

Mr Kenneth Saggs

# Park View Domiciliary Care

## 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

### About the service

Park View Domiciliary Care agency is registered as a domiciliary care agency, but it was clear at inspection that people needing personal care support were living in three shared tenancies as part of a supported living set up, where staff were available on site if needed 24 hours a day.

People with learning disabilities were supported to live in their own tenancies across three shared houses. The office for the service is based in one of the shared houses is open during office hours and an on-call system is available to staff based in the houses out of hours. Sleep-in rooms are provided in each house for staff to ensure support is provided 24 hours per day.

At the time of our inspection the service was providing personal care to eight people across the three shared houses in Deal. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement. As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

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

Staff said they were well supported. Improvement was needed however to maintenance of records of staff supervision and appraisal; to demonstrate that staff training development and performance needs were being addressed.

The provider was a visible presence in the service and had good oversight of the service, but had not

developed a system of quality monitoring to provide assurance that all aspects of the service were working well, and people were safe. This is an area for improvement.

People felt safe and were treated well by staff who showed compassion and kindness.

One person was able to tell us that they felt safe and secure in the knowledge that staff were onsite 24 hours each day. Most people were not able to give good feedback about their experiences due to communication issues, but we observed them to be relaxed and comfortable in the company of staff and actively sought their attention. We spoke with a relative and care manager who commented positively about the service.

People were protected from the risk of harm because staff had received appropriate training knew how to report and act on concerns, accidents and incidents to keep people safe.

There were enough staff to support people. Staff continuity was good and meant people were able to build relationships with staff that knew them well and how they preferred to be supported. There was a safe system of recruitment in place to ensure suitable staff were employed. Staff always said they felt supported. The provider was visible in the service daily and staff found them approachable and available to discuss issues and keep them informed.

People's health care needs were supported to maintain their health and wellbeing.

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. Policies and procedures were in place to support and guide staff practice.

No formal complaints had been received and people were encouraged to raise any concerns.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection The last rating for this service was Good (published 25 January 2017)

#### Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make some improvements. Please see the Well Led section of this full report. We found no evidence during this inspection that people were at risk of harm from this.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well led

Details are in our well led findings below.

# Park View Domiciliary Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service was managed by a single provider who was in day to day control so there was no requirement for them to have a registered manager. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out. We wanted to be sure there would be people at home for us to meet and speak with.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We met seven of the eight people using the service and spoke with three who could tell us a little about being supported by the service. We also met and spoke with six members of staff in addition to the provider.

We reviewed the care records for three people. We looked at the recruitment records for two staff, training records, policies and procedures, complaints, medicine administration and daily records.

# 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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- A relative told us they thought the care their relative received was safe and they now felt able to go away on holiday since the move to this service. One of the people we met and spoke with was able to tell us that they felt safe living in their flat and liked the security of knowing there were staff in the flat above they could call on at any time.
- People were protected from harm because staff had completed adult safeguarding training followed by online refreshers for this. Staff were informed about changes to people's support needs through email, staff meetings, handover and communication books
- Staff knew how to recognise and respond to safeguarding concerns, and report these through the whistleblowing and safeguarding processes.
- People were protected from the risk of bullying and harassment in the community. The presence of staff who knew how to deal with such situations meant the risk of people having such negative experiences was considerably reduced.

Assessing risk, safety monitoring and management

- People were kept safe through effective risk assessment procedures.
- Risks associated with people's health or identified needs were assessed and kept under review. This included risks associated with their health, medication, behaviour and for one person their mobility. Measures implemented to minimise the risk of harm occurring had been recorded and staff were familiar with these.
- There was a risk-taking culture that supported people to make informed choices balanced with a need to keep them safe from harm. For example, smoking or wanting greater independence in the community. The service sought input from social care professionals to discuss the best interests of people where there was a concern they could come to harm from choices they wanted to make.

Staffing and recruitment

- Staff told us there were always enough staff on shift to meet people's individual needs. Staff rotas confirmed these levels were maintained. Staff turnover was low, and staff said they enjoyed working at the service.
- Two people were able to confirm that staff were available when they needed them. One said they felt safe knowing staff were in the building. They used a mobile to contact staff and said they responded quickly.
- Staff handovers took place between shifts for staff to share important information and plan people's support for the day.

- A safe system of recruitment was in place and all required suitability checks conducted by the provider before staff took up post.

