

# Village Homes (Somerset) Limited

## Church View

### Inspection report

Chapel Hill  
Yeovil  
Somerset  
BA22 8UH  
Tel: 01938 361467  
Website: webbs-vhomes@tiscali.co.uk

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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?

Good 

#### Overall summary

We inspected this service on 24 September 2015. The inspection was unannounced

Church View is registered to provide care and accommodation for up to five people who have a learning disability. At the time of the inspection five people were using the service.

Church View is a period property in the village of Odcombe. Two homes; Church View and Wisteria Cottage are run by the provider Village Homes, and share the same registered manager and staff team. The inspection

of Church View was therefore carried out in conjunction with the inspection of Wisteria Cottage. As Church View holds a separate registration there is a separate report for the service. The provider is also the Registered Manager.

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 and associated Regulations about how the service is run.

# Summary of findings

There was a positive atmosphere within the home; people were seen to be at the heart of the service. People and their relatives were enabled to be involved in the care which was seen to be person centred and individualised. Everyone we spoke to, including staff members, were happy to be part of the service. Staff told us they were proud to work at the home and really enjoyed supporting the people who lived there. People were treated with kindness, compassion and respect. Staff promoted people's independence and right to privacy. The staff were highly committed and provided people with positive care experiences. They ensured people's care preferences were met and gave people opportunities to try new experiences.

People we spoke to told us they were well cared for and happy. One person told us, "It is nice living here, we all do things together." People said they felt safe at the home and liked the staff who supported them. People were seen to be leading a full and enjoyable life.

Staff were seen to work and communicate well together. The home shared the same staff team and policies and procedures with the other home owned by the provider. One member of staff informed us, "I don't mind which house I work in as the people are all lovely".

People's safety risks were identified, managed and reviewed and the staff understood how to keep people safe. There were sufficient numbers of suitable staff to meet people's needs. Improvement to care provision was made which showed the provider and staff were committed to delivering a high quality service.

Each person had individual risk assessment plans that were reviewed with the person on a monthly basis.

Safe systems were in place to protect people from the risks associated with medicines. Medicines were managed in accordance with best practice. Medicines were stored administered and recorded safely. Health professionals were routinely involved in supporting people with their health and wellbeing.

Care records were well written, detailed, with formats that supported people's communication needs. They accurately reflected people's care and support needs. Where possible people were fully involved in their care planning. Care plans included information about people's likes, interests and background and provided staff with sufficient information to enable them to provide care effectively. People signed their care plans to demonstrate they had been involved in reviewing them or agreed to changes made.

Staff received regular supervisions and training, which provided them with the skills and knowledge to meet people's needs effectively. Diabetes training was offered to ensure staff understood a person's safety and the risks associated with the condition.

Staff sought people's consent before they provided care and support. Staff were aware of the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) if people were unable to consent. The provider informed us DoLS application had been applied for all.

Staff supported and encouraged people to access the community and participate in activities which were important to them. People had similar interests, likes and dislikes, one person told us, "We all like living with each other and have fun".

People living at the home had built up friendships with each other and with the people from the other home. People talked with excitement about their joint holiday and trips out. People were seen to be kind and caring towards each other.

A flexible approach to mealtimes was used to ensure people could access suitable amounts of food and drink that met their individual preferences. People were given opportunities to enjoy meals out in the local community.

# Summary of findings

## 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 is safe. Risks were assessed and reviewed. Staff understood how to keep people safe.

Staff received training that ensured they were able to protect people from harm or abuse.

Medicines were managed in accordance with best practice. Medicines were stored, administered and recorded safely.

Good



### Is the service effective?

The service was effective. Staff had the skills and knowledge required to meet people's need, staff received regular supervision and training.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

The service worked effectively with other health professionals to ensure the wellbeing of people.

Good



### Is the service caring?

The service was caring. People received positive care experiences and staff ensured people's preferences were being met.

People were treated with kindness, compassion and respect.

People were involved in planning and choosing their activities.

Good



### Is the service responsive?

The service was responsive. People received personalised care that was responsive to their needs.

People were encouraged to be involved in their local community.

Complaints were recorded and acted upon and the outcomes were evidenced. There was an open and honest culture within the home which empowered people to discuss any concerns.

Good



### Is the service well-led?

The service is well led. There was a positive atmosphere and people were at the heart of the service.

Effective systems were in place that were regularly reviewed to ensure the home was working in conjunction with current legal requirements.

