

Community Integrated Care

West View Short Term Break Service

Inspection report

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11 August 2017
14 September 2017

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

West View Short Term Break Service is a short stay respite care home without nursing that accommodates up to three people with learning disabilities at any one time. Accommodation is provided in individual en-suite bedrooms, two of which are downstairs and are adapted for people with mobility needs. There is a communal lounge, dining area, kitchen and garden. Some people who use the service have complex learning and physical disabilities. They may also have different ways of communicating or making their needs known. At the time of the inspection fifteen people had planned short breaks at the service over the year. They were all funded by the local authority.

The service had a registered manager who was the regional manager for the provider. This was a temporary arrangement until the new service manager, who had started in post two weeks before, applied to be registered. 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.

The inspection took place on 10 and 11 August 2017 and 14 September 2017. We announced our visit the day before to be sure the people we needed to speak with would be available. As there was no-one staying at the service on 10 August, we returned the next day to meet people who had arrived that day.

At a previous inspection in June 2016, the service had not been meeting the requirements of the regulations and CQC took enforcement action, issuing warning notices in relation to good governance and record keeping, and safe care and treatment. The service received an overall rating of Inadequate and the provider was placed into special measures by CQC.

We carried out a further unannounced comprehensive inspection on 6 February 2017. Actions had been taken in response to most of the shortfalls and serious concerns identified at the last inspection and the service was taken out of special measures. Whilst there had been significant improvements, breaches of legal requirements were found. There was an ongoing breach of the regulations in relation to good governance and record keeping. There were also two new breaches, in relation to suitably skilled agency staff and notifying CQC of incidents as required by the regulations. In addition, there were some areas for improvement. CQC took further enforcement action in relation to the ongoing breach, imposing a condition on the provider's registration.

After the comprehensive inspection, the provider wrote to us saying what they would do to meet legal requirements in relation to these areas.

We undertook this focused inspection to check they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for West View Short

Term Break Service on our website at www.cqc.org.uk.

During this inspection the service demonstrated to us that improvements had been made and maintained to meet the regulations in relation to good governance, record keeping, staffing and notifications. We have therefore removed the additional condition we imposed on the provider's registration.

The service had a well-established staff team, who knew people who came to stay at the service well. Agency staff were rarely used, as vacant shifts were usually filled by regular staff working overtime or the provider's own bank staff. Agency staff profiles were held at the service. These showed the recruitment checks undertaken by the agency and the training they had had, including training and competence in handling medicines.

Action had been taken to ensure medicines administration records and care plans relating to medicines were up to date.

Minor improvements had been made to the premises and equipment had been acquired to help prevent accidents and the spread of infection.

Relatives and staff expressed confidence in the leadership of the service. Staff knew how to blow the whistle on poor care and expressed willingness and confidence to do this, should it become necessary.

Accidents and incidents were recorded and monitored to look for developing trends. The registered manager had notified CQC about an incident that had occurred, in line with the legal requirement to do so.

Quality assurance systems were robust. These included regular audits of aspects of the service. Action was taken in relation to any issues that were identified.

Staff had regular supervision meetings to discuss their work and promote their skills, knowledge and ability. There were also regular team meetings for the service manager and staff.

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 ●

Action had been taken to improve the safety of the service.

Profiles were held for agency staff. These reflected their skills and competence in handling medicines.

Medicines were managed safely.

People were protected against the risk of avoidable harm and abuse.

Is the service well-led?

Good ●

Action had been taken to improve the governance of the service.

The service had a positive, person-centred culture, with a well-established and motivated staff team.

There was closer management oversight. Quality assurance arrangements were robust. Action was taken to address areas for improvement that were identified.

People and those important to them had opportunities to feed back their views about quality of the service.

West View Short Term Break 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.

We undertook this announced focused inspection in August and September 2017 to check that improvements to meet legal requirements planned by the provider after our February 2017 inspection had been made. On 10 August 2017 we considered whether the service was well led. We announced our visit the day before because the service is a small care home for people who are often out during the day. As there was no-one staying at the service on 10 August, we returned the next day to meet people who had arrived that day. We returned on 14 September 2017 to consider whether the service was safe.

The inspection was conducted by one inspector. We met three people who were staying at the service and observed staff supporting them in communal areas. We spoke with three support workers, the newly appointed service manager, the previous service manager, the registered manager and the regional director. We looked at two people's care, support and medicines records, and records relating to how the service was managed. These included agency staff profiles, three staff files, meeting minutes, audits and quality assurance records. Following the second day of the inspection, we attempted to telephone five relatives of people who used the service and managed to speak with one.

