

# Community Homes of Intensive Care and Education Limited

## Wey View

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service:

Wey View is a residential service that provides support to people with learning disabilities, autism and mental health conditions. They provide intensive support to people with complex needs. The service is registered to provide support to up to ten people, there were five people living at the service at the time of our visit.

### People's experience of using this service:

The outcomes for people using the service were not consistently reflecting the principles and values of Registering the Right Support as one person had had restrictions applied to them, limiting their choice, control and involvement without proper legal processes being followed.

Risks to people were not always managed safely. We identified instances where records relating to risk were not clear and measures to manage risk were not robust. We also identified the person's assessment did not gather enough information about their needs. The providers systems to monitor and audit care delivery had not proactively identified and addressed the breaches of the legal requirements found on this inspection.

People received a thorough assessment before coming to live at the service but we identified one example where this could have been more robust. People had detailed care plans and we saw evidence of systems to regularly involve people in their care. People's healthcare needs were met and we saw records to show staff supported people to understand their health. People's care plans had input from healthcare professionals and staff ensured people's health was regularly checked. Staff were caring and committed to providing good care to the people they supported. People had individualised activity timetables which included leisure activities as well as activities to develop their skills and independence.

There were sufficient numbers of staff to meet people's needs and staff had received training for their roles. Staff told us they felt supported by management and there was an open door policy. There was a new registered manager in post who was implementing improvements at the time of our visit and we saw evidence that they had started to implement improvements in response to our findings after the inspection.

Rating at last inspection: Good

Why we inspected: We were made aware of incidents at the service that showed there may be increased risk so we brought the inspection forward.

Follow up: We will request an action plan from the provider and continue to monitor the service closely. We will return to the service to re-inspect in line with our policy.

## 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 effective?

The service was not always effective.

Details are in our Effective findings below

**Requires Improvement** ●

### 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 not always well-led

Details are in our Well-led findings below

**Requires Improvement** ●

# Wey 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by notifications of multiple incidents in which police had attended the service to respond to risk and two incidents that could have led to avoidable harm because people were left alone with hazardous materials. The provider shared action plans with CQC and these demonstrated actions being taken to respond to these risks.

However, the information shared with CQC about the incidents indicated potential concerns about the management of behavioural risks and the safe storage of hazardous materials. This inspection examined those risks.

#### Inspection team:

The inspection was carried out by one inspector and a specialist learning disability nurse.

#### Service and service type:

Wey View is a residential service that provides support to people with learning disabilities, autism and mental health conditions.

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.

#### Before Inspection:

We reviewed all information we held about the service including feedback from relatives and healthcare professionals. We contacted commissioners and placing authorities and reviews statutory notifications submitted to CQC. Statutory notifications are notifications of events providers are required by law to report to CQC.

#### During Inspection:

We observed staff and people interacting and engaging in care and activities. We spoke with three care staff, the registered manager and the regional manager. We reviewed care plans for three people including person-centred planning, risk assessments, daily notes and applications to deprive people of their liberty. We reviewed medicines storage and records relating to medicines for all people living at the service. We also checked two staff files, records of staff training and a variety of checks and audits.

#### After Inspection:

The provider sent us further evidence to review relating to recent improvements. We also spoke with three relatives.

# Is the service safe?

## Our findings

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

Requires Improvement: ☐ 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.

Assessing risk, safety monitoring and management

- Risks to people were not always safely managed. People had risk assessments and detailed plans in place on how to reduce risk, but we identified instances where these measures were not robust enough.
- We identified staff lacked knowledge of a person's medicines that were to be used in an emergency. Staff could not tell us which of the person's medicines they would administer and some staff had not received training in this area. Information about the person's emergency medicines was not available in a format that could be easily accessed in an emergency. We saw evidence that training took place after our inspection and improvements were made to records about these medicines. We also saw staff had responded appropriately where seizures had occurred. However, the factors we identified showed there was an increased risk staff may not know how to respond in an emergency.
- Behavioural risks were not always safely mitigated. There had been frequent incidents in which people and staff had been harmed. Records showed the interventions within the care plan were not working when a person became anxious or agitated. Staff told us the interventions they had been trained to use were not effective and with no further interventions being considered to reduce risk. This had led to increased staff supervision for this person and other people at the service, which had reduced risks but impacted upon their liberty.
- Following the inspection the person moved from the service. However, we will require further action from the provider to ensure any similar situations can be managed safely in the future.
- There had been two recent incidents in which a person with a lack of insight into risks of hazardous materials had been found with cleaning substances in their room because staff had left them there. The provider had informed the relevant bodies and taken robust action to investigate and address this with staff. Changes had also been made to how cleaning materials were stored and handled at the service. However, we will require a period of consistency in this area to demonstrate people were not at risk of avoidable harm.