There were opportunities within the culture of the management of the home that encouraged involvement from other professionals, people and their representatives to support the running of the home.

Good



# Church View

## 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.’

This inspection took place on 24 September 2015 and was unannounced. The previous inspection had taken place on 5 September 2013. This was the first inspection under the new methodology. This inspection took place in conjunction with Wisteria Cottage which is also run by the provider. The inspection was carried out by one inspector. The provider had completed a Provider Information Return (PIR) prior to the inspection for Wisteria Cottage but had not completed one for Church View. The 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. We used this information to formulate our inspection plan.

We spoke with five people who used the service. We spoke with two members of staff, two relatives and two professionals. People from Church View were out for the day of the inspection, however they did return to talk with us alongside people living at Wisteria Cottage following the daily activities. The people from both homes told us “We all spend time together mostly here as our house is bigger”.

We looked at three people’s care plans, three staff files. We checked medicine control systems for three people, we looked at medication administration records (MAR). We looked at records relating to the management of the service these included quality checks, policies and procedures, minutes to meetings, staff rota and training records.

# Is the service safe?

## Our findings

People confirmed they felt safe and happy living at the home, they liked staff and felt well supported by them all. One person informed us. “We all like living here with each other”. People told us staff were respectful to them. A family member informed us. “Our relative is always well looked after. They are happy and we know they are safe.”

Staff had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken by the provider to make sure people were safe. Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. One member of staff informed us “I know how to keep people safe but also respect their wish to be independent, we work with people to ensure they are aware of risks and how to manage them”.

The provider showed good knowledge and understanding of keeping people safe and free from harm. Monitoring and risk assessments were in place that protected people from potential harm or abuse and reduced risks for all. All staff had received safeguarding training. The provider stated they worked with the people and their families to ensure people received safe care but allowed them to develop as individuals.

The provider discussed keeping people safe was a key to the success of the home. For example a person who was putting themselves and others at risk due to behaviours that were challenging following a personal problem had been supported to reduce their behaviours. The provider informed us they worked closely with health professionals and the person’s family to look at the reasons causing the behaviours and how to reduce the risk to the person and others. The provider informed us that other people also supported, one person changed bedrooms to help them.

The person is now happy and continues to receive support by professionals outside of the home along with staff in the home. A professional working with a person in the home informed us.” The provider is very good at keeping us informed of any issues or concerns, any requests we make are actioned quickly.

Policies and procedures were in place for staff to monitor and manage risk safely. Staff understood people’s risks and we saw that people’s health and wellbeing risks were

assessed, monitored and reviewed. People were supported in accordance with their risk management plans. For example. Risks were minimised for a person receiving additional support for diabetes. Risk assessments were in place alongside a body map showing the correct injection sites. The provider informed us. “All staff are given the specific training to support people with diabetes or other health needs. We are very well supported by Diabetic Nurses. We use staff meetings to discuss and ensure all staff remain up to date with the relevant skills to keep this person safe”.

Systems were in place that ensured medicines were ordered, stored, administered and recorded safely. Medication administration records (MAR) were all signed appropriately. Medicines entering the home from the pharmacy were recorded when received and when administered by two senior members of staff. We checked records against stocks held and found them to be correct.

A relative informed us. “We can honestly say we don’t think the home could do better in the way it supports the member of our family. They take into account all their medical requirements and make sure that they are kept safe and know what is happening to them. We are totally satisfied with their care in all areas. When [our relative comes home all their medication is correct and we can see they [relative] have not missed any”.

Policies and procedures were in place and were current. Regular checks were being carried out ensuring the home remained safe. Weekly fire alarm tests were completed by a senior member of the staff team. People living in the home were aware of the home fire procedures and were involved in practice evacuations.

Recruitment procedures ensured the risk of abuse from inappropriate staff was reduced. Sufficient numbers of suitably qualified, competent, skilled and experienced staff were employed. Staff files showed checks were carried out which included references and checks with the Disclosure and Barring Service (DBS). The DBS checks people’s criminal history and their suitability to work with vulnerable people. People are not allowed to start work until the checks have been cleared. Evidence of DBS checks were in place for all staff. The provider informed us they personally oversaw all induction training. New staff and agency staff were unable to work alone until they have completed their induction training. This was to ensure they were safe to lone work as well support people within the home.

