

Hill Care 1 Limited

Halton View Care Home

Inspection report

1 Sadler Street
Widnes
Cheshire
WA8 6LN

Tel: 01514220001
Website: www.hillcare.net

Date of inspection visit:
27 August 2020
01 September 2020
07 September 2020

Date of publication:
22 September 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Inspected but not rated

Is the service effective?

Good ●

Is the service responsive?

Inspected but not rated

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Halton View Care Home can accommodate 64 people. 28 are designated general residential on the ground floor of the building and 36 are for people living with dementia accommodated on the first floor.

There were 46 people being supported at the time of the inspection.

People's experience of using this service:

During this inspection we looked at the infection control and prevention measures the provider has in place in response to the coronavirus pandemic. We found people were reassured by the homes approach which was based on good practice guidelines and updated policy from Public Health.

We received positive feedback about the skills, experience and abilities of the staff from people who received support and their relatives. Staffing levels were appropriately managed and there was good continuity of care for people. Staff knew and understood peoples care needs.

We confirmed that all staff received the necessary training and were provided with training, learning and development opportunities. This was an improvement from the last inspection.

The home had undergone improvements to the overall environment since the last inspection. This included improvements to the design, furnishings and décor of the unit for people living with dementia. This unit was homely and there were aspects of the design which were aimed at assisting people's orientation and feelings of wellbeing. This was an improvement from the last inspection.

We made a recommendation to access an appropriate good practice audit tool to assess and develop the environment further.

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.

People received good ongoing support for their health care needs and supporting care notes helped confirm this.

People were receiving support form a range of in-house activities so there was ongoing positive interaction which enhanced people's wellbeing and meant that their needs, choice and preference for social activity was being met. This was an improvement since our last inspection.

Since the last inspection a new registered manager had been appointed. The overall management of the home was settled. The feedback we received from people living in the home and their relatives, professional

visitors and commissioners was positive regarding the management and culture of the home and the improvements made. This had been consistent over a period of time.

Rating at last inspection:

The last rating for this service was requires improvement (published 27 March 2019) and there were multiple breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

At the last inspection there were breaches identified in relation to the provision of activities for people, the living environment for people living with dementia, staff training and the overall management of the home. In planning the inspection, we took account of the current risk factors associated with Covid19 in the community and the need to spend as little time on site as possible. As a result, we undertook a focused inspection to review the key questions of Effective and Well led only.

We also looked at the outstanding breach to provide activities for people and have reported on this under 'responsive' but did not look at the other key questions in this domain.

We reviewed the information we held about the service. No areas of concern were identified in the other key question. We therefore did not inspect the caring domain.

Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to Good. This is based on the findings at this inspection.

Follow up:

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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

Inspected but not rated

Is the service effective?

The service was effective.

Details are in our 'effective' findings below

Good ●

Is the service responsive?

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

Inspected but not rated

Is the service well-led?

The service was well-led

Details are in our 'well-led' findings below.

Good ●

Halton View Care Home

Detailed findings

Background to this inspection

The 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 checked whether the registered 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team:

The inspection was carried out by an Adult Social Care Inspector.

Service and service type:

Halton View Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 CQC. This means that they and the registered 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 conducted against the background of the coronavirus pandemic and we gave the home a call immediately before the site visit to check on any associated risk factors.

What we did:

Before the inspection we reviewed the information we held about the service. This included any statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service to gain their views.

The provider was not asked to send us a 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.

Prior to the site visit we asked the registered manager to send us as much information as possible to assess so that we could spend the time on the site visit focussed on specific observations. This information also included staff contact numbers and contact numbers of relatives so we could conduct interviews by phone.

A site visit took place on 7 September 2020.

During the inspection we spoke with the registered manager, a senior manager for the provider, six members of staff, three people who were receiving support and three relatives. We also looked at care records belonging to three people receiving support, and other records relating to the management and quality monitoring of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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 requires improvement. At this inspection this key question has now improved to good.

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

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

At our last inspection the design and furnishing of the dementia care units were poorly maintained and unsuitable for the purpose it was being used. This was a breach of Regulation 15 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

At this inspection we found improvements had been made and the requirement had been met.

- Since the last inspection the unit for people living with dementia had been re-evaluated and refurbished. The unit now provided homely, clean and well-maintained accommodation that included attention to good practice guidance.
- There were adaptations to shared bathrooms and toilets for people with disabilities to make them easier to use. There was signage in place to help identify these areas. There were themed areas on corridors to help provide interest and focus. Dining areas and lounges had been refurbished and upgraded so they looked comfortable and homely.
- We spoke with the registered manager about further improvements and discussed the development of an audit tool based on good practice for people living with dementia, to facilitate this.

We recommend the development and use of an audit tool, based current on good practice, to use in further assessing and developing the environment for people living with dementia.

Staff skills, knowledge and experience

At our last inspection the provider had failed to provide regular and on-going staff training. This meant people were at risk of receiving care and support not in line with current best practise. This was a breach of Regulation 18 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

At this inspection we found improvements had been made and the requirement had been met.

- We received positive feedback from people and relatives in relation to the skill set and experience of staff. One person told us that "Staff seem very knowledgeable. They bring different styles to the job. They are very good." Another person told us that they were fully supported with their daily routine and felt safe when care was being provided.
- All staff were required to complete standard, mandatory training as part of the care assistant / support worker role. Specialist training was provided in accordance with people's support needs; for example, around dementia care and Covid19.

