Community Homes of Intensive Care and Education Limited

Wey View

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 14 September 2016 and was unannounced.

Wey View is a home providing support to up to 10 people living with learning disabilities, autism, complex needs and mental health problems. At the time of our inspection there were four people living at the home.

There was no registered manager in post, the current manager was in the process of being registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff training was not always tailored to the individual needs of people who live at the home. In one instance staff did not feel equipped to deal with one person's very complex behavioural needs. This meant that the person's behaviour impacted on other people living at the home and meant that staff did not always feel confident in supporting this person.

The lack of additional training for staff supporting people with complex needs was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home environment was not homely due to the need to create a safe space for one person living at the home. This affected other people and created an atmosphere in the home that was not inclusive of all people who lived there. However this was due to a temporary situation that was being resolved.

Staff told us that they received a thorough induction. People and relatives told us that staff were effective in their roles.

Staff understood their role in safeguarding people. They had received training and demonstrated a good understanding of how they would protect people from abuse of potential harm. Staff routinely carried out risk assessments and created plans to minimise known hazards whilst encouraging people's independence.

Policies and procedures were in place to keep people safe in the event of emergencies. People had individual plans to keep them safe in the event of an emergency. Staff were trained in how to respond in the event of a fire and contingency plans were in place to keep people safe.

The manager had a system in place to ensure appropriate numbers of staff were working to meet the needs of people. Checks were undertaken to ensure staff were suitable for their roles.

People were administered their prescribed medicines by staff who had received medicines training. Medicines records were up to date to ensure medicines were administered safely.

Staff provided care in line with the Mental Capacity Act (2005). Records demonstrated that people's rights were protected as staff acted in accordance with the MCA when being supported to make specific decisions.

Staff followed the guidance of healthcare professionals where appropriate and we saw evidence of staff working alongside healthcare professionals to achieve outcomes for people.

People were supported to eat in line with their preferences and dietary requirements. People were involved in choosing meals and preparing food. Records contained details of people's dietary requirements and preferences.

Staff treated people with dignity and respect. All caring interactions that we observed were positive and staff demonstrated a good understanding of how to respect people's dignity.

Information in care plans reflected the needs and personalities of people. Staff had a good understanding of people's needs and backgrounds as detailed in their care plans. People had choice about activities they wished to do and staff encouraged people to pursue new interests.

The manager had systems in place to monitor and ensure quality at the service.

Staff told us that they were well supported by management and had regular supervision.

People and relatives told us that they had a positive relationship with the manager.

During the inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

Staff were aware of their responsibilities in safeguarding people and understood how to follow procedures to keep people safe.

Risk assessments promoted independence whilst also ensuring people were kept safe from known hazards.

Accidents and incidents were recorded and systems were in place to monitor patterns and respond appropriately.

Contingency plans and emergency procedures were in place in case of emergencies and staff understood how to respond.

There were sufficient staff deployed to meet the needs of people. Checks were undertaken to ensure staff were suitable for their roles.

Medicines were administered safely by staff who were trained to do so.

Is the service effective?

Requires Improvement

The service was not always effective.

Training did not always fully equip staff to support people with more complex needs.

People were supported to eat in line with their preferences and dietary requirements.

Staff understood the Mental Capacity Act (2005) and people were supported in line with its' guidance.

Healthcare professionals were involved in assessments and reviews.

Is the service caring?

Good

The service was caring.

People were supported by staff who knew them well.

The communal areas were not accessible for people due to one person's complex needs which meant that there was not an inclusive atmosphere. However this was due to a temporary situation that was being resolved.

Staff demonstrated a good understanding of care practice that promoted people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Assessment processes before admission were detailed and thorough, ensuring that people had a smooth transition when moving into the home.

Care plans were person centred and reflected people's needs, interests and preferences.

People were supported to engage in activities that were meaningful to them.

A complaints policy and procedure was in place that gave people opportunities to raise any concerns they might have.

Is the service well-led?

Good

The service was well- led.

Staff told us that they had support from management and had opportunities to contribute to the running of the service.

People's feedback was sought by the manager in order to improve the care they received.

Systems were in place to monitor the quality of care and to ensure that people received good care.

Wey View

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 14 September 2016 and was unannounced. The inspection team consisted of two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

Before the inspection, we did not ask the provider to complete a Provider Information Return (PIR) . This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gathered this information during the inspection.

During the inspection we looked at a range of records about people's care and how the service was managed. We looked at three people's care files, including care plans, risk assessments and mental capacity assessments. We looked at three staff files, training records, complaints logs and quality assurance monitoring records.

We spoke to two people who used the service and three relatives. We spoke to three members of staff and the manager.

This was the first inspection since the service was registered in November 2015.

Good

Is the service safe?

Our findings

Relatives told us they felt there were enough staff to meet people's needs. One relative told us, "There are enough staff around." Another relative told us, "They can seem stretched at times but there's enough (staff)."

On the day of our inspection enough staff were present to meet the needs of the people living at the home. The manager told us that, due to the complex needs of people, staff numbers were calculated based on the people living at the home. Where people needed two to one or one to one support, we observed enough staff present to meet their needs.

