

Mr & Mrs T Shoemith and L. Clements

Downview Residential Home

Inspection report

11-12 Down View
Park Street
Hungerford
Berkshire
RG17 0ED

Tel: 01488683087

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Downview Residential Home is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided. Both were looked at during this inspection. At the time of our inspection there were seven people living in the service.

The service supported people with learning disabilities, autism and people who displayed behaviours which challenge. Staff did not wear anything that suggested they were care staff when coming and going with people.

People's experience of using this service:

We received positive feedback about the service and the care people received. The service met the characteristics of good in the areas of safe, effective, caring and responsive and requires improvement in well-led.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways:

People were encouraged and supported to make choices about their care and support. Staff used individualised communication techniques to support people to express themselves.

People were supported and encouraged to maintain their independence through engaging in activities of their choice.

People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Quality assurance processes were in place to monitor and improve safety and quality in the service. However, these processes were not always consistent.

Staff roles and responsibilities were clear. There was a positive, open and empowering culture in the service.

People received safe care. Medicines were managed safely and there were enough staff to support people and keep them safe both in the home and in the community.

People were supported by skilled staff with the right knowledge and training.

Staff had respectful, caring relationships with people they supported. They respected people's dignity and privacy and promoted their independence.

People's care and support met their needs and reflected their preferences. The provider upheld people's human rights.

Rating at last inspection:

This is the first inspection of the service since its registration under a new provider.

Why we inspected:

This was a planned inspection of the service based our published timeframes.

Follow up:

We did not identify any concerns at this inspection. We will therefore re-inspect this service within the published timeframe for services rated good. We will continue to monitor the service through the information we receive.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was caring.

Details are in our caring 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 ●

Downview Residential Home

Detailed findings

Background to this 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.

Inspection team:

The inspection was completed by one inspector and an assistant inspector.

Service and service type:

This service is a care home. It provides care for people living with a learning difficulty, autism and behaviours which challenge. Younger adults receive care and support at the service.

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:

We gave the service four days' notice of the inspection visit because the service provided care and support to people who were not accustomed to having strangers enter their home. We did not wish to cause them any unnecessary distress.

What we did:

Before the inspection the provider sent us a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

During the site visit we spoke with six people, the registered manager, the service owner and a member of care staff. We also observed people receiving care and support. We reviewed four people's care plans and medicines administration records. We also reviewed the staff rota, staff training matrix, audits related to quality and safety in the service, health and safety records, policies for infection control, medicines, complaints and safeguarding as well as three staff recruitment files.

After the site visit we spoke with three members of care staff and two relatives. We also reviewed additional evidence sent to us by the provider including details of their assessment processes and evidence of people's engagement in the community.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Effective systems were in place to safeguard people from harm and abuse.
- Staff told us about the actions they would take if they suspected someone was at risk of being abused. These included informing their manager and speaking to the local authority safeguarding team.
- The registered manager understood their safeguarding responsibilities and ensured staff knew which actions to take if they suspected someone was at risk of harm.

Assessing risk, safety monitoring and management

- Processes were in place to monitor and manage risks in the service.
- People's care plans contained individualised risk assessments to help people stay safe without restricting their freedom. For example, actions for staff to take if a person had an epileptic seizure, or if a person displayed behaviours which challenged.
- Comprehensive risk assessments were in place for holidays abroad which covered air travel, water and sun safety.
- The registered manager had plans in place to manage risks such as fires. The health and safety and fire policies contained detailed guidance for staff in emergency scenarios. Records contained checks of fire safety equipment, evacuation plans and visits from the local fire service.

Staffing and recruitment.

- People were supported by sufficient numbers of suitable staff. Rotas showed there were enough staff to keep people safe and support their needs and choices. This included staff members to support people if they wished to go out or go on holiday
- The provider had used safe methods to recruit staff who were suitable to support people.

Using medicines safely

- Safe systems were in place to manage people's medicines. Medicines were stored in locked cabinets at suitable temperatures, according to the manufacturers' instructions.
- We reviewed three people's medicine's administration records. These were completed correctly and we did not see any unexplained errors or gaps.
- Medicines audits were completed by staff and by external pharmacists.

