

Mr & Mrs T Shoemith

Downview Residential Home

Inspection report

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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

This inspection took place on 22 and 23 March 2017 and was announced.

Downview Residential Care Home offers a service for up to seven people with learning and associated disabilities. Twenty four hour support is provided by a regular team of staff.

No registered manager was in place in the service. 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. A new manager had been appointed and started work two days prior to this inspection. She planned to apply for registration.

At the previous inspection in November 2015 the service was rated good overall, although some improvements were needed under "safe". Recruitment procedures had not always been followed robustly and regular in house checks of fire equipment had not taken place between service visits. At this inspection we found these matters had been addressed. The recruitment process was robust and prospective staff had been subject to the required checks of their suitability. Health and safety and fire safety checks and servicing had all been carried out as required.

At this inspection we found people were safe and well cared for. People felt staff treated them with kindness, respected their dignity and involved them in decisions about their care. People had been resident for a long time and staff knew them well. The service had a relaxed and calm atmosphere and interactions between people and staff were respectful.

People had detailed care plans which identified their individual wishes, needs and aspirations. They provided clear guidance to staff about how to support each person. However, it was not clear if care records had been recently reviewed and some documents were not dated or signed.

The service had experienced a period of unsettled management, without a registered manager since July 2016. Records and systems within the service required review and updating and the service required a more thorough system of management monitoring. The new manager had already begun taking steps to address these points as part of her action plan.

Staffing levels were sufficient to promote safe and effective care and enable people to access the community freely. People took part in a wide range of fulfilling activities, including voluntary work and they enjoyed busy lifestyles.

Staff received regular training updates, although supervision had not been provided regularly throughout the previous 12 months. The new manager had already put in place a schedule of supervision meetings for staff throughout the year.

People's rights and freedom were protected and promoted. Their dietary and health needs were met effectively and staff involved people in these aspects of their care as much as possible. People's spiritual and cultural needs were also met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

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.

Prospective new staff were subject to a robust recruitment process to help ensure that only suitable staff were employed.

Staff understood how to keep people safe from abuse and had received training on safeguarding vulnerable adults.

Safety testing and servicing had been carried out as required to ensure a safe environment. People's medicines were managed well on their behalf.

Sufficient staff were provided to ensure people received the care they needed and had a fulfilling lifestyle.

Is the service effective?

Good ●

The service was effective.

People living in the service knew each other well and were comfortable living together. The atmosphere was calm and relaxed and staff communicated effectively with the people they supported.

Staff received regular training in the key areas necessary to perform their role. Although staff supervision had not been provided regularly, staff felt sufficiently well supported. The new manager planned to introduce the 'care certificate' induction programme.

People's rights and freedom were protected and their dietary and health needs were met effectively.

Is the service caring?

Good ●

The service was caring.

The staff provided appropriate and individualised care to people.

People's dignity and privacy were maintained by staff in the way they provided support.

People were involved in day to day decision making about their lives, daily care and activities.

People's wishes, preferences and any spiritual or cultural needs were provided for.

Is the service responsive?

Good ●

The service was responsive.

People took part in a wide range of activities, accessed events in the local community and experienced fulfilling lifestyles.

People felt they were consulted and listened to by staff.

Care plans were detailed and person centred and included a good level of information about the person, their likes, ambitions and needs.

People communicated readily with staff and said they would tell staff or management if they were unhappy about anything.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The service had experienced a period of unsettled management, without a registered manager since July 2016.

A new manager had begun working at the beginning of the week of this inspection and had already identified the issues and priority areas to be addressed.

She provided an action plan and began to address issues immediately following the inspection.

Records within the service required review and updating and the service required a more thorough system of management monitoring. The new manager had begun taking steps to address these points as part of her action plan.

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 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.

We last inspected the service on 10 November 2015. At that inspection we found the service was compliant with the fundamental standards we inspected. However, the service was rated "Requires improvement" in "Safe".

This was a comprehensive inspection which took place on 22 and 23 March 2017. The inspection was announced. The provider was given 48 hours' notice because the location supports people with a learning disability, some of whom are on the autistic spectrum. This was to allow the service to prepare people for our visit so as to minimise their anxiety. The inspection was carried out by one inspector.

Prior to our inspection we looked at and reviewed all the current information we held about the service. This included notifications that we received. Notifications are reports of events that the provider is required by law to inform us about. We also reviewed the last inspection report and contacted a representative of the local authority for their feedback.

