

Hillview Care Services Limited

# Hillview Care Services Limited

## Inspection report

Unit 14  
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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Hillview Care Services is a domiciliary care service that provides personal care and support to people living in their own homes. At the time of our inspection there were 11 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The feedback we received from people who use the service and their relatives was positive. Relatives told us staff were kind and worked closely with them to monitor people's well-being and support needs.

Records relating to people's care and the management of the service were not always kept or sufficiently comprehensive. Improvement of the provider's quality assurance systems was needed to ensure they were effective in identifying these recording shortfalls.

We found that people were supported by a small staff team who were familiar with their support needs and management of their medicines. People's relatives told us staff arrived on time and communicated when they were running late and were confident in the skills of the staff who supported their family member.

Staff were aware of their responsibilities to record and report any concerns of abuse, accidents, incidents and near misses or changes in people's wellbeing. Staff and people told us the registered manager provided care and was approachable and responded to any concerns.

The provider was reviewing their current systems to help them in delivering good quality care to people. They were open to receiving feedback from people and making improvements to the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 25 February 2021)

Why we inspected

The inspection was prompted in part due to concerns received about cancellation of care calls by the provider due to staff shortages. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. This inspection was carried out to follow up on these concerns.

Whilst we found no evidence to support these concerns, we did however find some evidence that the provider needed to make further improvements in areas relating to their own quality assurance processes and record keeping.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to the provider's quality assurance systems and record keeping at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Hillview Care Services Limited

## **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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by one inspector

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 January 2022. We visited the location's office/service on 26 January 2022.

#### 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 who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service and four relatives about their experience of the care provided. During and after the inspection we spoke with the registered manager and two care staff.

We reviewed a range of records. This included three people's care records and medication records. We looked at staff files in relation to recruitment and training. 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 and reviewed further documents which were sent to us electronically by the provider after the site location visit.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- CQC had received some information of concern about the cancellation of care calls by the provider due to staff shortages. This inspection was carried out to follow up on these concerns.
- Through speaking to people, their relatives and staff and reviewing the provider's systems in managing staff rotas and people's care calls; we judged the provider had only cancelled calls when alternative arrangements had been made in consultation with people and their relatives. Relatives confirmed any changes in the timings or delivery of care were discussed and communicated with people and their relatives. One relative told us they were contacted by the provider as they were experiencing staff shortages. They said, "[Manager's name] contacted me and asked my opinion on how we could best manage due to staff shortages. Together we agreed how we could work together. I was definitely asked."
- A system was in place to ensure there were enough staff deployed to meet people's needs including drivers, regular care staff and agency staff. People and their relatives reported they were supported by a regular staff team who were punctual and stayed for the full amount of time. Any changes in the timings or delivery of care were communicated with people and their relatives. This was confirmed by people and staff.
- Safer recruitment procedures were followed to ensure staff were suitable to work with people who used the service. The registered manager could describe the safeguards they had put in place when they were not able to obtain comprehensive information about an applicants' character or employment background. However, they acknowledged that further improvement of the records of their decision to recruit these staff was needed. This would support their recruitment practices in line with the provider's recruitment policy.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The management of people's risks and their decision about how their care should be managed were known by staff but not always reflected clearly in some people's care records. This meant staff did not always have clear guidance about the agreed approach to manage people's risks. For example, the control measures of some people's preferences in the management of their dietary risks were not always clear. The registered manager said they would review people's risk care plans as a priority.
- However, the management of people's risks relating to their mobility, transfers and hoisting were clearly assessed and recorded and provided staff with the information they needed to support people safely.
- The registered manager and staff had been provided with additional training where specific support was required such as percutaneous endoscopic gastrostomy (PEG) training to ensure staff could meet people's nutrition and fluids needs via a PEG.
- Staff informed the registered manager and families if they observed any changes in people's well-being and health. The registered manager told us people's care was reviewed when required.
- People and relatives all complimented the service and felt they provided safe quality of care. One person

said, "I can't fault them."

- Systems were in place for staff to report concerns or accidents to the registered manager. Incidents were recorded and actions were taken to help minimise the risk of further incidents for people. We discussed the most recent incidents with the registered manager and the actions they had taken following incidents to ensure staff were aware of changes in people's support requirements.

