. This included information about decoration, new staff starting in post and information about activities and holidays.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they ensured people had private time with relatives in line with their wishes.
- Another staff member said, "We all ensure people's privacy. We make sure bedroom doors are closed when we provide personal care and when we support someone with food, we give them our undivided attention."
- Care plans provided advice and guidance on how to ensure people maintained skills and should be encouraged to become more independent in many areas. For example, one person liked to fold laundry and to clean things. There was specific guidance on encouraging people to do what they could do for themselves and for staff to only provide support when needed.
- We observed that staff ensured people's dignity was maintained. For example, after meals they ensured people faces and hands were cleaned immediately.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had care plans and risk assessments that identified and recorded their needs. Care plans were reviewed regularly, and when people's needs changed were updated. Staff told us that there was a read and sign document when changes were made to care plans to ensure all staff were aware of any changes.
- We observed staff supporting people in a person-centred way; they adapted their approach from person to person. For example, some people liked a lot of staff interaction and others enjoyed time on their own. Staff respected people's choices but checked in regularly with people to make sure they were ok.
- One person who spent a lot of time in bed had a very detailed and personal postural care plan. This included advice for staff to consider doing passive movements and stretches before supporting the person to move from one position to another.
- Within records of people's activities there was a section that recorded what benefit the session had for the person. For example, for cake making, staff had recorded the person 'felt proud'.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew people well and how they communicated. Each person had their communication needs assessed and recorded.
- Some people were able to communicate their basic needs and wishes verbally. Others used a variety of communication methods and tools and staff were skilled in understanding these. For example, some people used pictures to make choices about food. Another person who had no verbal communication was able to find staff when they wanted support and another vocalised or banged on furniture to alert staff for support.
- One person chose when and with whom they communicated with. A staff member told us, "If (Person) doesn't want to talk to us (Person) stares straight ahead and has a blank expression. We check in regularly with (Person) and there is usually someone on each shift they will talk to."
- Staff told us another person didn't like a lot of interaction. They said, "We try sensory activities but (Person) doesn't like that. We give activities we know will be liked. For example, music. We know what types of music (Person) likes and we also take (Person) to the bandstand."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to carry out every day activities and to be part of the local community.
- Each person had an activity programme. Some attended day centres during the week. Staff supported them to take part in activities of their choice in line with their individual needs. For some this included regular train and bus rides, walks, theatre trips, trips to the bandstand at Eastbourne, cinema and cafes.
- A musician provided regular musical entertainment sessions and an aromatherapist also provided regular treatments at Hill View. There were records of art workshops that had been held in the service and feedback from the organiser was very positive. There were lovely photos of people and what they had made, and records kept of each person's individual contribution. Staff told us there were plans to have more workshops. One person attended a 'Swoove' class weekly. (a fitness dance group).
- The home had recently bought a pressure washer for the van and they had fun assisting staff with washing the van. The home had a rabbit who had a large indoor hut and space to roam in the entrance to the home. Staff told us people enjoyed feeding and spending time with and talking to the rabbit. There was also a pet cat.
- At the time of inspection, the home had restricted access for people to their day centre due to the coronavirus, so three people were taken out for a drive and picnic instead. Staff had made fairy cakes with people before our arrival that could be taken on the picnic.
- One person took obvious delight in watching and listening to horse racing on the TV and responded enthusiastically, clapping their legs and laughing when the sound was turned up.

Improving care quality in response to complaints or concerns

- The complaints procedure was displayed in the entrance hallway of the home. The procedure was also available in an easy read pictorial format.
- No formal complaints had been received. Some people were unable to verbally communicate concerns, but staff knew people well and were able to give us examples of how people expressed their emotions of sadness, anger and anxiety. Care plans clearly described how people expressed their emotions. Records demonstrated when people displayed these emotions.

End of life care and support

- The registered manager told us that if anyone needed end of life care in the future, this would be fully assessed at the relevant time. The home had a 'When I die' booklet and families had been asked to contribute to a range of questions on this topic. Some relatives were happy to give detailed responses and others found the subject too difficult to discuss and their wishes were respected.
- One person had died since the last inspection of the service. Staff told us they had been offered counselling following the death. The registered manager told us everyone had attended the funeral.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff described a very warm, open and inclusive culture at Hill View. A staff member said, "I can speak with any of the managers and know that action will be taken. They listen to what we have to say."
- A range of audits including medicines and health and safety audits were carried out monthly and matters raised had either been addressed or arrangements were in place for them to be attended to.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the statutory Duty of Candour which aims to ensure providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred.
- The registered manager was open and knowledgeable about the service, the needs of the people living there and where improvements were required.
- The registered manager understood their role and responsibilities to notify CQC about certain events and incidents. The previous CQC rating was prominently displayed in the home and on the provider's website.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the time of inspection, the registered manager was on special leave. In the interim, a registered manager from another service was working in the home three days a week and a second registered manager was also providing support in the afternoons.
- There was a detailed shift plan/handover system that ensured staff were clear about the tasks to be completed daily. It also included details of who was the first aid lead and who was the fire marshal for the day. It gave information about choices presented to people in terms of personal care, for example if people had baths or showers, what activities they had been offered and provided and what meals had been offered and provided.
- There were a number of quality assurance systems to monitor the running of the service. Senior managers working for the provider visited regularly and these visits included a quarterly monitoring visit. Following these visits an action plan was drawn up of any actions that needed to be taken, highlighting who had responsibility for addressing the matter and the timescale. Records showed matters raised had been

addressed in a timely manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings were held regularly, and minutes demonstrated staff had opportunities to share their views on a range of matters and were updated on all changes. There was evidence from minutes that staff were praised for the work they did and encouraged to support people with new and interesting projects and activities. As detailed minutes were kept any staff not able to attend could keep up to date with changes.
- Staff told us their views were listened to. A staff member told us, "I told my manager about my specific health needs and a risk assessment was completed immediately. I feel very well supported."
- Annual surveys were carried out to seek the views of people, their relatives and professionals about the care provided at Hill View. Results were wholly positive.
- Staff told us people were well known in their local area and had regular opportunities to use local cafes and restaurants to shop locally.

Working in partnership with others; Continuous learning and improving care

- The registered manager attended forums run by the local authority and the provider was affiliated with Skills for Care, who are an organisation that provide support with staff development and training in the social care workforce in England. They had recently joined a behaviour support network run by the local authority.
- At a recent learning disability forum, the registered managers had learned about the role of champions within services. They said the local authority had training for champions in specific areas such as nutrition and food hygiene and on positive behavioural support so this would be something they would be keen for key staff to attend and then cascade their knowledge to the staff team.
- The day before our inspection the registered managers had attended organisational training on mentoring and coaching to help develop staff teams. They said there were various workshops they could attend such as building personal resilience, dealing with conflict and capacity.