During the inspection we spoke with both of the providers, the newly appointed manager, the assistant manager and three of the care staff. We spent time in the house observing interactions and spoke to three of the people supported about their experience in the service.

We examined a sample of five care plans and files relating to peoples care. We looked at a sample of other records to do with the operation of the service, including health and safety certification, recruitment records and medicines recording.

Is the service safe?

Our findings

At the previous inspection on 13 April 2016 the service was judged to require improvement under "Safe". This related to the need to check gaps in new applicant's employment history as part of the recruitment procedure and to carry out regular routine checks of fire safety equipment. The manager at the time took action to address these issues.

At this inspection on 22 and 23 March 2017 we found that the recruitment procedure had been completed according to requirements for the two most recent recruits. The required criminal records checks had been completed, references obtained and a full employment history had been sought in each case.

Records showed that regular, routine fire safety and equipment checks had been carried out as required and fire safety equipment had been serviced as necessary. We checked a sample of other health and safety records, in-house checks and servicing and found them to be in order. For example, annual electrical appliance testing, periodical testing of the electrical wiring and gas servicing, had all been carried out within required time periods. All hot water outlets had temperature control valves fitted. The provider agreed to arrange for a Legionella survey of the building as one had not been carried out recently. In house fire drills had taken place on a monthly basis and fire alarm call points were tested on a weekly cycle.

The fire authority had visited earlier in March 2017 and made two minor recommendations which the provider was in the process of arranging to be addressed. An appropriate emergency contingency plan was in place for the service to inform staff of the actions necessary in the event of foreseeable emergencies.

People felt safe living in Downview and said they got on well with all of the staff. One person told us, "Yes I am very safe here." Others confirmed staff treated them with kindness.

Only one safeguarding matter had arisen since the last inspection. This had been reported to the local authority but was closed by the safeguarding team as unsubstantiated. Staff had received safeguarding training and understood how to keep people safe and how to report any concerns. Staff said they had never seen anything which concerned them and felt the manager/provider would act appropriately on any concerns if they were raised.

Appropriate general and individual risk assessments were in place, although not all had been reviewed recently. The newly appointed manager had already identified that this was an issue which needed to be addressed.

Incident reports regarding situations where people had required support to manage their behaviour were analysed to collate evidence for discussion with the external psychology team. Where behaviour support plans were in use, they had been written in consultation with the psychology team who provided external verification that the support provided was appropriate. Staff said the guidelines were effective as long as they were followed consistently.

Staffing levels were sufficient to enable people to enjoy individual and flexible lifestyles and attend a wide range of external activities and events. Regular staffing levels were three staff on duty throughout the day and one staff sleeping in each night. The provider, the manager and assistant manager all lived within a short distance and shared on-call duties, should assistance or advice be required.

The service had a stable staff team, some of whom had been employed there for long periods and knew the people they supported, very well. One staff member was due to leave and their post had already been advertised. The service did not use agency staff. The provider preferred to cover any shortfalls from within the team, with management support where necessary.

People's medicines were managed on their behalf by the service using a monitored dosage system. This means that tablets were placed in sealed blister packs by the pharmacy, for staff to administer at the given times. One person used to manage their medicines but could no longer do so and was happy for staff to do this for them. Staff told people what their medicines were for and sought consent on each occasion. Where people had 'as required' (PRN) medicines this was identified on their medicines administration record. At the time of inspection the only PRN medicines were painkillers. However, individual PRN guidelines were not in place to clearly identify the circumstances in which they should be given. The new manager agreed to draft these as a priority to ensure staff understood when to give this medicine.

Where medicines errors had occurred these were recording errors apart from one occasion when an incorrect quantity had been given. No harm had resulted and staff consulted appropriately with the GP and informed the person and their family. No instances of missed medicines had arisen. Medicines records enabled stock to be checked and monitored. Staff responsible for medicines administration had received medicines training and their competency had been assessed, although not recently in all cases. The new manager agreed to ensure this was updated and reminded staff of the importance of following the procedure, after the inspection.

Is the service effective?

Our findings

People said the staff communicated well with them and looked after them. They told us staff sought their consent to such things as medicines and before they provided support. People enjoyed the food and said they were involved in making the meals. They liked the building and their bedroom and other living space.