The shortfalls in measures to respond to risk were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Aside from the example detailed above about one 'as required' medicine, staff administered medicines competently and in line with best practice. Records provided detail for staff about when and how to administer medicines to people.
- Medicines were stored securely with checks of temperatures to ensure they were stored in line with the manufacturer's guidance.
- Records relating to medicines were completed accurately with robust record checks in place to ensure

any gaps in records were immediately addressed.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding adults procedures and all staff were able to tell us how they would identify or respond to abuse.
- Where there had been frequent incidents that we have detailed above, records showed these were being shared with the safeguarding team, police and CQC in a timely manner. We saw evidence of staff working alongside these agencies to respond to concerns.
- Staff gave examples of times they had escalated concerns to management and records showed these concerns had been shared promptly with the local authority and CQC.

Learning lessons when things go wrong

- This inspection took place in response to repeated incidents at the service as well as the incidents reported above in which we were notified of people gaining access to cleaning materials. These had prompted actions from the provider including learning lessons about information to gather at assessments and how cleaning materials were stored. As these incidents had only occurred recently we will follow up to ensure changes are embedded in the practice of the home
- There had been a small fire due to an appliance fault which staff had identified and responded to in line with procedures. Staff had kept accurate records of health and safety checks which had helped to diagnose the cause of the fire. Regular checks of fire equipment and systems were being conducted such as alarm tests and fire drills.

Staffing and recruitment

- There were sufficient numbers of staff deployed to meet people's needs. Before the inspection, the local authority completed a visit where they identified staffing levels did not always allow for all activities and care tasks to be fulfilled as planned. The provider had increased staffing levels prior to our visit and records showed this level was being sustained and people's care tasks and activities were going ahead as planned. We will check this improvement has been sustained at our next inspection.
- The provider had carried out checks to ensure staff were suitable for their roles. Staff files contained evidence of checks such as references, health declarations, work histories and a check with the Disclosure and Barring Service (DBS). The DBS carry out criminal record checks and hold a database of potential staff who would not be suitable to work in social care.

Preventing and controlling infection

- People lived in a clean home environment. Communal areas and people's rooms were clean and smelled fresh. Systems were in place to allocate cleaning tasks amongst staff which people supported with where appropriate. Staff recorded when tasks were completed to be accountable for their work. There were daily, weekly and monthly checks of the cleanliness of the home.

# 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

Requires Improvement: □ The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's legal rights had not always been protected because restrictions had been placed on one person without consent or the correct legal process being followed. The person's records showed they had capacity but there had been frequent incidents in which staff had used restraint techniques which were within their care plan to keep them and other people safe. These techniques were not appropriate because the person had not consented to them and staff told us they were ineffective in reducing risks. The person was also subject to ongoing supervision and could not leave the premises unaccompanied. Records showed the person may have fluctuating mental capacity but a capacity assessment and application to the DoLS team did not take place until after our visit. This meant the person's legal rights were not protected because the MCA (2005) had not been followed. After the inspection, we received confirmation that this person had been referred to the local authority DoLS team.

The failure to follow the correct legal process around restrictions was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Care records contained evidence of an assessment and a period of transition when people moved in. However, the assessment process was not always robust and for one person key information had not been collected in a timely way and from all relevant healthcare professionals. The registered manager told us they had made changes to their assessment process to ensure assessments were more robust in the future.
- In other instances, assessments had involved a transition period in which staff went to stay with people at



their previous placement and people came to stay at service with staff from where they lived before. Assessment document showed input from relatives, staff, healthcare professionals and social workers.

- Assessments and care plans followed recognised best practice for people with learning disabilities and autism. People's views on their care were recorded throughout documents and we saw evidence of use of communication methods such as pictures, Makaton and social stories where people used them. One person's records had detailed social stories on healthy eating and lifestyle as this was a goal they had identified when coming to live at the service. The examples seen followed the principals of Registering the Right Support and NICE guidance.

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

- We observed that some areas of the home did not have ornaments or pictures up because of risks associated with one person's behaviour. Work was underway to address this and the registered manager said they intended to put items back within the communal areas to make the service more homely. After the inspection, we received confirmation that this had been addressed.
- The building had been adapted for people's needs. Communal areas were spacious and bright, which enabled people who used mobility aides or had visual impairments to safely move around the home.
- Signage was on display throughout the home in a format that people could understand. One person used Makaton and signs were displayed that used pictures of signs to show where things were.

