

Careview Services Limited

Careview Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This was an unannounced inspection which took place on 2 December 2014. We last inspected the service on 8 November 2013 when it was identified that improvements were required to the monitoring of the quality of the service. We had received an action plan in respect of actions to be taken. At this inspection we saw that some of the required improvements had been made.

Careview Services Limited can provide accommodation and care to up to six people with a learning disability. All bedrooms are for single occupation.

At the time of this inspection there were six people living in the home and there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Several staff told us morale was low because they did not feel supported by or listened to by the registered manager. Staff told us they felt the manager ignored them

Summary of findings

and the people that lived in the home spending most of her time in the office. This meant that there was not an open, inclusive environment in the home. The registered manager had failed to notify us of the Deprivation of Liberty Safeguards that had been agreed.

We identified a breach in the law concerning this. You can see what action we told the provider to take at the back of the full version of the report.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. DoLS applications had been made for all the people living in the home. Not all the staff knew what the DoLS were for and the registered manager had not notified us about the DoLS that had been agreed as was required by legislation.

All the relatives spoken with told us that people were safe in the home. We saw that procedures were in place that ensured that people were kept safe from the risk of harm. Staff spoken with told us they had training so they knew how to keep people safe and were aware of their

responsibilities to highlight any concerns they had. Recruitment procedures ensured that only suitable people were employed because the appropriate checks were undertaken.

People were not always protected from risks of injury because staff did not follow risk assessments and there had been occasional incidences of unexplained injury.

People were supported to have their health care and nutritional needs met. Staff and relatives spoken with felt there were sufficient numbers of staff with the appropriate skills and knowledge available to meet people's needs and keep them safe.

Staff were caring, kind and compassionate towards people and interacted with them as individuals. People were supported to make choices about what they ate and what they did to keep occupied. People were supported to maintain contact with their relatives as they wanted.

Apart from one relative, all relatives spoken with felt involved in their family member's care. Relatives were aware of how to raise concerns and complaints but they were mostly happy with the service provided.

There were some systems in place to monitor the quality of the service and get the views of relatives so that their views could be used to improve the service.

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 was generally safe.

People looked happy and relatives said their family members were safe. We saw that staff knew how to protect people from abuse. There were adequate numbers of suitably recruited staff to care for people safely.

People were sometimes risk of injury because risk assessments were not followed and there were some occasions of unexplained injury.

Good



Is the service effective?

The service was not consistently effective.

Staff were knowledgeable about people's needs and had the skills and knowledge to support them in the way people wanted.

People's human rights were protected but staff were not always aware how this was to be achieved. We had not been informed about the Deprivation of Liberty Safeguard applications that had been agreed by the supervisory body.

People received support to have their health and nutritional needs met.

Requires Improvement



Is the service caring?

The service was caring.

Relatives were happy with the care provided and that people were supported to maintain contact with them.

People were supported to make choices where possible and privacy and dignity was maintained.

Good



Is the service responsive?

The service was not always responsive.

People's needs had been identified and plans were in place to meet them. Changes in needs were not always identified and acted on in a timely manner.

Relatives were aware of the complaints procedure and felt confident that they would be listened to and issues responded to.

Requires Improvement



Is the service well-led?

The service was not well-led.

There was a registered manager in place but staff did not feel supported and valued. There was not an inclusive environment where staff felt able to raise concerns and reassured that they would be listened to.

The views of relatives were sought and there were some systems in place to monitor the quality of the service.

Requires Improvement



Summary of findings

There was not good leadership evident in the home.	
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Careview Services

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 2 December 2014, was unannounced and carried out by two inspectors.

Before our inspection we reviewed all the information we hold about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by

law. We had contact from commissioners of the service from Sandwell and Walsall local authorities. These are people who arrange for the service to provide support and care to the people that lived at Careview Services.