Safe recruitment practices were followed before new staff were employed. One relative told us, "They are very particular about their staff." Checks were made to ensure staff were of good character and suitable for their role. The staff files contained evidence that the provider had obtained a Disclosure Barring Service (DBS) certificate for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff files also contained proof of identity and references to demonstrate that prospective staff were suitable for employment.

People were protected against the risks of potential abuse. Staff demonstrated a good understanding of safeguarding procedures and knew their role in protecting people from abuse. Staff had attended safeguarding training and it was discussed at one to ones and team meetings. Safeguarding incidents had been referred to the local authority and notifications had been sent to CQC when appropriate. People had keyworkers and access to advocates who could support them to access support if they wished to raise concerns.

Accidents and incidents were documented and staff learnt from these to support people to remain as safe as possible. The accidents and incidents log included a record of all incidents, including the outcome and what had been done as a result to try to prevent the same accident happening again. For example, there had been a recent incident in which one person had consumed a small amount of cleaning fluid. Staff immediately sought medical advice and the person was unharmed. Following this, staff were given refresher training and the way in which cleaning substances were used was reviewed. The incident was quickly reported to the local safeguarding team. Staff informed the family and the person's care manager. They also notified CQC of this incident.

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. One person had been risk assessed about using the kitchen as changes in their behaviour meant they could expose themselves or others to risks. To manage the risk, staff assessed the person's mood and recent behaviour before taking them to the kitchen to support them with preparing food or drinks. Hazards such as knives were kept locked away and staff used these when supporting the person. Staff demonstrated a good understanding of these control measures when we spoke to them and we observed that the kitchen environment was safe, with hazardous items kept locked away.

People's complex needs meant increased measures were in place for some risks which could impact on others in the home. One person could display unpredictable and intense behaviours that could present a challenge. Records contained detailed risk assessments including protective equipment and clothing for staff and physical interventions that staff were trained in. However, the measures in place meant that people in the home were kept safe and there had been no incidents in which other people had been harmed.

People were protected in the event of a fire. The fire alarm system had been serviced this year and fire alarms were tested weekly. The provider had carried out a fire risk assessment of the premises and a personal emergency evacuation plan (PEEP) had been developed for each person. These gave staff the knowledge they need to safely support each person in the event of a fire and how they should be helped to evacuate the home.

Staff administered people's medicines safely. Staff had been trained to manage medicines and they were required to pass a competency test before being able to support people with medicines. These were documented in all staff records. This demonstrated that the provider made sure that staff who administered medicines were skilled and competent to do so. People's medicines were stored, administered and disposed of appropriately and securely. Medicine Administration Records (MARs) were up to date and showed who had administered medicines or the reasons for medicines not being administered if applicable. Regular audits took place to ensure that medicines systems were safe.

Requires Improvement

Is the service effective?

Our findings

Relatives told us that they felt staff were trained and competent in their roles. One relative told us, "Absolutely, they are very on the ball and clued up about things like autism." Another relative told us, "I think they know what they're doing."

Staff training included safeguarding, health and safety and the Mental Capacity Act (2005). Staff also received training in supporting people with complex behavioural needs. All staff had attended a two day Strategies for Crisis Intervention and Prevention (SCIP) training course which enabled them to support people who would sometimes require physical interventions to keep them safe. Where staff had not yet attended this training, risk assessments were carried out to ensure that they only worked with people who were competent in using this training.

Staff told us that the training provided was beneficial to them in their roles but they did not feel confident in managing the needs of people with very intense behaviours that presented a challenge. One staff member told us, "The training is enough but maybe there could be more for these types of needs." Another staff member told us, "It is difficult to use what I learnt with (person)." Staff had sustained numerous injuries in trying to support one person who displayed unpredictable behaviour. If the person became aggressive then people were moved from communal areas in the home for their protection.

Staff would not normally support people with such challenging needs and the training they had undertaken was not sufficient to ensure that they could meet the needs of one person whose needs had changed following moving into the home. Despite training being undertaken, staff still suffered injuries when attempting to use techniques that they had learnt.

The lack of appropriate training for staff supporting people with complex needs was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff received training based on the needs of the other people that they were supporting. During our inspection, staff were taking part in British Sign language (BSL) training so that they could better communicate with one person living at the home. We observed staff interacting with this person and practicing their signing with them. The manager told us that they had access to many different types of training and they consider these when new people are admitted to the home.

All staff received regular one to one supervisions and records showed they could discuss training needs as well as to discuss the care that they were providing to people to ensure that they were always following good practice. One staff member told us, "We sometimes struggle to make time but they're useful." A new member of staff told us they had one to one meetings every six weeks and it helped them to feel more confident. Staff records showed that supervision meetings were used as an opportunity to discuss training and to discuss any problems encountered whilst supporting people. Wherever there had been incidents, staff were offered the opportunity to 'debrief' and discuss events.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the manager and staff understood their responsibilities in relation to the MCA and DoLS. The provider had delivered training in this area and staff understood how the principles of the legislation applied in their work. There was evidence that people's best interests had been considered when decisions that affected them were made.