Before the inspection, we contacted commissioners and health and social care professionals who work with people using the service to obtain their views. We also reviewed information we held about the service. This included four-weekly improvement action plans submitted following the last inspection as part of the imposed condition of registration. We had not requested a Provider Information Return (PIR) since the last inspection. A PIR 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.

Is the service safe?

Our findings

At the last inspection in February 2017 we found a breach of the legal requirements in relation to making sure agency staff were suitably qualified, skilled and competent. Following the inspection, the provider sent an action plan telling us how they would meet the legal requirement, also submitting four-weekly action plans that set out how they would do this. They informed us they had taken action to meet the regulations by 25 March 2017.

At this inspection in August 2017, we found the legal requirements relating to the employment of agency staff had been met.

A relative commented that their relative was cared for safely at West View Short Term Break Service. They said, "No problems with it at all... [Person] absolutely loves it. I have no worries about them going there." Both of the people we met looked happy and relaxed with the staff who were supporting them.

There was a small core of permanent staff including the service manager and senior support workers. These were supplemented by staff overtime and additional support workers from the provider's staff bank, numbers varying according to the needs of people who were staying at any particular time. Bank workers worked regularly at the service and knew people who came to stay well.

Managers and staff told us agency staff were rarely used as vacant shifts were usually filled by regular staff working overtime or the provider's own bank staff. The service had obtained profiles of agency staff who worked at the service and these were held on site. They showed the recruitment checks undertaken by the agency, including Disclosure and Barring Service criminal records checks. They also showed the training undertaken, including training and competence in handling medicines. Staff confirmed that when someone came to stay who needed specialist care, such as food or medicines administered directly into their stomach via a PEG tube, there was always a member of staff on duty who had been trained and was competent in providing this aspect of care.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. These included criminal records checks with the Disclosure and Barring Service, checks of entitlement to work in the UK and taking up references.

People were protected against potential abuse. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. They knew how to report these within the provider's organisation and were aware of statutory organisations with a role in safeguarding adults. Information about staying safe from abuse was displayed within the service. Any cash people brought with them was logged. Staff recorded any subsequent payments, which were supported by receipts. People's cash balances were checked frequently to ensure all cash held was accounted for.

Peoples' medicines were managed and administered safely. Storage was secure. Medicine bottles and tubes

of cream were labelled with the date they were opened. Records were kept and were checked regularly against the amounts of people's medicines in stock, to ensure they were correctly recorded and accounted for. Staff had regular refresher training in handling medicines and were observed annually to check they were competent in doing so. Staff only administered certain medicines, such as epilepsy rescue medicines or medicines via a PEG tube (a tube surgically inserted into a person's stomach or upper bowel), when they had specialist training to do so. People's medicines administration records and care and support plans, including instructions for 'as required' (PRN) medication, were reviewed and updated whenever they came to stay. PRN instructions contained clear guidance for staff about what medicines were for, how to recognise when they would be needed and how to administer them.

People were protected against hazards such as slips, trips and falls. Risks to people's personal safety had been assessed and individualised plans were in place to minimise these risks. Risk assessments were individualised and covered matters such as moving and handling, mobility, the use of bedrails, swallowing difficulties and risks associated with particular health conditions. People each had a personal emergency evacuation plan that set out clearly the assistance they would need from staff and emergency services personnel in event of a fire or other emergency. The garden had been cleared of items that could pose a hazard to people in the garden. The staircase handrail had been painted, pedal-operated bins acquired, paper towel dispensers installed and a broken tile replaced.

There were systems in place for the monitoring and maintenance of the building and equipment. This included the servicing of boilers and hoists and a legionella risk management plan. There were no malodours in the building.

Accidents, incidents and near misses were recorded on the provider's reporting system. The service manager and registered manager reviewed them promptly to ensure any necessary action had been taken to ensure people were safe and prevent a reoccurrence. The service manager and provider also monitored them for any developing trends.

Is the service well-led?

Our findings

At the last inspection in February 2017 we found an ongoing breach of the legal requirements in relation to good governance and record keeping. Whilst there had been significant improvements and the service was removed from special measures, we found shortfalls that had not been identified and acted on by the provider. As a result, we took enforcement action, imposing a condition on the provider's registration. This required the provider to submit four-weekly written action plans for ensuring systems or processes were operating so that people received safe care. They also had to ensure that systems or processes were in place to ensure people's care records were accurate and complete.