Most people that lived in the home were not able to speak with us to tell us what they thought about the service they received. We spoke with three people briefly. We observed the support given by staff to get a view of the relationships that they had formed. We spoke with five relatives of the people that lived in the home, six staff, the registered manager and the provider's representative. We also spoke with a social worker for one of the people and two staff at daycentre's attended by some people. We looked at the care records of three people; the recruitment records of three staff and other records related to the management of a home including audits, medication and complaints. This helped us to get a view of how well people were looked after.

Is the service safe?

Our findings

We saw that people looked comfortable with the staff that supported them and they smiled at staff when spoken with. All the relatives spoken with told us they felt that people were safe. One relative told us they had had some concerns but things had improved recently. Two other relatives told us, “[Person’s name] is comfortable with staff.] and, “[Person’s name] is definitely safe.” This showed that people were comfortable in the presence of staff and relatives felt that they were safe in the home.

All the staff spoken with told us and records showed that they had received training in how to protect people from harm. The staff showed that they were aware of the different forms of abuse and the actions they would take to report any concerns they had. They were aware of who they could escalate their concerns to if they felt that actions were not being taken so that people would be protected. This showed that staff were clear about their responsibilities in relation to raising concerns so that people were protected from harm.

Before our inspection it had been brought to our attention that there had been several safeguarding alerts raised by the manager and these had been investigated by the local authority. The registered manager brought to our attention that an individual had had an unexplained injury a couple of days before our inspection. The registered manager had investigated the matter but no fall or accident had been identified. This showed that the manager was knowledgeable about the process for raising concerns with the local authority and raised concerns appropriately.

Relatives we spoke with told us that they had been involved in identifying the risk to people. One relative told us, “[Person’s name] has trouble eating and staff have to stop [person’s name] from choking.” Another relative said, “The doors are locked so [person’s name] doesn’t wander off.” Staff were able to tell us how they kept people safe. This included ensuring a well maintained and safe environment and having sufficient staff when people went out into the community. Care records we looked at showed that there were risk assessments in place for identified risks such as falls, choking and going out in the community. We observed that one person had poor mobility and no equipment was used to support them to move around the home or to be assisted up when they fell to their knees. Staff told us that equipment such as a handling belt was

not available for them to use to safely assist the individual of the floor. Following our inspection we were provided with evidence that a handling belt was not suitable and other equipment had been provided to assist the individual up. We saw one person fall because their shoe laces had not been tied although their risk assessment identified that this was a potential risk that could cause falling. This showed that people were not always protected from the risks of injury because staff did not have all the information they needed and did not always ensure that risk assessments were followed.

Staff told us and we saw that there were emergency contacts for staff if they needed advice when the registered manager was not available. We saw and staff told us that they had received training in fire procedures and emergency first aid so that they were able to take the appropriate actions in an emergency to keep people safe.

All the relatives spoken with told us that there were always enough staff to keep people safe. Two relatives told us, “They have a deputy and senior in place now” and “They had a lot of staff changes but it has stabilised now.” All staff spoken with told us that there were sufficient staff available now but this had not always been the case. One member of staff told us, “There have been more staff on duty recently, since all the concerns were raised.” Another member of staff told us, “There were times when there was only one staff on duty to look after people between 11am and the start of the afternoon shift. The deputy manager and registered manager were in the home but upstairs in the office.” The staffing rota showed that there were three staff on duty in addition to the deputy manager to meet the needs of the people who lived there. During our inspection we saw that sufficient staff were available to meet people’s needs. This meant that at the time of our inspection people’s needs were met because there were sufficient staff available.

All staff spoken with said all the required recruitment checks had been undertaken before they started working including checks with previous employers and Disclosure and Barring Service checks (DBS). All the staff except one told us that they had received induction training. We looked at a sample of three staff records and these confirmed that all required checks had been undertaken

Is the service safe?

and induction training provided. This showed that the provider undertook all relevant checks to ensure that staff were safely recruited to care for people and help to keep them safe.