#### Using medicines safely

- People's medicines were managed safely. People were assessed as to whether they could administer their own medicines. Most people could not do so safely. This was kept under review. Where issues arose, changes were made. For example, one person told us they no longer administered their own medicines due to their health needs.
- Staff had received training in how to support people safely with their medicines. Staff medicine competency was updated at regular intervals or when a medicine error occurred. New staff shadowed experienced staff before observations were made of their medicines administration to ensure they were competent.
- Staff had a good understanding of how people behaved when unwell. Some people were prescribed 'as and when required medicines,' these are prescribed medicines given only when needed. For example, for pain relief. Medicine protocols for these medicines were in place but lacked detail. The provider agreed immediately to expand these to more fully reflect staff knowledge about their use and this was completed at inspection.
- Medicines administration records (MAR) of prescribed medicines and creams administered were completed appropriately. The provider checked medicine records and acted to address any identified issues.

#### Preventing and controlling infection

- Two people invited us to see their bedrooms and these and the living areas in all three supported living settings were clean, tidy and well maintained.
- Staff were required to complete infection control and food hygiene training, and this was kept updated.
- Staff understood how to protect people from the spread of infections. Staff took account of food safety standards when helping people to prepare their meals.
- Staff told us that personal protective equipment such as gloves and aprons were readily available to support good infection control practice.

#### Learning lessons when things go wrong

- Accident and incident levels were low. Staff took appropriate action when an incident or accident occurred to ensure people were safe. A relative said they were kept informed of any incidents or accidents relating to their family member.
- The provider analysed accidents and incidents. This was to identify any trends or patterns that may indicate areas of improvement needed. Incidents and accidents were discussed with staff to identify any shared learning from these and the actions taken by staff.

# 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 best available evidence.

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

Staff support: induction, training, skills and experience

- Staff said they received regular informal supervision from the provider who was in day to day management of the service. Records showed there was previously a system in place for the formal supervision and appraisal of staff, but this had lapsed. Staff said they felt supported and could talk with the provider at any time.
- Staff told us that they had received a range of training that gave them the right skills and knowledge to fulfil their role competently. This was corroborated by training records viewed. Staff were also given opportunities to develop and achieve additional training and nationally recognised health and social care qualifications.
- A person told us that they liked staff and thought they had the right skills required to support them. A relative commented positively about how staff worked with their family member and that staff impact had been positive
- All new staff completed an induction and probation period to ensure they had the skills and confidence to support people. We spoke with a staff member currently on induction they confirmed they were spending the first weeks of employment learning about the service, people's needs and shadowing more experienced staff.

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

- Peoples nutritional needs were attended to ensure they were supported to eat and drink enough. Their dietary needs were assessed, and this was recorded in their care plans to inform staff.
- Staff were aware of peoples like and dislikes and supported them to make choices about what they ate and to plan and prepare meals. People had access to their kitchens under staff supervision so that they could make drinks for themselves.
- Where there were concerns about people's weight or nutritional or fluid intake appropriate and timely action was taken to seek guidance from relevant health professionals such as dieticians to inform staff support in these areas.

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

- People were referred appropriately to health professionals where there were identified concerns or for routine check-ups. For example, staff identified a potential choking risk for one person. They contacted Speech and Language professionals who assessed the level of risk to the person. The risk assessment provided advice and guidance for staff to help minimise the risks; these measures were adhered to by staff to keep the person safe.

- People were supported to attend routine and specialist health appointments. A record was made of all visits to and from health professionals, these confirmed peoples assessed health needs were being acted upon.
- One person told us that staff supported their housemate with a recent hospital admission. Staff said they were involved in discharge plans and would be attending training at the hospital to learn how to mobilise the person safely and ensure they had a safe discharge.
- Staff worked in partnership with health staff where people had difficulties in accepting health treatment. Work was undertaken for example, to desensitise people to health appointments in hospital, or dentists. This helped them to accept and receive regular treatment. This was not always successful and although they respected people's right to refuse if they had capacity, where people lacked capacity in regard to some decisions staff sought the involvement of social care professionals for best interest discussions.

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

- People referred to the service received a thorough assessment of their support needs prior to admission to see if these could be met. Assessments included relevant aspects of peoples support and health needs where they needed help to achieve good outcomes. Assessments took account of any special characteristics the person may need support with.
- People's needs were reassessed as changes occurred. Care plans were reviewed to reflect changes. There was a fine balance between staff providing support and development and promotion of people's independence.
- Staff worked with each other and external professionals to ensure people received consistent, person-centred care and support.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA. The service was working within the principles.

