

Edge View Homes Limited

# Clent View Domiciliary Service

## Inspection report

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Date of inspection visit:  
26 February 2016

Date of publication:  
07 April 2016

## 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

The inspection took place on the 26 February 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care and we wanted to be sure that the manager and staff would be available.

Clent View Domiciliary Service is registered to provide personal care to people in their own homes. People who use the service may have a physical disability, learning disability or an autistic spectrum disorder. On the day of the inspection there was only one person receiving support from the service in their own home. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act (2008) and associated Regulations about how the service is run.

Care staff received support to ensure they had the skills and knowledge necessary to meet people's needs. Care staff knew what action to take if they found that people using the service were not safe. Medicines were being managed appropriately and support was provided as needed to help people access healthcare services.

The consent of the people receiving a service was always sought before they were supported. The right to privacy and dignity of people using the service was upheld and respected by staff.

We found that the registered manager and care staff had received the appropriate training to ensure that they knew how to protect the human rights of people using the service.

People using the service were supported by care staff to be independent in line with their wishes and were enabled by care staff to make their own choices as to when and what they had to eat and drink.

The provider had carried out an assessment of support needs and had a care plan in place. People using the service had been involved in developing their care plan to ensure that their support needs were met in line with their wishes.

The provider had a complaints process in place and that people using the service knew how to use the process to share any concerns.

The provider had systems in place to enable people to share their views on the service they received. They had taken action to respond to feedback received.

## 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.

The person receiving the service felt safe.

Processes were in place to ensure medicines were being managed safely.

The appropriate systems were in place to ensure that staff with the right skills, knowledge and attitude were being recruited.

### Is the service effective?

Good ●

The service was effective.

Care staff were able to get support when needed to ensure they had the skills and knowledge.

Consent was sought and people's human rights were not being restricted.

Support with meals and drinks were available when needed.

### Is the service caring?

Good ●

The service was caring.

Most care staff were caring, professional and kind.

Privacy, dignity and independence were respected by care staff in how they supported people.

### Is the service responsive?

Good ●

The service was responsive.

People's support needs were assessed and a care plan was in place to show how people's needs would be met.

The provider had a complaints process in place, which people were able to use to raise any concerns they had.

## Is the service well-led?

Good 

The service was well led.

The person receiving the service, and care staff all knew who the registered manager was and had regular contact with them.

The provider had a system in place to people could share their views on the service.

The quality of the service was being audited by the registered manager and provider.

# Clent View Domiciliary Service

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Our inspection took place on 26 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. Due to how small the service is the manager is often out of the office supporting staff and we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

We asked the provider to complete a Provider Information Return (PIR), which they completed. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information is then used to help us plan our inspection. To plan our inspection we also reviewed information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We requested information about the service from the Local Authority (LA). They have responsibility for funding people who used the service and monitoring its quality.

We visited the provider's main office location. We spoke with the only person who used the service and their relative. We spoke to a further two members of staff the registered manager and their line manager. We reviewed the care records for the person that used the service, reviewed the records for two members of staff and records related to the management of the service.

# Is the service safe?

## Our findings

The person receiving support said, "I do feel safe". They explained that care staff had ensured their safety in the past when they had experienced difficulties in the local community. Their relative also confirmed that they felt care staff knew how to keep their relative safe. The care staff we spoke with were able to give examples of abuse and explain the actions they would take if they felt someone was not safe or at risk of abuse. One care staff member said, "I would report it to the manager or even the police if I had to". We saw that arrangements for training staff in respect of safeguarding were in place to ensure that care staff had the knowledge to keep people safe. Care staff confirmed they had received this training.

The provider informed us that they had a policy on safeguarding people to ensure staff would know how to keep people safe. We saw evidence of this and saw evidence that the registered manager had raised a safeguarding alert with the local safeguarding authority where they felt the person was at risk of harm and had also notified us of their actions as required within the law.

We saw that risk assessments were being completed to identify the actions required to reduce potential risks to people. For example risk assessments on the environment people lived in were in place as we were told by the provider in their PIR. We found that where risks were identified these were discussed with people so the appropriate actions could be taken.

