

Four Seasons (Bamford) Limited

Hill View Care Home

Inspection report

Hurst Lane (Off Crankshaw Street)
Rawtenstall
Rossendale
Lancashire
BB4 7RA

Tel: 01706548381

Date of inspection visit:
04 March 2020
05 March 2020

Date of publication:
07 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

About the service

Hill View Care Home is a residential care home providing personal and nursing care for up to 46 people, including older people, people with a physical disability and people living with dementia. At the time of the inspection 33 people were using the service.

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

Hill View Care Home had a friendly and inclusive atmosphere. Management and leadership arrangements supported the effective day to day running of the service. The provider used a range of systems, to regularly monitor and develop the service. People were consulted about their experiences and could make suggestions for improvements. Staff were enthusiastic and motivated in their roles.

People told us they felt safe at the service. Risks to individuals were assessed and managed. Staff recruitment ensured appropriate checks were carried out. There were enough staff to support people safely. Staff were aware of safeguarding matters and they had received appropriate training. Processes were in place to maintain a safe and hygienic environment. There were some minor shortfalls with medicines management, these matters were proactively rectified during the inspection.

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 were satisfied with the variety and quality of the meals provided at the service. They were supported with their healthcare needs, medical appointments and general well-being. Furnishings and décor responded to people's needs and comfort. The provider offered a programme of staff training, development and supervision.

People made positive comments about the caring attitude of staff. They said their privacy and dignity was respected. We observed staff interacting with people in a caring and friendly manner. Staff knew people well and responded to them as individuals. They were respectful of their lifestyles, choices and opinions.

There were opportunities for people to engage in a range of activities. Importance was placed upon fulfilling and nurturing people's faith. People had contact with families and friends. People received personalised care and support, their needs and choices were assessed, planned and reviewed regularly. Processes were in place to support people with making complaints.

Rating at last inspection The last rating for this service was good (published 7 September 2017)

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 reinspection programme. If we receive any concerning information we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Hill 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 (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 and an Expert by Experience on the first day and one inspector on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Hill 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 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority safeguarding and quality monitoring teams. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and five relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, regional manager, senior care workers, cleaners, care workers and the cook. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff training records.

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

- The provider had processes to protect people from abuse. Staff had completed training on adults at risk. They were aware of safeguarding and protection matters. Staff described what action they would take if they witnessed or suspected any abusive practice.
- We observed people were relaxed in the company of staff and managers. People commented, "I'm at ease with those who look after me." A visitor commented, "They are really very good here. [my relative] is so much safer."

Assessing risk, safety monitoring and management

- Managers and staff assessed and managed risks to people's safety, health and wellbeing. This included risks to individuals. For example, relating to physical health, falls, nutrition, skin integrity and the use of equipment.
- The provider had arrangements to provide a safe, secure, environment for people, visitors and staff. The premises and equipment appeared well maintained. Maintenance and safety checks on the fittings and equipment were ongoing. Plans were in place for further developments.

Staffing and recruitment

- The provider continued to follow recruitment procedures to ensure staff were suitable to provide safe care. Appropriate checks were completed and recorded. New staff worked probationary periods. Disciplinary procedures supported the management of unsafe and ineffective staff conduct.
- There were enough staff deployed to support people effectively. The registered manager monitored staffing arrangements in response to people's needs. People indicated there were enough staff available. They said, "I have a buzzer and they do respond quite quickly when I use it" and "Sometimes there could do with being a few more staff on but on the whole it's very good."

Using medicines safely

- The provider had safe processes for managing people's medicines. One visitor described how they were "Really impressed" with how the service had worked with health care professionals, to review and reduce their relative's prescribed medicines.
- Staff providing support with medicines had completed training and their competence had been assessed. Medicine management policies and procedures were accessible to staff. Medicine management records and practices were regularly checked.
- Some matters needed reviewing. For example, there were no 'over the counter' remedies available to respond to people's minor ailments and guidelines for medicines prescribed 'when required' were not very specific or accessible. The registered manager addressed these matters during the inspection.

Preventing and controlling infection

- The provider had arrangements to ensure people were protected by the prevention and control of infection. Cleaning schedules and audit systems ensured hygiene standards were maintained. All the people spoken with were satisfied with the cleanliness of the home.
- Staff had access to personal protective equipment and they had completed training on infection control and food hygiene. Suitable equipment, including laundry facilities were provided. All the areas we saw were clean and tidy.