People had lived together in the service for over 20 years and known each other previously, apart from one person who had been in the service for 10 years. Some of the staff had also been employed there for many years and therefore knew people very well. Five people lived together in the main house with a further two people sharing a separate cottage in the grounds which was also part of the provider's registration. For these two people their staff support needs were less and were generally provided between 4-10 pm daily, with a daily morning check on wellbeing and some additional input at weekends. They were free to spend time in the main house whenever they wished. Those living in the main house had 24 hour staff support.

One person communicated via their own adapted Makaton signing, which some staff understood well and were able to use to communicate back. Some staff were not as familiar with the person's signing method, however a series of visual diagrams of their signs had been provided. The new manager agreed to arrange additional Makaton training, person-centred to the particular signs used, to reinforce staff effectiveness when interacting with this individual.

The atmosphere in the service was very relaxed and informal. Staff spent time sitting and chatting with people when they were in the house and ate their meals with them. People were able to take part, to varying degrees, in decision making about their care and activities and were consulted by staff about these. Some discussion also took place with people's families with the individual's consent.

The paperwork for the 'Care certificate', a nationally recognised induction training system, was present. However, owing to inconsistent management over the past year this had not yet been implemented. The new manager had identified the need to begin this process and planned to do so with the next new recruit as well as to assess existing staff against the same criteria. She planned to attend the assessor's training to enable her to carry out the staff assessments. Staff had all received an induction to the service. One told us they had also read all the relevant policies and shadowed experienced staff as part of the process.

Staff received a comprehensive training programme with regular updates provided via local authority courses. Collective training certificates were seen for the most recent training attended between January and March 2017, listing the names of team members. The new manager said she would devise a training matrix to assist with monitoring staff training.

Staff supervision had been irregular over the past year due to management changes but had been completed in January and February 2017. The new manager had prepared a schedule for regular supervision going forward. Staff annual appraisals were just over a year old and the new manager planned to schedule the next appraisal cycle as a priority.

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 supported in the service were able to make some day to day decisions and choices. However, they were not able to make more complex decisions in accordance with the capacity assessment criteria, for example, decisions about complex medical treatment. Capacity assessments had been completed but were not always easy to locate due to the layout of files.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberties Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive people of their liberty were being met.

Although two of the people in the service were able to go out unsupported for particular known journeys, they, like others, required staff support to do so on other occasions. Due to this and other limitations on individual freedom, DoLS applications had been made to the local authority in each case and the service was awaiting decisions.

People were involved as much as possible in choosing their meals, shopping for and preparing them. They were provided with a varied diet and encouraged to eat healthy options. Staff supported people's health effectively and enabled access to healthcare professionals for one off and routine needs. Each person also had an annual health check.

The service had liaised effectively with a dietitian and external healthcare specialists to enable staff to provide one person with the necessary support for their medical condition. Staff had received appropriate training and had their competence assessed to facilitate this. The guidelines for staff included images to support the correct procedures. The service was in the process of further discussions, including the person, about their future medical needs.

Each person had their own bedroom and shared communal areas with others, either within the separate cottage or the main house. People living in the service had no significant issues with mobility so physical adaptations to date were minimal to facilitate easy access and provide a safe environment. Plenty of bathrooms were available and one person had been provided with an ensuite toilet to support their specific needs.

Is the service caring?

Our findings

People told us they felt well cared for and described staff as kind and caring. One person said, "The staff are kind to me." Others also described how staff looked after them and asked their views about things.

We saw that staff involved people in day to day decisions about their meals and activities as well as planning for future events such as holidays. For example there was a group discussion over lunch about people's plans for the rest of the day. Interactions were relaxed and informal and people were spoken to as adults and their views sought and acted upon. Where particular behaviours were discouraged or limited as part of the care plan, this was in the person's best interest and done in a way, so as to respect the individual's dignity. People's dignity was also supported in the way other day to day support was offered. Two people went out independent of staff support for agreed periods or to specific places to support their independence and enhance their dignity.

Staff encouraged people to complete aspects of their personal care wherever possible. They offered support, where necessary, in private and ensured people's privacy and dignity through closing blinds and curtains and ensuring doors were closed.

The way staff spoke about people demonstrated an appropriate attitude and respect for them. One staff member said, "This is their home," and added their job was to, "...guide and support, not to tell them how to live their lives." They added that people were well cared for in the service. Other staff also referred to Downview being the people's home.

People's spiritual needs were provided for and people were supported to attend church-based events and coffee mornings. Where they wished, others had also attended services. People were encouraged to maintain contact with family and friends who were important to them.