The person receiving the service told us, "There was sufficient staff to support me safely". However they went on to say that on occasions when they needed support to use the toilet and pressed the button on their pendant for help, staff did not always arrive as quickly as they wanted. The registered manager confirmed this issue was already being dealt with. We found that the local authority had commissioned a fixed amount of hours per week for support and the registered manager had an appropriate system in place to ensure the hours were delivered.

The person receiving the service said, "I do get my medicines when I need them and if I am in pain I do get pain relief". Care staff we spoke with told us they were not able to support people unless they had received training first. Care staff were not consistent in their responses to us as to whether their competency was being checked. However we saw evidence from the registered manager to confirm that staff competency was being checked and that staff were all receiving medicine management training.

Where people had medicines prescribed to be given 'as and when required' care staff had a process in place to guide them. We saw that when medicines were given or people were supported to take their own medication that an appropriate medicines administration record (MAR) was being used to log this or identify when people had refused or did not wish to follow the prescribed directions.

We found that the provider had a medicines procedure in place so care staff had the appropriate direction as to how medicines should be managed. Care staff told us they knew about the procedures and were able to access them when needed. The registered manager showed us the weekly and monthly checks that were taking place to ensure care staff managed medicines appropriately.

The care staff we spoke with told us that they had completed a Disclosure and Barring Service (DBS) check as part of the recruitment process before being appointed to their job. These checks were carried out as part of the legal requirements to ensure care staff were able to work with people and any potential risk of harm could be reduced. We found that the provider had a recruitment process in place so they were able to ensure all new recruits had the appropriate skills, knowledge and experience to be appointed. We found that references were being sought to check the character of potential care staff and a declaration process was completed periodically so care staff were able to confirm they were able to still safely work with people.

## Is the service effective?

### Our findings

The person using the service and their relative told us that most care staff knew what they were doing and had appropriate skills and knowledge, but some staff did not. The registered manager confirmed that the person's support needs had changed and the service was no longer equipped to meet their support needs. An assessment had taken place and approval given by the local authority for the person to move to a more appropriate care setting.

The care staff we spoke with told us they were able to access support when they needed it. One care staff member said, "I do get regular supervision and I am able to attend staff meetings". The provider also told us this information when they completed their PIR. We were able to confirm this from the records we saw. The registered manager confirmed that as part of on going support provided to care staff they carried out an annual appraisal, which care staff we spoke with confirmed and found useful in supporting them to meet people's needs.

We found that the provider had an induction process in place which included the Care Certificate standards. This ensured all newly appointed care staff would be introduced and trained to a national common set of fundamental induction standards in the care sector. The provider's training ensured that care staff had the skills and knowledge they needed to support people appropriately.

The person using the service said, "My consent is always given before staff help me". The care staff we spoke with told us they would never support anyone without getting their consent first. One care staff member went on to say, "People I support decide what clothes they wear and when and if I support them".

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. The care staff we spoke with were able to explain the MCA and DoLS and confirmed they had received training in both areas. The registered manager was able to confirm that no one in the service had a DoLS application in place and was able to make their own decision.

The person receiving the support from the service said, "Staff do support me with my meals". They went on to explain that they tried to be as independent as possible and that they only needed care staff to support them and they decided what they had to eat and drink and when. Our observations were that the person was able to eat and drink without support and make decisions as to what they had to eat and drink. Staff we spoke with had the understanding and received appropriate training to meet their nutritional needs.

The provider told us that where people needed support with their health care needs that care staff would assist them. Care staff we spoke with confirmed that they would support people with their health care needs or get a doctor when required. We saw that an annual health check was in place for the person they



supported and staff supported the person to medical appointments or to access health care when needed.