Learning lessons when things go wrong

- The provider had processes to monitor incidents and share outcomes, to help prevent similar incidents and reduce risks to people. Managers and staff were aware of and fulfilled their responsibility to report and record, accidents and 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 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

- The registered manager proactively involved people with assessing their individual needs, abilities and choices. Their consent for the assessment and agreement to move into the service, was given top priority. Consideration was given to people's diverse needs, for example, their culture, religion and sexual orientation.
- The provider used recognised assessment tools, to monitor, review and respond to people's continuing health and well-being needs.

Staff support: induction, training, skills and experience

- The provider arranged for staff to gain knowledge and skills, to deliver effective care. An induction programme provided new staff with initial training. Staff confirmed they had achieved recognised qualifications and their refresher training was up to date and ongoing. One person said, "The staff are always professional and caring."
- Staff received supervision and support. They had opportunity to discuss their responsibilities and share any concerns. All staff had an annual appraisal of their performance and ongoing development.

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

- Staff supported people to eat and drink enough to maintain a balanced diet. People's specific nutritional and dietary needs were known and catered for. Staff monitored people's food and fluid input as needed. Healthcare professionals, including dietitians, were liaised with as necessary.
- People were happy with the meals and catering arrangements. Their comments included, "The food is okay, in fact it's very nice sometimes. I'm well satisfied, I've always had a good appetite" and "We do get a choice of food. They come around and ask us what we want in the mornings." A visitor said, "[My relatives] appetite isn't what it was, but they always make sure she eats something."
- We observed the lunchtime service was relaxed and efficient. There were examples of staff providing caring and discreet assistance to people. We noted some improvements could be made to further promote dignity and independence. The registered manager agreed to pursue these matters, and monitor progress using the 'mealtime experience' audits.

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

- People received support to meet their healthcare needs. Care records included people's medical histories, health conditions, observations and consultations. Referrals were made to community healthcare professionals to ensure people received the attention they needed. A visitor said, "Once or twice recently

[my relative] has needed the Doctor and the home responded quite well and got it arranged." One staff member told us, "The nurses here are onto things straight away."

- Appropriate information was shared with other agencies, when people moved between services or attended healthcare appointments. The home was part of the 'red bag' scheme, which aimed to improve communication between care homes and hospital staff when people moved between services.

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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- The service was working within the principles of the MCA. People's overall capacity had been assessed. Their capacity to make decisions about their care and support was reflected in their care plans. Appropriate action had been taken to apply for DoLS authorisations by local authorities in accordance with the MCA code of practice.
- We observed staff supporting people to make decisions. They involved people and got their agreement before providing care and support. Staff understood the importance of gaining consent and promoting people's rights and choices. Care records included signed consent agreements.

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

- The provider offered a good standard of décor and furnishings. There were various communal rooms and access to an enclosed garden and supervision. Progress was ongoing to develop the premises, to more effectively respond to people's needs and choices.
- People appeared relaxed and comfortable with the accommodation. They had been supported to personalise their bedrooms with their own belongings. People said, "I like how the home is arranged and my room suits me" and "My room is comfortable."

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

- Staff treated people with kindness and respect. We saw staff were, friendly and considerate when responding to people's needs. People said, "The staff are very nice" and "The staff are always very helpful."
- The service supported the principles of equality and diversity. Staff knew people well and were aware of their individual needs. Staff commented, "We put equality and diversity into practice and do things how they want them" and "It's about treating people fairly without discrimination." Care records included 'this is me' profiles, highlighting people's likes, dislikes, background histories and interests.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy and supported them to maintain their dignity. People indicated their privacy needs were met. All bedrooms were single occupancy and people could spend time alone in their rooms if they preferred. We saw and heard, staff knocking on people's doors before entering. People told us, "They help me with my personal hygiene and are very discreet. I never feel embarrassed" and "They never just walk in, they always knock on my door."
- Staff supported people's independence skills and autonomy. People told us, "I'm self-sufficient really" and "They help me to be independent. I still get up myself and have my wash, but they have someone keeping an eye on me if I need assistance." We saw people doing what they could for themselves, for example during mealtimes and when moving around the home.

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

- The service supported people to make choices in their daily lives. Staff offered choices and encouraged people to make their own decisions. Staff said they had some time to talk with and listen to people. One person commented, "They do come and talk with me when they can, I don't feel left out in any way." A visitor said, "They involve [my relative] as much as they can in everything."
- Some people were aware of their care plans. The registered manager said, there was an emphasis on encouraging people's involvement with care planning and reviews. Resident's meetings helped keep people informed of proposed events and gave them the opportunity to be consulted and make shared decisions. Information was available, to help promote people's rights and choices, including health and well-being support organisations and advocacy services.