People were encouraged and took part in daily household tasks such as cooking and cleaning, to varying degrees. Discussions had taken place with people about their wishes at end of life and some had identified particular arrangements.

People's individual wishes and preferences and know likes and dislikes were clearly described in their care plans and staff were familiar with their content. For example, one person's care plan identified their preference for female staff to provide their personal care support, which was respected. Care plans also identified any individual goals and aspirations and staff supported people to work towards them.

Is the service responsive?

Our findings

People told us the staff listened to them and responded to what they wanted. We saw staff worked in a responsive way with people. They adapted their approach in accordance with the care plan, when necessary to support people and minimise distress or anxiety. People had a wide range of opportunities for participation in constructive activities.

We saw that people were out enjoying various activities for significant periods of the day during the inspection. At times everyone was out. Some people did voluntary work at a local farm working with animals then attended afternoon craft sessions provided there. Others did voluntary work at a resource centre or at a club run by a mental health charity. People also went to coffee mornings at the local church. Other outings and activities included cinema, swimming, shopping, café visits and takeaway evenings. People had also enjoyed subsidised annual group holidays in Portugal which they chose to do as a group.

People had detailed care plans which were supported by risk assessments and other documents such as behaviour support plans, where appropriate. Care plans were person-centred, included background information and reference to individual wishes and preferences. They identified future goals and plans. Behaviour support plans provided good information to enable staff to provide a consistent approach when supporting the person. Records of behavioural incidents were kept to help evaluate the effectiveness of behaviour plans.

Detailed guidance was provided for staff on supporting people's healthcare needs. Dates of reviews were recorded on documents. However, in some cases, it was not obvious that care documents had been reviewed within the last 12 months. The new manager had already identified this issue and included it in her action plan.

An appropriate complaints procedure was in place, including a complaints leaflet for families. The easy-read version required further development which the new manager agreed to address. People were aware they could talk to any of the staff or management. People communicated freely in a relaxed way with staff and management and one told us they would tell the manager if they were unhappy about something. Two people maintained a written daily diary which they showed to staff. Staff said, from experience, they would be likely to include anything they were unhappy about in their diary.

An anonymous complaint had been raised about the service in the past year. This was thoroughly investigated and found to be unsubstantiated.

Is the service well-led?

Our findings

People told us they got on well with the staff and the providers and their initial impressions of the new manager were positive.

The service had experienced an unsettled period over the previous eight months with three changes of manager. No registered manager had been in post since July 2016 when the previous post holder left the service. Despite the period of uncertainty, staff felt positive about the service and enjoyed working in the team. The providers set out clear values and expectations for staff and the service had maintained a relaxed and caring approach despite management changes. Staff understood what was expected of them and although some inconsistency of approach was acknowledged, the team worked well together. The local authority quality team had been working with the service and had produced an action plan which the service was working to address.

The new manager started work in the service two days prior to this inspection and told us she would be submitting an application for registration. She had written to people's families to introduce herself. The manager had already identified a list of priority areas which required addressing. She had identified the issues we found during this inspection, with regard to records and had begun devising a plan to address them. The manager provided a more detailed action plan regarding these actions immediately following the inspection. Her plans included establishing a regular programme of staff supervision and appraisals, reviewing all records and systems and establishing a monthly monitoring audit to share with the provider.

The absence of consistent effective management had impacted on the systems and records within the service. Some records could not be located or were hard to find. Care plans and related documents were, in some cases, overdue for review. Documents such as incident reports had not been effectively monitored or analysed. Care files were not kept in a particularly orderly or consistent fashion which made it hard to locate specific documents. Some items were not secured within files, meaning they were at risk of becoming separated or lost. Other records were undated or not signed. It was not always easy to identify the current document, with older versions also on file. Policies and procedures required review to ensure they remained accurate and reflected more recent changes in legislation. These matters were included in the new manager's action plan, supplied immediately after the inspection.

The new manager also planned to hold more regular team and service user meetings and to carry out surveys to obtain the views of people, their families, external professionals and staff about the service. Immediately following the inspection, surveys of the views of people and staff were carried out and the results provided. Feedback was mostly positive and the manager undertook to follow up on the small number of negative items reported. Questionnaires were also sent to families and external professionals. An initial team meeting with the new manager took place on 3 April.

Overall, the unsettled management period had not impacted significantly on the people supported, who had continued to receive consistent care from a settled staff group.