

U&I Care Limited

Field View

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?	Good ●

Summary of findings

Overall summary

About the service

Field View is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

It provides services for adults with a learning disability and autism, Field View is registered to provide support for five adults and at the time of the inspection three people lived in the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

The outcomes for people using the service reflected the principles and values of Registering the Right Support, by promoting choice, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Thorough recruitment and staff induction was in place to ensure that staff were suitable to work and provide support within the service.

We discussed with the manager ways to improve people's understanding of how individuals are supported with choice. This aspect of people's care across all U&I Care services needs to be reviewed, to be able to manage family's expectations in line with legislation as people transitioned from children's service and receive support in adult services.

Care and support were delivered on an individual basis and the occupants of the home decided the daily routines. Care, support and activities were planned around individual likes and dislikes. People were encouraged to participate in activities which were meaningful to them for example education and sports. People were given opportunities to experience new activities with varying degrees of success.

We found people were supported to connect with other people using the U&I Care Limited services to avoid social isolation. People also attended events at community activities, social clubs and discos. The time spent engaging with these activities was dependant on their preferences and well-being at the time.

People told us they felt safe and we observed people's responses which showed us that they felt comfortable with the staff members supporting them. The service worked hard to promote inclusivity and people's diversity was embraced, staff demonstrated this with their knowledge of how people communicated. Staff were aware of verbal triggers and responses that would demonstrate if people were feeling anxious. Staff supported people to make their needs and wishes known, and what worked best to ensure they had a good day.

Recent changes to the management structure were seen as positive in supporting clear lines of accountability. We considered that this would help with issues we previously identified regarding robust planning and review, overview, record-keeping and governance to support consistent safety and quality of care.

Staff told us they were proud to work for U&I Care Limited. There were processes in place for staff to access support at any time and we were told by staff they felt supported by the management team. Records clearly showed staff received formal supervision, appraisal and regular training. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 04 May 2018) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective

You can see our findings in the Effective section below.

Is the service caring?

Good 

The service was caring.

You can see our findings in the Caring section below.

Is the service responsive?

Good 

The service was responsive.

You can see our detailed findings in the Responsive section below.

Is the service well-led?

Good 

The service was well-led.

You can see our detailed findings in the Well-led section below.

Field View

Detailed findings

Background to this inspection

The 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 checked 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.

The inspection team

The inspection was carried out by one inspector.

Service and service type

Field View is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Due to the nature of the service, we informed the provider of our inspection plan. This is because the provider operates several care homes as well as a domiciliary care service using one large staff team. For Field View, inspection activity started on 15 May 2019 and ended on 01 July 2019. We visited the office location on 08 May 2019.

What we did before the inspection

We reviewed all the information we held about the provider and spoke with the commissioning authority. We reviewed the notifications sent to us from the provider in line with their legal responsibility. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

During the inspection, we visited the head office, we looked at one person's care records and checked records relating staff administration of medicines and training. We checked audits and quality assurance reports, incident and accident records, as well as the recruitment supervision and training information for nine staff, as they work across all U&I Care Limited services, including Field View. We visited the care home on 15 May 2019 and met with the three people living there we also spoke with a relative.

We spoke at length with 22 members of staff who work across all U&I Care Limited services including, support workers, senior staff, the service manager, the registered manager, a director, human resources and the behaviour support psychologist.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly identify hot water temperatures which were in excess of safe levels. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Records were maintained of the water temperatures throughout the home and we found them within safe limits.
- Risks were assessed relating to the environment, risk assessments were completed to ensure staff safety.
- Audits were completed in respect of the environmental risks such as electrical equipment and gas safety.
- People living in the home had a variety of risk assessments in place according to their needs and activities. These promoted positive risk taking to ensure they had fulfilled lives.

Staffing and recruitment

- At this inspection we found thorough assessments had been undertaken of the suitability of staff to work with people supported by the service.
- People living at Field View have individual packages of care and support. We found enough staff on duty to meet those needs and for participation in their chosen activities.

Using medicines safely

- Staff received training and support so they could manage medicines safely.
- Guidance and protocols were in place to manage as required medicines and homely remedies.
- Senior staff audited medicines regularly and checked that staff were administering medicines safely by observing their practice. Processes were in place to address failure to administer medicines correctly or on time.
- People were supported to be as independent as possible with their medication.