## Is the service safe?

The home had sufficient staff on duty to ensure people remained safe. Staff informed us there was always a senior on call which included the provider. One member of staff told us. “We [staff] all help each other out, if someone is sick we will do additional shifts. It is so lovely working here, nobody minds coming into work”. Rotas showed there was a consistent team approach to support people living in the

home. There was therefore only a small percentage of agency cover needed. The provider informed us all new agency staff must have induction training before they are allowed to work in the home.

We observed the staffing rota that showed there were sufficient staff on duty to keep people safe. Alongside the staff member on duty there were additional support from a duty on call rota led by senior staff and the provider.

# Is the service effective?

## Our findings

People were supported to receive effective care and support. A professional involved in the home informed us. "It is a lovely home, people are supported well, my client's needs are dealt with in a fast professional manner by the provider and team, and they work hard to ensure all actions requested following reviews are taken quickly. One family member told us. "As far as we are concerned Church View is our relative's home. The professionalism of staff have brought the best out of our relative. They [our relative] is a happy, well-adjusted individual young person. This is because of the support and guidance of the staff, [our relative] can do things now we never thought they would be able to achieve".

Staff had received training in equality diversity and human rights. We saw that staff were putting people at the heart of their work. People were seen to be fully involved in the running of their home including informing staff what their plans for the day and week were. People were seen talking freely to each other and staff. Staff were seen to be involving people in the day to day running of the home asking people what their plans were for the rest of the day or reminding people of appointments they had. A member of staff informed us. "I have worked here for many years and still really enjoy coming to work here."

A training matrix evidenced that staff were receiving training to enable them to gain and maintain the skills needed to fulfil their roles. Staff development plans were in place and staff training needs were discussed within their supervisions. New members of staff completed an induction work book. One member of staff told us. "We are offered training which is good, I like to put the skills I learn in training into practice in the home. For Example. I have recently completed my first aid course I know this will be of great help in my role".

Staff received regular supervision. A member of staff confirmed they received regular and constructive supervisions. "The manager is very approachable. I can always talk to her if I need advice or guidance". Records showed training and development were being discussed within the supervision process.

The provider informed us that as part of the development plan, within the next year, Church View would introduce annual appraisals for all. This will enable the provider to

monitor the skills of the staff to ensure that people continue to receiving effective care. The provider explained that they had not done this previously as they are a small home, and felt that regular supervision had been sufficient. Recent discussions with staff had indicated staff would value one to one time with the provider. The provider also explained it would be an opportunity for them to look at annual quality assurance processes for individual staff members.

Care plans were detailed and evidenced that people were being involved in their care and support. One member of staff explained that people sign their care plans and have one to one time on a monthly basis with a quality worker linked to them. The worker must ensure the person has the capacity to understand any changes being made to the care plan before it is signed.

Care plans showed mental capacity assessments had been completed with the individuals concerned. Signatures showed the assessments had been discussed with them; they were decision specific and took into consideration people's best interests. One Person told us they did see their care plan and work with staff to change it.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The provider and staff demonstrated they understood the principles of the Act. For example a staff member informed us how they supported people to make decisions by giving choice in formats that the person understood. The persons care plan was seen to have information in symbols as well as word.

The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) sets out the requirements that ensure, where appropriate, decisions are made in people's best interest when they are unable to do this for themselves.

All staff completed mandatory training as well as safeguarding, MCA and DoLS on a regular basis. Records viewed showed staff were receiving regular training in line with current legislation. The staffing files we viewed contained copies of staff qualification and training certificates.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider informed us,

## Is the service effective?

DoLS applications had been made for all people using the service. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The application evidence was seen and responses viewed from professionals dealing with the applications. The provider explained that due to the location of the property although people would have capacity to make some decisions, they would be advised about leaving the home alone at night.

People's nutritional and hydration needs were met. People told us they liked the food in the home and all got to

choose what to eat. One person informed us. "We sometimes have take away food, and go to the pub for dinner, I like doing that." We saw staff interacting with people around their choice of food and the shopping. We heard people discussing what they would be eating for tea and what they wanted to purchase at the shops. A family member informed us. "When our relative comes home we can't believe that they will now eat food they never used to, it is lovely to see." People using the service talked about going out to eat at their favourite pub. A person told us, "The people in the pub we like to go to know us now, it is great fun going there".

# Is the service caring?

## Our findings

People who used the service and their relatives told us that care was delivered in a safe, kind and caring manner.