There was also a breach in relation to notifying CQC of incidents as required by the regulations. Following the inspection, the provider sent an action plan telling us how they would meet the regulation, also submitting four-weekly action plans that set out how they would meet these regulations. They informed us they had taken action to meet the regulations by 25 March 2017.

At this inspection in August and September 2017, we found action had been taken to meet the legal requirements. The management team had acted on concerns and areas for improvement raised at the inspection in February 2017.

The service had a positive, person-centred culture. Relatives and staff expressed confidence in the leadership of the service. People and staff had confidence the management team would listen to their concerns, which would be received openly and dealt with appropriately. A relative told us, "This is probably the best team I've had since [person] has been coming to this house." They said staff communicated well with them and with their family member.

The service had a motivated and well established staff team. Some staff had worked at the service since it opened. They spoke enthusiastically about the service, telling us how much they loved working there and how disappointed they were with the shortcomings identified at previous inspections. Comments included that morale was "really good", that staff were "genuinely caring" towards people and that colleagues were supportive to each other, "It's just a pleasure to come to work", and, "The staff are absolutely fantastic here. You couldn't fault their level of care... It's just a very person-centred service."

Staff understood the whistleblowing procedure and expressed willingness and confidence to do this, should they so need. Staff confirmed they had readily accessible information about how to raise concerns within the provider's organisation and to outside agencies concerned with safeguarding adults. Information about safeguarding adults was displayed on noticeboards in communal areas.

A new service manager had very recently started in post. They had been recruited to manage this service and one of the provider's other homes in Poole. They intended to register with CQC as manager for both services.

Accidents and incidents were recorded and monitored to look for developing trends. They were logged

electronically on the provider's tracker system and reviewed by the service manager, registered manager and provider within a set timeframe. If action was needed to prevent a reoccurrence, this was recorded on the tracker system and the provider checked that action had been taken. The system flagged serious incidents immediately for the provider's executive management team. There was just one incident logged on the tracker system since the last inspection and this had been addressed appropriately. The registered manager had correctly notified CQC about this. CQC uses such information to monitor the service and ensure they respond appropriately to keep people safe.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service. Staff undertook a range of weekly, daily and more frequent checks, including fridge and freezer temperatures, bath and shower water temperatures, the temperatures hot meals were cooked and served at, medicines and finances.

There were regular audits by the service manager, and service visits by regional managers or managers from the provider's other services. The findings from these fed into the service's continuous improvement plan. A new format for the plan had been introduced in July 2017, following the most recent visit on 13 July 2017. Each visit checked progress with actions that had previously been identified.

Managers had obtained profiles of agency staff who worked at the service, including their skills in handling medicines. The staircase handrail had been painted, pedal-operated bins acquired, paper towel dispensers installed and a broken tile replaced. There were no malodours in the building. People's care and support plans, including instructions for PRN (as needed) medication, were reviewed whenever they came to stay. PRN instructions contained clear guidance for staff about what medicines were for, how to recognise when they would be needed and how to administer them.

There were clear lines of accountability and staff received regular constructive feedback about their work. Staff had regular supervision meetings with their manager, to discuss their work and promote their skills, knowledge and ability. Staff told us, in a positive way, that they always seemed to be having supervision. The new service manager told us they were having a "very thorough induction" and that "the support's all there". They explained the provider's new 'You Can' supervision process, in which staff had goals and targets to work for. The expectation was that staff would have supervision meetings at least quarterly, with updates in between.

There were regular team meetings for the service manager and staff. Staff were free to raise topics for discussion. At the most recent meeting on 31 July 2017 staff had discussed issues including the outcome of the only complaint received by the service since the last inspection, rota changes and monthly quality monitoring. At a meeting in April 2017, staff had discussed what they needed to do to meet the improvements required following the last inspection.

People and those important to them had opportunities to feed back their views about quality of the service. Surveys had been sent to people and their relatives prior to the last inspection. Staff wrote to people and their families 48 hours before their stay, sending out an easy-read welcome pack and a 'please remember' reminder of items to bring. They contacted people and their families after the stay to let them know how it had been and to obtain feedback from them.

At the last inspection the service's rating from the previous inspection was not displayed in a public area of the service. At the current inspection, we saw the current Requires Improvement rating displayed prominently in the downstairs hallway.

Staff and managers described links with local and national organisations. For example, they were aware of the local learning disability forum and other organisations for people with a learning disability. A member of staff told us how they had recently supported someone to attend a 'Big Night Out' accessible nightclub event.