Systems and processes to safeguard people from risk of abuse

- Staff told us they received training in safeguarding adults as part of their induction.
- Staff were familiar with the provider's safeguarding policies and procedures. They could describe what constituted harm and what action to take if they saw any incidents of concern.
- We observed that people had strong relationships with the staff working with them, they looked for reassurance and confirmation of what was going

on and appeared calm and settled with their support. The provider told us it was important that staff built good relationships with the people receiving support.

Preventing and controlling infection

- The home was clean and tidy. Staff followed daily and weekly cleaning schedules. Staff actively encouraged those living in the home to keep their environment clean.
- We saw records of checks relating to environmental risks such as water quality which contributed to preventing infection.

Learning lessons when things go wrong

- Staff completed incident and accident reports and were supported to reflect on the incidents to help prevent further occurrence.
- Incidents were analysed and reported to the senior staff. Strategies for working with specific behaviours were developed in consultation with the behavioural support psychologist.
- The services manager and the registered manager of the service had a good oversight of all incidents occurring in the U&I Care Limited service portfolio.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people moved into the service information was requested and comprehensive assessments were completed relating to their needs.
- Care plans demonstrated that staff worked alongside people to help them to achieve their dreams and aspirations and to become more independent.
- Assistive technology was in place to support one individual with hearing difficulties with vibrating mats in their bed linked to the fire alarm system. This ensured their safety at night in the event of a fire.
- A relative told us "It's a very refreshing view they have about taking [name] out and about, and accessing the community".
- Staff were flexible in meeting the person's needs for example staff rotas were often changed so that support could be given by their preferred staff member.
- Care plans were thorough and comprehensively covered people's needs and preferences. We found that the standardised format of the plans meant that sometimes information was recorded when not required or relevant to individuals.
- The appointment of a behavioural psychologist has assisted in identifying potential problems at an early stage and developing suitable strategies to support people effectively.

Staff support; induction, training, skills and experience

- New staff received induction training into the role covering the standards in the care certificate. There was an assessment of staff skills after this training. Some new staff were not offered a permanent contract if they had not reached agreed standards at the end of their probationary period. This helped ensure staff had the right skills and qualities for the role.
- Staff told us they had ample opportunity to meet the people they supported and time to given time to get to know them.
- Staff told us they were never asked to undertake tasks they did not have the knowledge or training to do.

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

- Staff supported people with making food. We heard discussions about healthier food options and choices.
- Records were maintained of what people ate and drank to ensure they received enough food and drink. Information would be more meaningful when monitoring weight loss/weight gain if records were maintained regarding portion size.

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

- Records relating to health professionals involved with the person's care were available. Records relating to

visits to healthcare professionals with the outcome of the visit were up to date and accurate.

- We were told by one person's social worker they had regular review meetings at the home.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA.

- We saw that mental capacity assessments to consider whether people were being deprived of their liberty had been completed. We asked the service to evidence when they had followed up on any application progress with the local authority.
- The service supported people to make a variety of decisions relating to their care and support.

Is the service caring?

Our findings

Caring - this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remains good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy and dignity and independence

- Staff were fully familiar with people's likes and preferences including their previous life experiences. Staff aimed to adapt care and support to maintain their interests, creating a truly person-centred environment. We observed staff using this detailed knowledge to encourage people to engage in activities and reduce social isolation.
- Staff told us they were genuinely interested in the people they supported.
- Staff told us they thought of the people they supported as either friends or family but were aware of the need to keep professional boundaries.
- We observed staff consistently treated people with a very kind and compassionate manner.
- Staff chatted in a very relaxed calm tone and we witnessed staff knocking on doors and waiting for a response before entering.