Throughout the inspection staff were heard talking kindly to people. People told us they were treated kindly. We observed and heard caring interactions between people and staff. One person told us “We do lovely things with the staff, we went to Bath shopping and saw Ed Sheeran”. We spoke with staff who knew the people they were supporting and how to meet their individual needs, one staff member told us. “I like to come on duty and have individual chats with people to see what their day has been like.” We saw evidence from photos and possessions in rooms that people were being helped to enjoy doing things that mattered to them.

People were seen and heard having fun with each other, they treated each other in kind and caring ways. There were many interactions of laughter and encouragement from each other. People were observed knocking on each other's doors and waiting to be asked in before entering.

People told us they all liked living together. People were seen to be planning many social events together, making sure that everyone was included. One person told us they had enjoyed their recent birthday and how they had celebrated with people from both homes.

People's bedrooms were personalised and people were proud to show us their rooms and their photos. People told us they were able to have visitors at any time and liked having their family to visit. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. One relative informed us “staff are caring and amazing, they do all they can to help people out”.

People are encouraged to express their views, through monthly customer satisfaction surveys, these are in easy read formats and signed by the person filling them out. We spoke with people who confirmed they were involved in

discussions with their quality monitors about what they liked and if they were happy. A relative informed us “I have a great relationship with them [staff]. They ring me if [relative] needs anything, nothing is too much trouble”.

Feedback viewed at the inspection through satisfaction surveys included comments such as.” The service provided is a very high quality, the interest from staff to individuals and keeping them up to date with family is good.” “Church View continues to cater for all our relatives needs and does so in a safe and happy environment”.

We spoke with a professional who informed us. “The person I support has made great progress living here, I know their family are very pleased with their development, one of the person passions is football which staff ensure they receive opportunities to follow their local team by attending matches”.

There was a person centred culture in the home and staff understood that people were at the heart of the service. The provider informed us how they had supported two people who had recently lost loved ones through death. “We involved CRUISE bereavement councillors for both people, we found they found it easier to express their feeling to someone outside of their family and staff they work with. It has been nice to see them coming to terms with the death of their loved one”. A family member informed us “Our relative is always treated with care and kindness, when they have worries or concerns the staff are always there to help and guide, they have been amazing with the support they gave after we lost a member of our family. This also helped us as a family with our grieving process”.

Staff informed us they knew the people and their family's well, staff, without exception, talked positively about the people they were supporting. We observed that staff were respectful of people in their homes and engaged them in conversations they were holding with each other.

We observed many signs of care and compassion from people living at the home, as well as staff member's and the provider. One person living at the home told us “I like everyone that comes to work here, they make me laugh”.

# Is the service responsive?

## Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. A staff member discussed how as a team they are responsive to people, they explained. “When you work in a small home and know the people well it easy to tell if someone is unhappy”.

The service was flexible and responsive to people’s individual needs and preferences. People, and those that matter to them, were actively involved in the assessment of their support. For example. The provider explained how being a small home helps them to work closely with people ensuring they understand information they have been given. The provider explained how they had worked closely with a person, their family and other professionals around a routine check to ensure the person was completely aware of the choices they were making. The provider explained that lots of time was spent talking to the person and sharing information about the procedure.

The provider stated that people were offered support to enable them to have procedures related to their health, as well as to understand what would be happening to them. For example. One person was supported to understand the procedures of an operation, the provider ensured the person and their representatives were kept up to date with time scales. Additional staff were put on the rota to support the persons stay in hospital and following surgery at home ensuring continuity of care and support. The provider informed us they involved people directly in planning and delivery of their care and support needs and ensured staff had additional training where needed to continue the support.

People were supported to access health professionals when required. Dates, and the purpose of people’s visits with health professionals were recorded in care plans. People were consulted about health issues or routine health tests. The provider informed us. “A person who had poor eye sight needed additional support to understand the surgery being offered and the aftercare that would be needed. We worked closely with health professionals, the person and their family, to ensure they understood what the procedure would entail and to ensure it would be in the

person best interests to have the operation. Records showed staff had worked alongside other professionals to support the person to understand the medical procedure and their rights to refuse the operation.

All accidents and incidents which occurred in the home were recorded and analysed. Appropriate action was taken by the provider if accidents happened. For example following a medication error the provider ensured additional training was in place for staff members. We saw that the action of the provider had been effective with no further concerns.

Care plans were personalised to each individual. We saw care plans were updated and signed with the person on a monthly basis. People were routinely involved in decision making and had annual reviews. Quality assurance records showed that people were asked if they were happy living at the home and if they wished to change anything about where they lived. People told us they liked talking to staff about what they wanted to do.