- Staff had received training to raise their awareness and understanding of the Mental Capacity Act and how this related to the people they supported. Staff supported people to make choices and decisions in their everyday lives and sought their consent.
- Staff understood that where people may need support to make difficult decisions this would be undertaken with the support of an advocate and discussed within a best interest meeting.

# 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 it remains the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by an experienced and caring staff team who showed kindness and compassion towards them. Staff were caring, respectful and kind towards people, and that people actively sought out staff attention. People were relaxed around staff.
- A few people were able to tell us that they liked staff and a relative praised staff attitudes and kindness towards their family member. They told us "[Name] was so desperately unhappy where he was before, these staff are such different people and they seem to like {Name}." And, "things are never going to be perfect but what does that matter if they are loving him and looking after him." A care manager told us that since they had placed a person in the service they had seen 'Huge improvement' and that staff provided a constant professional approach with clear communication.
- Peoples' care plans noted relationships that were important to them and staff helped to support and maintain these contacts through help and support with telephone contacts and arranging visits.
- Staff had received training to understand and promote equality and diversity training in their day to day work. For example, information about people's religious beliefs or cultural needs and the support they needed around this was documented in their care plans.

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

- People were involved in making decisions about their care and support needs and how they preferred this to be supported by staff. Support plans for people that lacked capacity to express their views about their care and support set out how they made choices and decisions and how staff should support them with this. For example, offering only two choices to avoid confusing someone.
- A relative told us that they were kept informed and involved in their family members care and support and was provided with a copy of their care plan and felt able to comment on this.
- The provider was familiar with the use of advocates. They understood how to refer people to and access these services on behalf of people, so that the person's voice could be heard when decisions needed to be made about their support.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff sought consent from people to deliver personal care support, they were mindful of ensuring this was provided in a private environment and support provided discreetly. A staff member told us they supported someone with a bath but always gave them time for themselves in the bath; the staff member said they sat outside the bathroom door which was kept ajar to ensure the person was safe.
- Staff supported people to develop daily living skills so that they could become more independent of staff.

For example, maintaining the cleanliness of their bedrooms, helping to do their own laundry, preparing snacks and drinks. A relative told us that their family member was being helped to cook. A care manager told us a person they placed in the service with previously limited access to the community, was being introduced slowly by staff to experiencing the community. Staff were keen to explore new environments with the person to gain an understanding of their potential and limitations

- A staff member told us that a person placed recently from another service was starting to open up and engage. Whereas previously they had been limited both in access to a kitchen and what they could make sandwiches with, they have now begun sourcing ingredients from the fridge to make a variety of fillings for their sandwiches. The provider had purchased a one cup hot water dispenser to enable the person to make their own drinks safely.

# Is the service responsive?

## Our findings

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

### 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 assessed people's communication needs as part of their initial assessment for the service and documented this in their care plans.
- People's support plans included clear and detailed information about their communication needs, and how they made their wishes and preferences known. Staff demonstrated a good understanding of people's speech patterns and specific modes of communication. Staff said that people best received information verbally from staff, but this had to be undertaken in accordance with the people's communication guidelines for example, short sentences or no more than two or three words used.
- Some information was available in easier to read formats and was contained in a service user guide. The provider acknowledged this was an area for further development and agreed to take this forward.

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

- People's care, and risk management plans contained detailed, individualised information about them. This focused on their day to day care and support needs and was responsive to their individual preferences. Staff considered any special characteristics people may have and how these could be supported, for example one person was offered same sex carers for their intimate person care, but preferred support from mixed gender staff.
- A care manager told us "Support plans are documented; risk assessments and incidents are reported promptly."
- One person told us that staff consulted with them about their care and support needs. Care plans were reviewed and updated in response to any changes. A relative told us they were involved in reviews for their relative and had a copy of their care plan. Staff gave people choices so that they could be involved in making decisions about their every day care and support. For example, choices about what they wanted to do, and eat.
- Staff supported people to develop everyday living skills at a pace to suit their abilities. Staff established short term achievable goals for each person to help move them forward along the path to greater independence, for example making their own snacks and drinks, doing their laundry and cooking with staff support.