Procedures were in place that ensured all medicines received into the home and administered were recorded and all staff spoken with were aware of the procedures. One member of staff told us they checked that all the required medicines had been received. If any were missing the registered manager would follow this up and ensured

we received what was required. We saw that medicines were stored safely. Staff spoken with were aware of how to support people with prescribed medication that could be taken as and when necessary. Protocols were in place to provide staff with the information about when these medicines were to be given. We looked at some medicine administration records and checked them with the medicines available in the home and saw that the stock of medicine and record seen balanced. This indicated that people received their medicines as prescribed.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty.

All the relatives spoken with told us that they were kept informed about any treatment that their family members had. We saw that assessments of people's ability to make decisions were recorded in their care records. Staff told us that people were able to make day to day decision about their lives and we saw that one person had refused treatment from the dentist. Staff told us that any big decisions were made in conjunction with family members, doctors and social workers where appropriate in the persons best interest.

The registered person told us that they had made applications for everyone living in the home because there were locked doors in place and people were unable to go out unescorted by staff. Some of these authorisations had been agreed and were available for inspection. The training schedule showed that not all staff had undertaken training in MCA and DoLS. Some staff had a basic understanding of the MCA but none of the staff were aware that anybody had had a DoLS authorisation agreed. This showed that staff did not understand the implications of the agreed DoLS and how they protected people.

All but one of the relatives spoken with told us that they felt their relative's needs were being met. One relative told us, "They [staff] are doing a brilliant job. They all know him, all get on with him." Another relative told us, "[Person's name] is a creature of habit and changes cause problems. They [staff] know how to treat him. They recognise when he gets angry and how to treat him." A third relative told us, "Things have got better recently but I've lost some faith in the service."

We saw that staff were able to communicate well with people. We saw staff offered people choices at breakfast and discussed what they were going to do during the day. The person looked pleased about this and told us they were going for a drink at the pub. All the staff spoken with

after our inspection showed that they were aware of people's needs. For example, staff were able to tell us that one person preferred to get up later in the morning. Staff told us and records showed that they had received training and supervision to ensure that people's needs were met effectively.

Prior to our inspection we were informed by a relative that they had concerns about their family member's nutritional state. At the time of this inspection the relative told us that their relative had put on weight. Another relative we asked told us their family member was, "Thriving on the food they provided." Staff told us, "The food is always fresh" and although the menu was set by the deputy manager it was based on the preferences of the people who lived there. Two members of staff told us that they promoted choices by showing people pictures of food. We saw one person given choices for breakfast but not all the staff we spoke with felt that choices were adequately promoted. One member of staff told us that people were not always offered alternatives when they didn't like what was on the menu. We saw that the menu showed a choice of meals at lunchtime but not in the evenings when most people were at home. All the staff were knowledgeable about the specific dietary needs of people for example, those who needed blended or soft diets and who needed thickeners added to their drinks so that the risk of choking was reduced. We saw that people were provided with the appropriate support they needed to eat. This showed that people were supported to make some choices about the meals they ate and received appropriate support to eat their meals when required.

Most relatives spoken with felt they were told about the health care appointments people had. One relative told, "They [staff] let me know about the dentist and psychiatrist. They send me invites." Another relative told us, "They [staff] tell us if anything happens." We saw that everyone in the home looked well although one person was quite frail. We saw that people had health action plans which included a section with information that could be taken to the hospital about methods of communication, preferences and allergies so that medical staff were able to provide safe treatment. We saw that people received treatment from the doctor, dentist, dietician and occupational therapists so that their healthcare needs were met. We saw that there were regular reviews of people's medicines and health conditions so that they remained healthy.

Is the service caring?

Our findings

All the relatives spoken with told us that people living in the home were happy. One relative told us, “We can tell the way he is to carers that he’s happy there.” Another relative told us, “They [staff] invite me to meetings and birthday parties.” A member of staff told us, “People get all the care they need.” We saw that people were happy when they came home from day centres and staff spoke nicely and in a caring way with them. We saw that through the day the people who remained at home were supported with kindness and compassion and we saw that people felt comfortable approaching the staff to ask questions or take them by the hand to where they wanted to go. All the staff spoken with spoke about people as individuals and knew their likes and dislikes. This showed that staff understood people well and interacted with them in a caring way.