Preventing and controlling infection

- Staff understood how to prevent the spread of infection and used personal protective equipment such as gloves and aprons when giving care to people. Staff responsible for preparing food had completed their food hygiene training.

- Staff followed the provider's infection control policy to help prevent the spread of infection.

Learning lessons when things go wrong

- Staff reflected on incidents to identify techniques to support people and prevent future incidents.
- People's care plans contained records of occasions they had displayed behaviours which challenge. Staff had identified contributing factors and recorded actions taken to support the person, provide reassurance and prevent similar incidences from happening in future.

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

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

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

- People received detailed, individualised assessments from suitably skilled staff who had completed the provider's mandatory training.
- Staff completed assessments using best practice guidance and nationally recognised tools.
- Care plans had been discussed with people and were regularly reviewed.
- It was possible to 'see the person' from reading their care plan. Plans were written from the perspective of the person and described their preferences, skills, character traits and abilities.
- People were supported to develop their computer skills through communicating with loved ones and engaging in creative activities. People used a shared computer to write emails and print pictures of activities and outings they had been involved in.

Staff support: induction, training, skills and experience

- Staff completed an induction based on the care certificate, which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. In addition, staff completed a two week shadowing period before working independently with people.
- Staff said they felt well supported by the registered manager. Staff received regular supervisions, appraisals and competency observations.

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

- People were supported to make healthy meal choices. Staff also respected people's right to choose meals they enjoyed.
- People took turns to cook meals for each other and chose which foods to include on their meal plans. Staff supported people to shop at local supermarkets.

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

- Staff worked in partnership with professionals from health and social care to meet people's needs.
- Care plans contained evidence of appointments with health care professionals such as psychiatrists, GPs and opticians. During our inspection visit people were being visited by a chiropodist to support them to maintain good foot health.
- The registered manager told us people received a full health review from their health care professional once a year. These reviews were recorded in people's care plans.

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

- People lived in a comfortable, homely environment.
- Communal spaces were attractive and contained pictures of people taking part in group activities.
- People had decorated their rooms with their own furniture, photos and posters.
- There was a large, attractive garden. We saw that people took pride in maintaining this. The registered manager told us people enjoyed gardening.

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.

- The registered manager had submitted DoLS applications appropriately. They had notified us of these applications in line with legislation.
- People's mental capacity had been assessed and recorded. However, more robust recording of discussions and reviews held with relevant legally appointed representatives and professionals needed to be more robust. We discuss this in the well led section.
- Staff understood the principles of the MCA and applied them when providing care and support. They supported people to make their own choices as much as possible and sought consent before providing care or support.
- When changes were made to the way professionals shared information about people, staff ensured people understood these changes.

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

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

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

- People had affectionate, respectful bonds with staff.
- During our inspection visit we observed many instances of staff laughing and joking with people. When people needed emotional support, staff were highly responsive. We saw that people and staff expressed genuine affection for each other. There was a relaxed, happy atmosphere in the home and it was clear that people felt comfortable and relaxed.
- People approached staff several times throughout our visit to talk them and told us about how much they liked the staff who supported them. One person said, "I like [registered manager] she's my friend."
- People's relatives spoke highly of the caring approach of staff. One relative said, "It's a lovely, lovely place, they're treated as a small family unit." Another relative told us "They've gone above and beyond...[people's] needs are put first...there's always someone there."
- Staff knew people well and promoted their equality and diversity. Staff had a detailed understanding of people's needs and supported them to access activities and experiences which interested them and helped them develop skills. One person attended a community farm project for people living with a learning difficulty. Staff told us this had helped the person develop their social and language skills. The person was very excited about talking us through their experiences at the farm.

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

- People were encouraged and supported to express their views.
- Staff held conversations with people regularly to plan care which met their preferences. During our inspection visit we observed staff continually speaking to people to make sure their needs were understood and acted upon.

Respecting and promoting people's privacy, dignity and independence

- Staff gave several examples of how they promoted people's privacy and dignity.
- Staff understood the importance of promoting and upholding people's human rights and ensured care was personalised.
- People's personal, confidential information was stored securely, and staff told us they maintained confidentiality if people ever needed to discuss sensitive matters.