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

- People were involved in the planning of their care. We found the service had used various methods to incorporate people's wishes, including family input. However, we became aware that at times there can be conflict between family expectations and the reality of how staff can work in adult services.
- We saw staff promoting choice and enabling people using the service to make informed decisions.
- Care plans incorporated how the individual communicated, and how they identified their wishes. We saw examples of experiential planning and trial and error for activities. These were sample sessions to determine if people wished to participate prior to being added to the activity plan.
- A relative told us that they were always updated on their relatives' well-being before they went home to visit them. This helped them to discuss with their loved one what had happened during the week.
- The service enabled people to "vote with their feet" and worked individually and flexibly so that people could remain in control of their lives.
- When people were making unwise decisions by not attending or participating in health appointments, we saw that staff recorded their actions and looked for ways to alleviate any fears they may have.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people's needs were met through good organisation and delivery

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were seen very much as individuals and each person had an individualised care package. This meant they had appropriate staff support to encourage support and activities in line with their preferences.
- People's care plans were reviewed at regular intervals and regular meetings were held to establish the effectiveness of the plan in meeting people's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider U&I Care Ltd had resources available to provide information to people in a variety of ways. This included picture books, Makaton (this is a specialist sign language used to communication with some people with learning disabilities) and audio. They could also access interpreters as required to ensure the views of people using the service and that of their family were represented.

Supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were offered a stimulating range of social and recreational activities. They were encouraged and supported to continue their interests both within and outside their home.
- Staff supported people to attend clubs externally or visit friends, attend community activities or attend voluntary work placements. People led their own activities programme and decided whether to participate or not.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints procedure, improvements had been made to the management structure which supports clear lines of accountability.
- Improvements could be made in the recording of complaints made by people using the service. Records were maintained on the care files and the outcome recorded but not reflected in the complaints log. This was particularly relevant when individuals are unable to communicate verbally. Records of complaints acted upon can provide good clear evidence that the service is responding and acting on the information raised.

End of life support

- At the time of our inspection nobody was receiving end of life care, although the service did have policies

and procedures in place to manage and provide for end of life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance ensured high quality, person-centred care; supported learning and innovation and promoted an open fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; and how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider had failed to robustly identify shortfalls in the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The management restructuring had assisted the service to make the necessary improvements. The improved structure and the audits in place were effectively monitoring the service but needed time to embed and achieve the necessary consistency.
- Improvements had been made to the structure of the management team since the last inspection and this was seen as a positive move. The service had employed a service manager. This had created another layer of management to monitor performance and outcomes of the service provision. It also afforded another level of management between the owner of the business who was also the registered manager.

At our last inspection the provider had failed to notify CQC where people had been made subject to a DoLS as required. This was a breach of regulation 18 (Notification of other incidents) Care Quality Commission (Registration) Regulations 2009

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- Managers had sent notifications about specific events to CQC in line with legal obligations. This included notification relating to DoLS.
- The service manager was knowledgeable, very experienced and well respected by people and staff. Staff also spoke highly of their individual line managers and the support they received from the registered manager who also owned the business.
- Ratings from our last inspection were displayed on the provider's website and within the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and can-do culture at the service when planning to meet people's needs. One staff member told us, "It's not like being at work; it is like a family here. We work as a team and get things done." Another staff member told us, "The teamwork is wonderful." Another told us "I am very proud to work for U & I Care".
- The service had an up to date selection of policies and procedures to guide staff in the care delivery.
- The senior management team were engaged and transparent throughout the inspection process.

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

- Staff enabled people to retain their independence and supported every aspect of their lives to enable them to continue to live them as fully as they wished.
- People were involved in the development and delivery of their service on an individual basis, through regular reviews, safety checks, surveys and meetings.
- Staff told us U&I Care employed and supported people with various cultural backgrounds. They felt that they and the people using the service had their cultural and religious beliefs acknowledged. The service celebrated many festivals and ensured that protected characteristics were accepted.

Continuous learning and improving care; Working in partnership with others

- The service worked effectively with a variety of stakeholders. This included health and social care professionals, as well as other organisations.
- The service has a long history of working with other organisations to support people making the transition from children's services into adult services. This in itself can be very difficult in managing people's expectations and that of their families.
- There was a strong focus on learning from incidents and adverse events. For example, we saw where things had not gone as well as they could, the service had analysed this in detail and put in place measures to improve the quality.
- The appointment of a behavioural psychologist has assisted in identifying potential behavioural problems at an early stage. Suitable strategies were put in place as they arose to support people effectively.