#### Using medicines safely

- People's relatives told us they were confident that people's medicines were administered safely and in line with their prescriptions. One relative provided an example of how staff had been immediately responsive to a discrepancy in their relative's medicines. Staff had immediately reported this concern which enabled the relative to take immediate action and reorder a new prescription. The relative said "They [staff] were on the ball."
- Staff had received annual medicines management training and had access to the provider's medicines policy which provided them with additional guidance in the safe management of medicines.
- We reviewed three people's recent medicines administration records (MARS) which had been completed with no gaps; however, we found a small sample of MARS that did not include the dosage and frequency of medicines as per prescription. The risk of people receiving the wrong medicines was reduced as staff administered people's medicines from dosette boxes (pre-sealed containers prepared by a pharmacist which contains the correct dosage of medicines required at specific times of the day).

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse or harm as staff had been trained in safeguarding people.
- Safeguarding policies and procedures were in place, which supported staff training. The provider's policies and procedures were reinforced by the registered manager during staff meetings.
- The registered manager and staff knew their responsibilities to report and share any concerns with external safeguarding agencies.

#### Preventing and controlling infection

- Staff had been trained in safe infection control practices and had access to personal protective equipment (PPE).
- People and their relatives confirmed staff wore PPE and maintained good infection control practices during delivery of care.
- Staff confirmed they carried out regular COVID-19 testing. The results were shared with the registered manager; however this was not always recorded which meant that the provider could not demonstrate that they were meeting the testing requirements.

# 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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- During this inspection, we found improvements were required in the quality, accuracy and completeness of some people's risk assessments, MAR charts and the provider's quality systems.
- The provider's quality assurance systems had not always been effective in identifying gaps in some people's care and medicines records and staff's communication reports. For example, the provider's medicines audits had not identified that information about the dosage and frequency of people's prescribed medicines had not consistently been transcribed onto their MAR charts. Records of some people's risk management plans or their own decisions about their care were not always comprehensive to guide staff of the agreed control measures. The provider's systems had not identified this shortfall.
- Staff medicines practices and competencies were assessed as part of their induction programme. However the provider's quality monitoring systems of staff development had not identified that staff had not received an annual review of their medicines competencies in line with guidance.
- Some of the provider's operational audits and observation of staff practices would not be fully effective as they did not always reflect the practices of managing and monitoring a domiciliary care service such as completing comprehensive checks of staff care practices when supporting people in their homes.
- The provider had not ensured that their safeguarding policy reflected the local authority in which care was being delivered. This meant staff may not have access to the correct local authority contact details if they needed to refer to the policy.
- Although staff testing was taking place, the provider was unable to demonstrate through their records how they were monitoring and meeting the COVID-19 testing requirements of care staff.
- The provider's performance rating from the last inspection was displayed at the registered location, however as part of their own governance systems, the provider had not identified that their ratings were not displayed on their website as legally required.

We found no evidence that people had been harmed; however, effective governance systems were not always used to monitor the service. Accurate and complete records of people's care had not always been maintained. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- However, the provider had continual oversight of the service as the registered manager provided care as part of the staff care team and therefore were in regular contact with people and staff. This helped to mitigate any risk to people or negative impact as the registered manager was able to observe staff practices,

receive feedback from people, address any concerns as well as reviewing people's care related records kept in the home such as MARS and communication reports (staff record of support delivered during the care call).

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 passionate about delivering good quality care. Their approach was open and transparent throughout the inspection.
- Relatives were positive about the management of the service and felt any concerns raised to the management would be addressed. One person said, "I have absolutely no problems whatsoever with this service. They are very good and responsive to anything I say."
- The provider shared their logistical challenges of providing a service from a rural registered location and their plans to manage the service moving forward to ensure the management structure and contingency plans were more effective and sustainable. For example, the provider had purchased and about to implement an electronic care management data base. This would enable staff to have real time information about people and give the provider an immediate oversight of the care being delivered.

Continuous learning and improving care; 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 understood their responsibilities around the duty of candour and to share the outcomes of incidents and accidents with relevant people. They were keen to learn and improve the service
- Staff confirmed they would report any concerns, accidents and near misses promptly to the registered manager and people's families.

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

- The provider carried out regular telephone calls with people to gain their feedback. Relatives told us the management team were very approachable and always dealt with any concerns respectfully.
- Staff reported they were in frequent contact with the managers of the service and felt their views and concerns were always addressed.
- The registered manager held staff meetings to discuss and reinforce the providers policies, communicate any changes in the service and the well-being of the people who received a service.

Working in partnership with others

- Staff worked openly with other stakeholders and commissioners to ensure people received joined up care. They worked in partnership with people, their families and community health and social care professionals to maintain people's health and well-being and to achieve positive outcomes for them.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Effective governance systems were not always used to monitor the service.  Accurate and complete records of people's care had not always been maintained.