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

- Staff planned care and support in partnership with people. Care plans showed staff held regular reviews with people to assess their needs and make any necessary changes. Staff checked that people understood these changes.
- People's care plans contained specific, personalised information about how people wished to receive their care.
- The provider complied with the Accessible Information Standard, a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.
- People's care plans contained detailed guidance for staff about how people communicated, such as using sign language.
- During our inspection visit we observed staff adapted their language and used hand touches and signs to communicate with people in ways they could understand. One person had developed their own type of sign language which staff had taken time to learn. This meant the person was able to successfully communicate their needs and take an active role in activities in the home.

Improving care quality in response to complaints or concerns

- The provider's complaints policy gave staff detailed guidance about how to respond to complaints. There had been no complaints since the last inspection.
- The registered manager used quality assurance questionnaires to gather feedback about the service from people, staff and people's relatives. This helped the registered manager identify any necessary improvements.

End of life care and support

- At the time of inspection, the service was not supporting anyone receiving end of life care. However, considerations had been made for care and treatments people would need at the end of their lives.
- The registered manager and senior staff had made arrangements to complete assessments with people's legally appointed representatives to ensure people's needs would be met when they reached the last phases of their lives.

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

RI: Service management and leadership was inconsistent.

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

- The registered manager used systems and processes to monitor quality and safety in the service. However, we identified some inconsistencies in record keeping.
- The registered manager and senior team maintained an oversight of the service by completing regular audits. However, the registered manager did not have a system for checking if all audits had been completed correctly, so we could not be assured that the registered manager had a sufficiently detailed knowledge of these audits and their effectiveness

We made a recommendation that the registered manager seek advice from a reputable source to make improvements to systems to monitor quality and safety in the service.

- Records of mental capacity assessments were in place for people, however some of these records were difficult to locate or did not contain sufficient evidence of discussion with people's legally appointed representatives.
- We could not find evidence that mental capacity assessments had been regularly reviewed by staff in the service.
- We made a recommendation that staff follow best practice guidance when assessing, reviewing and documenting people's mental capacity assessments.
- The registered manager used an action plan to monitor quality and safety within the service. This included a record of planned improvements and developments, staff responsible for completing improvements and expected dates of completion.

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

- The registered manager was committed to supporting people at the home in an individualised way. Their aim was to provide a homely environment for people where they felt safe, could pursue their interests, learn skills and maintain relationships. This was shared by the staff team, who supported people to achieve their goals and ambitions.
- Staff we spoke with told us about how they worked in partnership with people and their families to plan personalised care and support.
- Assessments for people were thorough and took their preferences, interests and needs.
- The registered manager used an action plan to monitor and implement tasks and improvements to the service which needed to be completed. This contained details of actions, staff responsible for completing them and records of when the actions were completed.

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

- People who used the service, staff and the public were engaged in it. People and their relatives were involved in planning people's care and support.
- People were supported to maintain friendships and hosted events such as parties in their homes. People's relatives were made welcome and made visits to the home. Relatives told us staff maintained open communication with them and shared any concerns. For example, staff contacted a person's relative when to let them know they were ill.
- The registered manager produced a regular newsletter for relatives which included details about events and trips people had taken part in.
- In addition, regular meetings were held with people and staff to discuss any events and changes in the home.
- People were supported and empowered to be a part of the local community through attending coffee mornings, clubs, events and through going to the local pub. We saw that people were often out of the home taking part in trips or activities and staff told us people had fulfilling lives and busy social schedules.

Continuous learning and improving care

- Staff reflected on incidents and practice to improve care and support for people.
- The registered manager regularly sought feedback from people, their relatives and staff about the service. This meant people were given opportunities to make suggestions about service developments.
- If people displayed behaviours which challenged due to anxiety, records showed staff had reflected on incidents to work out strategies to support and reassure people.

Working in partnership with others

- Staff worked effectively in partnership with agencies such as health and social care to ensure people's needs were met. People's care plans contained records of meetings and discussions with nurses, GPs and social care professionals.
- When people needed specialist health treatments staff collaborated with health specialists to provide and care and support. Staff followed instructions from specialist nurses and best practice guidance to ensure safe care was maintained.