Some relatives spoken with told us that people were taken to their family home so that they could spend time with them. Other relatives told us they picked people up themselves and dropped them back at the home. One relative told us, “She loves the place. She looks very happy. When I drop her off she goes in, has a bath and gets dressed and goes to bed happily.” We saw that there was a vehicle that belonged to the service that was used to drop and pick people up. One relative told us that although due to their health they were no longer able to have visits with their family member there was regular contact via the telephone. They said, “[Person’s name] only has to say and they ring us up for a chat.” Another relative told us that they had been sent a Christmas card. This meant that people were supported to keep in touch with the people important to them.

Staff told us that they supported people to make choices and express their views where possible. For example, in

choosing the clothes they wore and the meals they ate. During our inspection we saw that staff asked people about what they wanted to do and eat. A member of staff told us what two people liked to do during the days they were not at day centre and we saw that they were supported with these activities during our inspection. Relatives told us that they had been involved in identifying people’s likes and dislikes so that staff could provide care according to their identified preferences if people were unable to express a choice. This indicated that people were provided with day to day choices and their preferences met.

Most relative’s told us that people were able to spend private time in their own bedrooms. One relative told us, “He [person’s name] has his own tv and music. He likes some time on his own.” We saw that each person had their own bedroom and this helped them to have privacy and receive support in private. We observed one person taken to the toilet in a discrete and dignified manner. We saw that people were dressed in styles that reflected their personalities and they were referred to by their preferred names. Staff were able to give examples of how privacy and dignity was maintained, for example, asking people what they wanted to do to get their agreement and ensuring doors were closed when providing personal care. This showed that people’s privacy and dignity was promoted.

We saw that people were supported to tidy their bedrooms and help make drinks. People were encouraged to use the toilet independently and eat independently where possible. We saw that one person whose mobility had decreased had been referred to the occupational therapist to ensure that they had the correct equipment to maintain their independence as long as possible. This showed that people were supported to remain as independent as possible.

Is the service responsive?

Our findings

During our inspection we saw that staff responded to people's needs on a day to day basis. One person was not feeling well and was taken to see the doctor and made comfortable in the home. Day centre staff told us people presented as being happy, dressed as individuals and had communication books so that information could be passed between services and with families about how people had been. Four of the five relatives spoken with told us they were happy with the care people received. One relative told us, "I can't stress enough how happy I am with the staff and how they have looked after [person's name]".

Relatives told us they had been asked about people's needs. Relatives, day centre staff and social workers were involved in reviewing people's needs where people were unable say what support they needed. We saw that each person had a care plan that provided staff with the information they needed to provide individualised care. Staff spoken with were aware of and knowledgeable about people's individual needs. However, one relative told us that they had no involvement regarding their family member's care. They felt they were not often consulted. For example, they were told where people would go on holiday, when and how much it would cost but not asked for suggestions about where they would like to go. They told us that the review meetings were no longer in the home and this meant that they had lost an opportunity to see their family member's bedroom. This meant that all relatives spoken with were involved in planning care but not everyone was happy with the level of involvement.

One relative had been unhappy with the level of care and response to weight loss and that the service had failed to

identify it. However, once identified by the family things had improved. The social worker for the individual confirmed this. Some staff told us that one person was putting on a lot of weight but appropriate actions were not being taken to adjust their diet. This showed that changes in people's needs were not always identified and actions taken to address the issues in a timely manner.

We saw that there were activities for people living in the home. During our inspection we saw that one person liked to look at papers. We saw that they were able to do this. One person told us they were going out bowling and the pub and we saw this happen during our inspection. We saw that activities were usually arranged as a group. There were some individual activities such as listening to music and having papers however, most of the activities outside of the home were carried out as a group. One person told us that they enjoyed going to the day centre. We saw that people were supported to go on holiday and maintain contact with people important to them. This showed that people were supported to maintain relationships and involved in activities that they liked to do and that met their needs.