#### Staff support: induction, training, skills and experience

- Staff had received training and support for their roles. Staff told us they received an induction when they started work at the service. One staff member said, "I had an induction week; I did behaviour and first aid training." The provider had recently employed new staff and records showed they completed an induction and shadowed experienced staff before working independently. Staffing rotas showed that the registered manager ensured staff had the right training on each shift where support people with intensive needs.
- Training courses were tailored to the needs of the people staff supported. For example, all staff had attended courses in autism and positive behaviour support. Staff were able to give examples of when they had applied this training and told us it made them feel confident in their roles. Where we noted three new staff had not yet attended epilepsy training, we saw evidence this took place in the week following our visit.
- The provider kept a record of training and courses were regularly refreshed. Records showed staff had all recently attended training in areas such as health and safety, food hygiene and fire safety.
- Staff received regular one to one supervision and they told us this helped them in their roles. One staff member said, "We talk about how I am finding things, if I am fine and if I have any worries. They also make sure my training is up to date." Records showed supervision meetings were used to discuss staff development as well as the care they provided to people.

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

- People were supported to eat foods that they liked. There was a shared kitchen and the provider employed a chef. People were able to choose meals and have them prepared when they wished, we observed people having different meals in line with their preferences during our visit. For example, one person's care plan said they liked foods such as chicken or vegetable burgers. Records showed they had been supported to eat foods that matched their preferences.
- Care plans documented foods that people liked to eat and we observed staff using pictures to enable people to make food choices. People were supported to make decisions about foods they bought each week and were able to eat at a time that suited them.
- Where people had specific dietary needs, these were met. People living at the service did not have any specific dietary needs, however one person was at risk of choking and there was detailed guidance available for staff about how to support them to eat safely. Staff were knowledgeable about what to do when we

asked them.

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

- People's records contained evidence of input from healthcare professionals. Where one person was under the care of a psychiatrist, a recent appointment letter was in their records that demonstrated staff had attended with them and provided information to assist in making decisions about their treatment. Where people were supported by social workers, we saw evidence of regular contact and input from them.
- Where another person had guidelines on their behaviour, this had input from healthcare professionals. The provider employed psychologists who regularly reviewed people and monitored their behaviour charts which informed care planning.
- Where people's health needs changed, staff ensured they could access treatment. Records showed staff had been supporting one person to access healthcare professionals due to changes in their behaviour. Where one person had become unwell, records showed staff helped them to access their GP the next day.
- People had detailed health action plans which were produced in a pictorial format and had been used to enable people to discuss and understand their health. People had been supported to attend annual health check-ups as well as the dentist and optician.

# Is the service caring?

## Our findings

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were supported by kind and committed staff. A relative said, "There's some really lovely staff, [person] really gets on well with [staff member]. Another relative said, "The care staff have been very kind and caring and done their best."
- Throughout the day, we observed staff interacting with people in a warm and pleasant manner. Whilst providing one to one support to a person, staff allowed them to move around the service as they wished. Where the person used a specific word to request an activity, staff responded to this and supported the person to do what they wished. In the afternoon, staff engaged one person in a game and were observed making the person smile with jokes.
- Staff told us they enjoyed their work and expressed commitment to the people they supported. One staff member was new to social care and told us they felt passionate about working with people. They had a good knowledge of people's needs and what was important to them, showing they took a genuine interest in improving people's lives.
- Systems were in place to ensure people's culture, religion, sexuality and gender identity could be identified and their needs met. Assessments captured this information and we saw evidence of work carried out to provide people with opportunities to express their identities. For example, we saw evidence of care planning and social stories around people's sexuality to allow them to express their orientation and identity in this area.

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

- Staff provided support to people to enable them to access the community and lead fulfilling lives. The provider ensured staff had the skills to support people effectively. Where one person used Makaton to communicate, staff were trained in this and were observed using signs. However, one person used British Sign Language (BSL) and only two staff were trained in this to a level the person could understand. This was because a number of staff who had been trained had left the service. The person who used BSL was in the process of finding a new home and was able to communicate effectively by other means whilst they were doing this.
- Each person had a keyworker. A keyworker is a member of staff allocated to oversee that person's care and to help identify and action any changes. Care records showed people had a monthly meeting with their keyworkers and these were personalised. Where one person was unable to communicate verbally, pictures had been used each month to record what was going well and what they wished to change.
- People's care plans recorded their preferences and what was important to them. Records showed that staff regularly worked with people to identify new hobbies, interests or activities they would like to attend.

Respecting and promoting people's privacy, dignity and independence

- People were supported to develop skills and independence. Care plans documented tasks that people were able to do themselves or what was required to enable them to be independent.

- One person used certain verbal prompts and cues to remind them to carry out tasks and staff were knowledgeable about these. The person also had certain learning activities that staff completed with them each day and recorded that they had done so. Review records showed that the person was developing skills through these activities.
- Staff understood the importance of encouraging people to be independent and respecting their privacy. One staff member said, "When showering I give [person] five minutes on their own and when they get changed they can put their socks on." Staff were able to describe people's skills and how they offered them choice. People's need for private time was documented in their care plans and staff understood the importance of this when we spoke with them.