- The provider had in house trainers as well as access to online training for staff. On the day of the site visit we saw the in-house trainer who was delivering support to staff.
- Staff told us they had received training in several areas such as safeguarding, medication administration and dignity in care. All staff spoken with told us they felt supported and confident in their delivery of care. One staff member commented, "Training has improved. We have specific training for dementia care. Mainly on line but also trainer led - company has a trainer. We have lots of training in house."
- The training statistics we were sent by the registered manager showed all staff up to date with respect to mandatory training.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff working with other agencies to provide consistent, effective, timely care

- Systems and processes were in place to assess and establish people's needs and choices in line with legislation and best practice.
- For all admissions the referral information was received by the registered manager in relation to the support that a person required. The registered manager then ensured that a further comprehensive assessment was completed, and the necessary support plans and measures were put into place.
- People received a holistic level of support from external professionals such as district nurses, occupational therapists, dieticians, and chiropodists. Staff were familiar with people's specific care needs and written care plans and risk assessments contained the most relevant and up to date information.

Ensuring consent to care and treatment is 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Applications to deprive people of their liberty in community services must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Care records indicated that people were involved in the decisions that needed to be made in relation to the care and support they required. This was supported by the people we spoke with.
- The registered manager had a good understanding of the MCA and understood the importance of gaining consent before providing care and support.
- People did not have their liberty unlawfully restricted and 'best interest' decisions were appropriately made on people's behalf.

Supporting people to eat and drink enough with choice in a balanced diet

- Care records we reviewed indicated that people were provided with adequate nutrition and hydration support.
- People were supported with 'choice' and encouraged to make decisions around food and fluid intake.
- The meal time we observed was a very sociable occasion. There was good staff support for people and people living with dementia were given time to choose their preferred meal from the choices on offer. Staff were seen to be supportive and skilled when communicating with people.

Supporting people to live healthier lives, access healthcare services and support

- People received support from healthcare professionals accordingly.

- Referrals were appropriately made, and staff followed the necessary guidance provided by healthcare professionals.

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

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

At our last inspection the lack of stimulating activities that people preferred and lack of positive interaction means that people's needs, choice and preference for social activity was not met. This was a breach of Regulation 9 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

At this inspection we found improvements had been made and the requirement had been met.

- Since the last inspection an activities coordinator had been employed who had developed daily and ongoing activities in the home.
- On the day of the site visit we saw activities such as exercise sessions being implemented which participants clearly enjoyed.
- The activities coordinator explained they had got to know people well and had included individual activities, as well as group activities, for people living with dementia. These included social chats, jigsaw puzzles and other one to one interaction. There was an 'activities folder' which provided evidence of these activities.
- Development of external activities had been difficult due to the restrictions of the coronavirus pandemic and had mainly been the instigation of garden visits for relatives so that people could keep in touch with family and friends. Prior to the lockdown the home had invited people from the local community to the home such as local schools and churches to maintain some contact with community.
- One person commented, "There are activities now and [activities coordinator] is very good. It's a big improvement."

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 now improved to good.

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

At our last inspection management systems were not operating effectively to assess and monitor the quality of the service provided, including seeking the views of all stakeholders. This was a breach of Regulation 17 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

At this inspection we found improvements had been made and the requirement had been met.

Manager's and staff being clear about their roles, understanding of quality performance, risks and regulatory requirements:

- Since the last inspection a new registered manager had been appointed. The feedback we received from key stakeholders, people using the service and relatives as well as staff showed the registered manager had instigated and led key developments and improvements to benefit people living at the home.
- Systems and processes that were in place to monitor the quality and safety of the service were now clearly established. Improvements had been made throughout the service. For example, all the previous breaches of regulations had now been met.
- Ongoing provider audits continued to assess and identify further improvements.
- When specific incidents occurred, these were documented through the home's accident and incident processes.
- The registered manager and staff understood their roles and responsibilities. People and family members were confident in the leadership of the home. One relative told us, "Things seem to have got better in the last year - much more inclusive of me - I imagine the new manager has settled things down. [Registered manager] has definitely changed the atmosphere."
- The registered persons sent CQC notifications and displayed their quality ratings on their website, and in the home, as required.

Continuous learning and improving care

- Quality assurance measures identified areas of improvement that were required.
- We received positive feedback about how these improvements had affected care in the home. An example of this included improving social activities and positive interaction for people with the appointment of a designated activity coordinator. This improvement, particularly, had a positive effect on people's wellbeing.
- The registered manager kept up to date with current best practice and relevant health and social care requirements. Care records also contained relevant best practice and guidance that needed to be followed.
- The registered manager was responsive to the feedback we delivered during the inspection; following the

site visit we requested further information which was duly provided.

Engaging and involving people using the service, the public and staff

- Quality assurance questionnaires were regularly circulated; people and relatives were encouraged to share their views, thoughts and suggestions about the quality of care being provided. This had been assessed and then fed back to people to show areas of improvement.
- Staff told us they felt involved in the provision of care people received, that they were a valued member of the team and were encouraged to participate in team meetings when they occurred.
- People and relatives, we spoke with during the inspection told us they felt involved in the care that was being delivered. They felt staff had communicated well during the Coronavirus lock down.

Planning and promoting person-centred, high-quality care and support; how the provider understands and acts on the duty of candour responsibility

- People told us that they received care and support that was tailored around their support needs and wishes.
- People were involved in decisions that needed to be made in relation to their care; staff were familiar with people's preferences and how they wished for their care to be delivered.

Working in partnership with others

- The registered manager worked closely with other healthcare professionals; the overall health and well-being of people receiving support was effectively supported and people received a holistic level of care that was tailored around their support needs.