Relatives spoken with told us that they knew what to do if they were unhappy about anything. One relative said, "I would ring or go over [to the home] if I had any concerns. They will respond. [The provider] said we are welcome any time." Another relative said, "Complain – I haven't had to. I would let them know if I was unhappy." A third relative said, "I would speak to them in the first place, then I would contact the authorities." The registered manager told us they had not received any complaints about the service. This showed that relatives were clear that they could raise concerns and felt confident that they would be listened to.

Is the service well-led?

Our findings

People living in the home looked happy and showed this through facial expressions such as smiles and interactions with staff. All but one of the relatives spoken with felt that a good service was provided. Comments included: "They do a fantastic job" and "Can't stress how happy I am with the service." All the relatives said they knew who the manager was. One relative felt that the provider listened but the registered manager did not and took offence if issues were raised. They told us, "Things have improved recently, [the provider] has got more involved and things have got better." This showed that generally relatives were happy with the service or felt that the service was improving. All of the relatives spoken with told us that they had received a survey to complete about the quality of the service provided. One relative told us that they were invited to meetings and birthdays but one felt that they did not. We saw that meetings with people were held so that they get some views about whether they were happy with the service provided. This showed that efforts were made to gain the views of people using the service about the quality of the care provided.

There was a registered manager in post who had been in post for over 12 months but four of the six staff spoken with did not feel listened to and supported. Most staff spoken with felt isolated and unsupported. One member of staff said, "I have raised things but have not been listened to." Some staff felt that this had led to some staff leaving their employment in the service. Evidence from the registered provider suggested that this was not the case. Day centre staff told us that communications with the home were not as good as they used to be. A member of staff at the home said, "There is miscommunication between staff. Staff are not getting support from the manager, Some staff are scared to say anything." Staff told us and we saw evidence that there were staff meetings but staff told us that they did not find the meetings useful because arguments occurred. This showed that staff morale was low and staff did not feel that there was an open, inclusive environment where staff felt valued and able to express their opinions.

There had been some analysis of the safeguarding's to determine if there were any patterns and trends but unexplained bruising had not been analysed for trends.

Information we had received prior to our inspection showed that the registered person had failed to ensure that weight loss had been identified and the appropriate actions taken until identified by the family. There was no evidence available to show that audits were being carried out by the registered manager to monitor the service on an on going basis. We were given a six monthly quality audit summary that had been carried out by the provider's representative that looked at care plans, staff training and promoting choices. This was based on discussions with staff and review of documents, however, there were few timescales identified that would enable close monitoring of progress on issues for example, care plans were to be reviewed and new formats introduced but no timescales were identified. This showed there were some systems in place to monitor the quality of the service but improvements could be made.

We saw some moving and handling procedures that were not good and staff confirmed that equipment such as handling belts were not available. There was no risk management plan in place for staff to refer to get people off the floor. The management team had not identified these issues. We saw that medicines that needed to be stored in a fridge were stored in the kitchen fridge. It had not been identified that medicines should be stored separately and securely in a fridge. The registered manager confirmed that we had not been informed about the DoLS that had been agreed as is required because they were not aware they needed to do this. Some staff told us that the manager spent very little time with the people that lived in the home and rarely spoke with them or the staff. This showed that the registered manager had not fulfilled their responsibilities fully.

The registered manager told us there had not been any complaints about the service however we were aware that one relative had been unhappy with the service provided. We were made aware in August 2014 that following concerns regarding the care being provided at the home a suspension on placements had been put in place by Sandwell Metropolitan Borough. At the time of our inspection the suspension continued to be in place. This meant that no additional people could be placed in the home by the local authority until the suspension was lifted.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>How the regulation was not being met: The registered person had not ensured that there were good relationships with the staff and that people were protected from the risks of injury by identifying and minimising them. Regulation 10(1)(b)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p>How the regulation was not being met: The registered person had failed to inform CQC about the DoLS in place to protect people. Regulation 18 (1)(c)</p>