# Is the service responsive?

## Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported to take part in activities they enjoyed, such as outings, swimming, cycling and educational activities. Each person had an individualised activity timetable which covered a variety of interests and people left the home to go out most days of the week. Rotas ensured that staffing levels were sufficient for people's daily activities, particularly where people required two staff to go outside safely.
- People's regularly discussed their activities at key worker meetings and changes were made based on their preferences. For example, at a recent keyworker meeting a person expressed a preference to do more trampolining and this was actioned by their keyworker.
- People's care plans were detailed and provided staff with comprehensive guidance about how to meet people's individual needs. For example, where one person had a particular activity they liked to be supported to do, there was detailed guidance including words and gestures the person used to tell staff they wished to do this. There were also detailed care plans for sensory activities staff did with the person and staff were knowledgeable about these when we spoke to them.
- Where people had support with personal care, care plans about their preferences and how they liked to receive care were in place. These plans were personalised and where one person had routines that were very important to them, tasks had been broken down for staff to ensure they took place in the order in which they liked them to. A staff member was able to tell us how this person received personal care which showed they understood the care plan.
- People's care plans were reviewed every month and records showed these were comprehensive reviews where people's care, health, activities and preferences were reviewed. Where changes had been identified, these had caused changes to care plans.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and this was displayed within the service in a format that was accessible to people. We also saw that keyworkers regularly asked people if they were happy with their care to provide opportunities for them to raise concerns individually.
- Where complaints had been raised, the provider kept a record of these which showed responses had been made within the timescales set out in their policy. The registered manager and provider monitored complaints in order to identify any patterns and to learn from them.

End of life care and support

- People living at the service were young and in good health. The provider had a policy in place for end of life care and people had discussed advanced wishes as part of their health action plans.
- Records showed that discussions about advanced wishes had taken place and been documented with use of pictures and accessible communication methods. We saw evidence of regular input from healthcare professionals which meant any changes in needs that may result in a need for end of life care could be

responded to promptly.

# 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

Requires Improvement: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- There were breaches of the legal requirements. There was a new registered manager in post who had started to implement improvements and we saw evidence of them taking further action after our visit. However, the service will not meet the characteristics of a 'Good' rating in Well-led until all the legal requirements are met.
- Records were not always complete and up to date. Where we identified an annual health check missing for one person, evidence had to be found after the inspection to show this had taken place. Whilst this showed that the need had been met, improvements were required to the accuracy of records to keep track of healthcare appointments. The registered manager submitted evidence to show improvements to record keeping, we will follow up on if this has been implemented consistently at our next inspection.
- There were a variety of checks and audits in place to monitor and assure the quality of care delivery. Audits took place on a daily, weekly, monthly and annual basis and covered areas of safety as well as compliance with regulations. Whilst we saw evidence that these were robust and had caused improvements, more work would be required to ensure these audits could pick up and address issues we identified in a proactive manner.

The failure to proactively identify and address the concerns we identified through auditing and governance was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Staff spoke positively about the registered manager and the support that they got from management. One staff member who was new to social care said, "I didn't know what to expect, I really like the manager here, she is really nice."

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

- Relatives told us they felt the service was well organised and they received updates from management when required.
- The registered manager was observed supporting people alongside staff, interacting warmly and positively with them. The registered manager had a good understanding of people's needs and what was important to them.
- The registered manager understood the responsibilities of their registration. Providers are required by law to notify CQC of important events such as injuries, allegations of abuse or police incidents. Records showed

that where required, the provider had submitted notifications where they had been required to do so. This had aided our monitoring of the service and assisted with the planning for this inspection.

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

- People were regularly asked for their views on the running of the service and this was done in an accessible manner. Records showed people had regular one to ones with the registered manager where they gave feedback on the service.
- The registered manager had introduced a house meeting as people had expressed a wish to do this. We saw evidence that these were conducted in a way that people had time to prepare and were supported by staff to express their views.
- Improvements had already taken place in response to learning. As well as changes to fire systems and cleaning product storage in response to incidents, we saw evidence of continuous learning and improvement.
- Audits had identified lack of detail to daily notes and the registered manager had worked with staff to improve these. Records we viewed were detailed and provided a thorough summary of people's days. Records also showed improvements to staff training and induction had been implemented by the new registered manager.

Working in partnership with others

- People's records contained evidence of work with stakeholders and professionals. The provider worked collaboratively with the local community learning disability service to plan care for one person.
- People had been supported to access activities in the local community. We saw evidence of the provider working with local voluntary organisations as well as specialist activity providers to enable people to try activities in the local community.



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
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The correct legal process was not always followed where people had restrictions placed upon them.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Records relating to risk and medicines were not always detailed and actions to reduce risk were not always robust.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider's audits and checks had not identified and addressed all of the concerns identified on this inspection.