## Is the service caring?

### Our findings

The person we spoke with said, "Most of the staff are caring, professional and kind, but some are not". They expanded on this comment by saying, "Most of the staff laugh, have a joke and listen to what I have to say when they are supporting me, but other staff are more serious and don't listen". The registered manager confirmed they were aware of some of the concerns raised and had arranged mediation meetings to try to resolve the issues. The person confirmed this and said, "Most of the staff are friendly, kind and listen to what I want".

The person told us they were happy with the care provided and that they were able to share their views whenever they wanted about the service. This confirmed what the provider had told us in their PIR. The person told us they made the decisions about the support they received and they had control and choice over their life and were able to be as independent as they were able.

The person told us, "My dignity and privacy is respected". They explained that care staff knocked their flat door before entering and care staff always covered them over when they supported them with personal care. Staff we spoke with were able to give examples of how they respected the person's dignity and privacy and understood the importance of doing so.

## Is the service responsive?

### Our findings

The person using the service said, "I have seen my care plan and I have got a copy". The person went on to say their support needs had been assessed and they were involved in the process. We saw evidence to confirm that a care plan was in place to identify the person's support needs and an assessment had been carried out. Care staff we spoke with confirmed they were able to access the care plan when needed and knew how to support the person's needs.

The person told us they were able to attend reviews to discuss changes to the support they received. There were no records of the outcome from reviews. We discussed this with the registered manager who told us a form was already being implemented to record who was present at review meetings and to capture the discussion that took place with any actions agreed.

The person receiving the service told us that staff were usually responsive to their support needs and always checked with them first to find out what support they wanted. They told us they had a pendant which they could use to let care staff know when they needed help rather than use the telephone. They told us sometimes they had to wait when staff were supporting someone else or in a meeting.

The person receiving the service said, "I do know how to complain and who to, but I don't remember if I was given a copy of the complaints process". Their relative confirmed they had received a copy of the complaints process. The registered manager told us they had a complaints process in place and people had a copy of it in their service user guide they were given when they first received the service. This was also available in an easy read format. The registered manager also confirmed that the complaints procedure was being developed into a pictorial format as well. We found that a copy of the complaints process was in the service user's guide and the provider had a complaints log to identify all the complaints received, how they were resolved and whether they were in line with their policy. We found that complaints were being responded to in a timely manner.

## Is the service well-led?

### Our findings

The person we spoke with, their relative and care staff all told us they all knew who the registered manager was. They told us they were approachable and available if needed. The person confirmed they got on well with the registered manager who they described as 'Friendly' and 'Nice'. Whilst care staff told us that the service was well led the person receiving the service felt it was not well led due to the concerns they had raised. We found that the registered manager had in-depth knowledge about the service they were managing and was able to answer and explain all the questions and queries we had about the service.

We found that audits and checks were taking place within the service. The registered manager showed us all the checks they were carrying out on all aspects of the service. However we found that competency checks were not taking place to evaluate or check how care staff were performing in their role while they were supporting people. The registered manager confirmed this would be implemented. We saw evidence that the provider also carried out regular checks on the quality of the service with actions identified and completed where needed. The person receiving the service confirmed that both the provider and registered manager did spend time with them checking on the quality of the service. Care staff we spoke with also confirmed that they were involved in the checks that were undertaken to monitor the quality of the service provided.

The person we spoke with and their relative confirmed the provider used questionnaires to find out from them how the service was delivering care and support. We saw evidence of the sorts of questions being asked in the questionnaire and how the information was being analysed to improve the service. The registered manager sent out the findings to people so they knew the outcome from the process.

We found that an accident and incident procedure was in place so care staff had the appropriate guidance they would need to take action, report and record these situations. Care staff we spoke with were able to explain how they would handle accidents and how these situations would be recorded. We saw evidence of how the process was used to log incidents and accidents and how the information was used to analyse and to identify trends.

Care staff we spoke with confirmed there was a whistleblowing policy. Staff confirmed to us where they had to use the policy to safeguard people they would, but they had never had to.

We found that the provider had completed and returned the Provider Information Return (PIR) as we had requested. The registered manager was familiar and understood their responsibilities to notify us of events and understood the requirements for reporting any concerns to the appropriate external agencies.