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 encouraged by staff to follow their own interests. Staff knew people well and what interested them, they facilitated finding suitable activities for people including supporting them with holidays away. A person told us that they spent their time how they wished sometimes they went out on their own, at other times they were supported by staff dependent on what they were doing. People were integrated into their local community, visiting local shops and leisure facilities.
- People were encouraged and supported by staff to maintain relationships that were important to them. Staff helped to arrange visits for people to meet with their relatives. A relative confirmed this.

#### Improving care quality in response to complaints or concerns

- There was a complaints process in place. A person we spoke with said they were confident they could raise any concerns they might have with the provider or other staff. A relative told us that they knew how to raise concerns if they had them, they said the provider was available most days and they felt they would be listened to by them.
- No complaints had been received in the last 12 months. Complaints received previously had been investigated and responded to appropriately and in line with the provider's policy.
- A service user guide for people in the service informed them how to make a complaint, daily records showed that staff also recorded day to day grumbles and irritations that people may have to show what actions they had taken and that these taken seriously and addressed.

#### End of life care and support

- No one was receiving end of life care at the time of our inspection. The provider stated however, that if people became gravely unwell but wished to remain in the service this would be explored with health professionals. Advice and guidance would be sought from relevant professionals to enable staff to maintain and adapt support to meet changing needs.
- The provider was aware of the need to begin documenting people's end of life wishes and was approaching this sensitive subject with people and their relatives when appropriate. Nearly half of those supported already had firm and clear advanced decision arrangements in place. Staff were aware of these decisions, respected them and would carry people's wishes out as recorded.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured 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 Good. At this inspection this key question has now deteriorated to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care.

- Peoples quality of support could be compromised. This was because the provider was reliant on their own informal checks of the service people received. A comprehensive system to monitor service quality had not yet been implemented. At inspection other than checks on finances and cursory checks on medication record sheets there was no clear evidence of what else the provider was checking at all three houses. For example, care plans, daily records, staff records, health and safety and hygiene. These checks would provide improved assurance to the provider that the required standards were being maintained by the staff team, and actions taken to address shortfalls could be evidenced. This is an area for improvement.
- Staff said they felt well supported and had daily contact with the provider. However, the provider had not maintained a system for recording discussions with staff about their performance, learning and development through formal supervision meetings and annual appraisal. This would help assure the provider that learning and good practice had been embedded and staff were working to the required standards and we have highlighted this as an area for improvement.
- Staff said they felt well informed and communication was good. Various means were used to keep staff informed and updated, for example using an instant messaging application to share non-sensitive information, email and text messages. However, no record of these discussions regarding operational or care related matters was made. There was a risk that important matters could be overlooked and this is an area for improvement.
- The provider demonstrated at inspection that they were keen to learn from the highlighted shortfalls and implement improvements at the earliest opportunity.
- At inspection we saw that the provider had engaged an external company to provide quality assurance documentation to begin developing effective monitoring, but this was still to be implemented.

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

- The provider understood the legal requirements regarding their duty of care to people, and the conditions of the service registration. The provider understood the need to submit statutory notifications to CQC about people who used the service, or events that effected the operation of the service. A statutory notification is information about important events which the service is required to send us by law.
- The provider and staff were experienced and knowledgeable about people's care and support needs.

- Staff spoke positively about the involvement of the provider and how they managed the service. There was a management structure and staff understood the lines of responsibility and accountability and who to take issues to.
- The provider worked alongside staff on some shifts, they provided an open supportive culture for staff. Relatives told us they felt they could approach the provider or support staff.

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

- People and their relatives were no longer surveyed because the provider thought this was not an effective way to gather feedback.
- People were involved and consulted about their care and support. There was a mechanism for gathering their feedback through regular one to one meeting with staff. A relative also confirmed they could give feedback about the service at any time. There was, however, an absence of recorded analysis and evaluation of feedback to inform service development.

We recommend that the provider review current arrangements for, the analysis and evaluation of feedback from people, relatives and staff.

- The provider informed the CQC of important events that happened in the service as required and displayed the previous CQC inspection rating at the service. The provider did not currently have a website.

Working in partnership with others

- People received safe co-ordinated care and support. Local authority social care professionals checked how funding they provided was used effectively to achieve good outcomes for their client.
- The service worked collaboratively with health and social care professionals such as GP's, Occupational therapist, dieticians to provide safe, joined up care. A care manager told us that the care and wellbeing of the person they had placed were managed well, and they were kept informed of anything to do with their client.
- People met with staff regularly to talk about their support and discuss issues that were important to them. These meetings informed a monthly progress report of the person completed by staff.