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

- People received personalised care and support in response to their needs and choices. Care records included assessments and guidance to respond to people's needs and preferences. Care plans were lacking in some detail, however the registered manager agreed make improvements. Reviews had been carried out regularly. Staff kept records of people's well-being and the care and support provided to them. Team 'hand over' meetings supported the sharing of relevant information.
- People made positive comments about their support and care. One person said, "If I need help, there is always someone around and the staff are very nice." Visitors said, "The staff have been brilliant with [my relative]. They have really helped to build their confidence back up" and "I'm really impressed and [my relative] is as happy and as settled as they can be here."

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.

- People's sensory and communication needs were assessed and responded to in their care plans. Staff engaged and communicated with people using ways best suited to them. Information was available in various formats, including large print and pictorial. We observed a member of staff, offering one person sensitive support with a letter they had received.

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

- The provider offered activities, to help promote people's intellectual and emotional wellbeing. People had 'my journal' and 'my choices' booklets, to identify their interests, hobbies and life experiences. Various games, crafts and themed social events were offered. People told us, "I like to keep active, sometimes have a kickabout in the lounge, I enjoy that," "There is always something going on here, but I am happy in my room doing my own thing" and "There are enough activities to do. I read, do jigsaws and I do my crosswords."
- The registered manager and staff encouraged people to maintain positive relationships. Visiting times were flexible, people were supported to keep in contact with their family and friends. One visitor explained, "They do have protected mealtimes, but other than that we can come when we want to."

Improving care quality in response to complaints or concerns

- Managers and staff listened to and acted upon people's concerns and complaints. People were aware of

the complaints procedure and had confidence in expressing any concerns. One person said, "The manager is approachable and I've no complaints about anything." A relative described how when they had previously raised a concern, it was effectively dealt with.

- The provider's complaints procedure was available at the service. This included directions on making a complaint and how it would be dealt with. Processes were in place to ensure formal complaints were recorded, investigated, managed and resolved. Staff and managers were aware of the action to take when receiving complaints.

End of life care and support

- People were supported to have comfortable, dignified and pain free end of life care. At the time of our visit, the service was not supporting anyone with end of life care. When appropriate, people's end of life choices, including their cultural and spiritual needs, were recorded and reviewed in advanced care plans. Staff liaised with relevant professionals when required and obtained appropriate medicines and equipment to ensure people remained pain free.

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 good. 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

- The registered manager and staff created a welcoming and friendly ethos at Hill View Care Home. The management team provided leadership and direction for staff to provide person centred care. Staff told us they felt the care was good and they were listened to and supported. They said, "The managers are easy to talk to and they address things as soon as possible," "I enjoy working here, people are getting good care" and "I would be happy for my family member to live here."
- The registered manager was passionate about providing good care for older people. They operated an 'open door policy' and was visible at the service. People felt the service was managed well, they knew who the manager was and described them as 'nice' and 'helpful'. Visitors said, "The manager is easy to get along with. When we have had questions, they have always answered them satisfactorily" and "The manager seems to have a good, knowledgeable approach."

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

- The provider had developed processes to direct and deliver a person-centred approach. Organisational policies and refresher training provided managers and staff with up to date learning, guidance and direction. Job descriptions and employment contracts outlined staff roles, responsibilities and duty of care.
- The registered manager and staff expressed a practical understanding of their role to provide care and support in accordance with the provider's expectations. One member of staff said, "Teamwork is good, we all get on well. We have a daily job sheet, so we all know what we are doing."

Engaging and involving people using the service, the public and staff, fully considering their equality and characteristics; Continuous learning and improving care

- The provider consulted with people to monitor their experiences of the service and make improvements. People were selected to complete a 'customer feedback' survey each week. Feedback and surveys results were used to influence forward planning. A visitor said, "They do listen here and are proactive in improving the care of the residents."
- The provider conducted an annual staff survey to gather feedback. Staff meetings were held; various work practice topics had been raised and discussed. Staff told us they could voice their opinions and make suggestions. One staff member said, "We can put ideas forward, they are very encouraging of things like that."
- The provider had effective governance and oversight processes. Regular audits supported the service's

quality and performance monitoring, to mitigate risks and make improvements. The regional manager regularly visited the service and had ongoing involvement and oversight. An overall business development plan supported the direction and management of the service.

Working in partnership with others

- Records and discussion showed the service worked in partnership with a variety of organisations to ensure people received the support they needed. These included, other care services, churches, schools, social workers, commissioners and community healthcare professionals.

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 provider and registered manager understood and acted upon their duty of candour responsibilities by promoting a culture of openness and honesty. No incidents had occurred which would require a duty of candour response and action, however policies were in place to achieve an appropriate outcome.