Quality assurance checks were in place with people and their families. Records in care plans showed staff were making contact with the person’s relatives on a monthly basis, asking for feedback on the service and keeping them up to date on any changes that may have taken place in the home or with their relatives wellbeing. All conversations were recorded on file for the provider and senior member of staff to monitor and take action if required.

The provider was active in ensuring the staff team understood and promoted equality diversity and human rights, they did this by ensuring that all staff have read and understood the homes equality diversity policies. Their knowledge was discussed and updated through the person’s supervision.

The service protected people from the risk of social isolation and loneliness. Each person had an activity log within their care plans which showed their chosen activities for the week. One person told us “I am a very busy person but I like being busy”. People told us how they made their choice about their holidays and trips out. The provider informed us that people were consulted on their choice of activities and were asked for feedback on whether they liked or disliked the activity. This feedback formed the basis of the activities provided at the homes. The provider

## Is the service responsive?

informed us “We have developed an activities schedule which is popular with people using the service by letting people be involved in planning and choosing activities and asking them to evaluate these activities”.

People told us they were planning a fireworks party and a Halloween party. The provider informed us that the team had their Christmas party with the people living at the homes. Plans are being made for Christmas activities.

People’s feedback about the responsiveness of the service describes it as consistently good. We saw in a satisfaction survey, one relative had written “our relative loves their social life, activities and work placement. We are totally satisfied with their care in all areas.” Another relative had written: “We can honestly say we just can’t think of how the service could do better”.

People who used the service were actively encouraged to raise any concerns. One member of staff informed us that

there is an open culture amongst the team. The provider was very approachable and would act on information of concern immediately. We observed evidence of this though our inspection when we viewed records where concerns had been acted upon and resolved quickly.

The homes had complaints procedures in place. We saw one complaint that the provider had acted upon and successfully concluded. People living in the home were encouraged to talk about how they were feeling. One person informed us. “I tell the staff if I am not happy and they listen and help me”. ” A relative informed us “we don’t see so much of the provider as we do the staff team, but know if we had to complain, we know our complaints would be listened to. ” All staff we spoke to informed us they could talk with the provider and know that they would be listened to if they had any concerns.

# Is the service well-led?

## Our findings

People who used and visited the service told us there was a positive atmosphere at the home. A relative informed us, “This is a good set up, it's home from home. The staff are amazing they really treat everyone as individuals”.

There were effective quality assurance systems in place which monitored care and ensured on-going improvements. The provider implemented innovative ideas to ensure the delivery of high-quality person centred care was taking place for all people and staff within the home.

Quality assurance checks with people's representatives were held regularly. Professionals who were involved in reviews told us all outcomes discussed in review meeting were met in a timely manner. Audits checks were in place to monitor safety and quality of care. Part of the provider's action plan for the forthcoming year was to set up appraisals for all staff to gain their feedback on the service and share the vision and values of the service.

There were staffing structures which provided clear lines of accountability and responsibility. The provider showed awareness of consistency within the staffing of the homes. For example the provider explained that they were being consistent in providing the best service possible for people living at the home. Staff had remained working at the home for a long period, relationships had developed and minimal agency staff were being used. Staff handover books were used on a regular basis and evidenced good interaction between staff and the provider. Members of staff informed us they were happy working for the provider and the people they supported. One member of staff informed us “Day's go by so quickly, I am always happy to come to work”. Another member of staff informed us, “It's a great place to work, it feels like we are one big family.”

The senior meeting book showed that regular meetings between senior staff and the provider discussed current issues within the home and how to manage them effectively. Responsibilities were allocated as well as the responsibilities for line management of care staff. Senior members of staff carried out observation checks to ensure people were carrying out their allocated responsibilities as well as observing that people receiving care were being treated with dignity, kindness and respect. The outcomes of these observations were fed back to staff through their supervisions.

The provider kept up to date with wider social care issues and sought support from local meetings with other providers. This made sure they provided a service to people that was up to date and took account of current practice and legislation. The provider was working with their solicitors to ensure they were up to date with CQC new methodology. New policies were being introduced to staff through the supervision process. The provider informed us “We want to maintain high standards by ensuring we remain up to date on all standards and changes in regulations and legislation. We ensure we have good links with local colleges and have the support of good solicitors who help us to stay abreast of changes in legislation”. The provider showed us a copy of their policy statement around Duty of Candour. The policy sets out the homes commitment to working within the regulation in an open and transparent way with people living within the services and their representatives.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.