One person made a lot of noise at night time and had caused complaints from neighbours. A mental capacity assessment was undertaken regarding the decision as to whether to keep their door open at night. It was found to be in their best interests to keep the door locked at night time in order to protect their tenancy, a DoLS authorisation had been applied for. Another person who we observed had restrictions placed on them within the home had mental capacity assessments recorded in their file for these restrictions. Best interest decisions recorded involvement from relatives and healthcare professionals. Where DoLS authorisations had been applied for, mental capacity assessments and best interest decisions had been undertaken and recorded.

Staff supported people to access healthcare professionals and provided information and feedback to healthcare professionals to help them find appropriate treatment. A relative told us, "(Person) has not been eating much at all. The doctors have been and there was a review meeting with everyone involved and gradually (person) is starting to eat more." This person's records contained information for staff on what they would like to eat. A referral had been made to healthcare professionals as this person was not eating a balanced diet. However, we identified that staff needed a plan to support this person to maintain nutrition whilst waiting for their appointment. Following the inspection, the manager provided us with evidence to demonstrate that this had been done

Every person had a health record which contained detailed information on their health needs and input from healthcare professionals involved in their care. People had hospital passports, which contained vital information for healthcare professionals, should they be admitted to hospital.
Care records showed that healthcare professionals were attending reviews and staff followed their guidance to meet people's health needs. For example, one person had epilepsy and records contained clear instructions for staff on how to support them. Staff carried stopwatches to time seizures so that they could act in accordance with the guidance of healthcare professionals. Staff knew when to provide this person with PRN emergency medicine and how to identify when this person may be more likely to have a seizure. Appropriate information was recorded for healthcare professionals to make decisions about this person's care.

People also had access to in-house healthcare professionals. Where people had complex behavioural needs, psychologists worked closely with them and staff to identify triggers and measures to help manage behaviour. One person's records contained psychology reports containing guidance for staff. Staff had completed detailed behaviour charts in order to assist healthcare professionals in identifying how best to

support the person. This demonstrated that systems were in place to support people with more complex psychological needs.

People told us that the food at the service was good and people were involved in the sourcing and preparing of meals. One person told us, "Staff help me make a meal." A relative told us, "The food looks appetising." At the time of our inspection, one person was planning on baking cakes. We observed staff discussing this with them and they were excited about doing baking. Staff worked alongside people to encourage independence with food preparation. Staff used pictorial cards to ask people what they wished to cook and they also used these to ask for people's input on the shopping list. A staff member told us, "Some people use objects of reference and others like pictures." People's records contained information about what foods they liked

Staff told us they had all the dietary information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. One person had been identified as at risk of choking and had been seen by a speech and language therapist (SALT). They had specified foods that the person should avoid and this was clear in their notes. Other people had plans in place for their nutrition which were in their records. People were having their weight recorded and food and fluid charts were in people's records. This meant that staff could identify if people were losing weight and support them to access healthcare professionals when necessary.

Good

Is the service caring?

Our findings

Relatives told us that they felt that the staff were caring. A relative told us, "They are all very nice, very friendly." Another relative told us, "The staff are extremely caring and interested." During our inspection we observed some caring interactions between people and staff. Staff were observed talking to people about their plans and what they wished to eat.

People were supported by staff who knew them. A relative told us, "Having a keyworker helps when I ring in but I find that I can speak to anyone." Each person had a member of staff who acted as their keyworker. A keyworker is a member of staff allocated to work closely with a person. A staff member told us, "I know (person) well as keyworker." Care records contained detailed information about people and staff were encouraged to spend time reading them. One staff member told us, "Everyone gets a chance to sit and read care plans, it's really important." People spent lots of time with their keyworkers which meant that they got to know them well.
The impact of one person's behaviours on other people did not create an inclusive atmosphere. People told us that they felt afraid to go into communal areas and this could also affect visits from relatives and healthcare professionals. One person told us, "(Person) has two staff (supporting them) but I get frightened. I can't always go to the kitchen as I'm scared of (person)'s behaviour." People living at the home did not have much interaction with each other and there was no regular meeting for people living at the home.

The home environment was free of ornaments, games or other items that would make the environment homely and engaging. This was due to one person's behaviours that could present a challenge. Following incidents, staff had removed many items from communal areas to manage risks. Staff would sometimes use protective equipment to ensure their safety when supporting this person. Large padded shields were in communal areas for quick access; however this did not create a caring environment for people. One relative told us, "I really don't think it sends the right message."

However, these measures had become necessary in order to keep people safe in a temporary situation. One person had moved into the home and their needs had changed in a way that staff and professionals had not predicted. Whilst managing this situation, the inclusive atmosphere of the home was affected. During our inspection we saw evidence that the situation was being managed in a way that would achieve the best outcomes for all people living at the home.

Staff encouraged people to maintain their independence. One staff member told us, "(Person) can shower themselves. Then afterwards they pull back the curtain and I help with what is needed." On the day of our inspection, we observed staff supporting people to make choices and staff were led by what people wished to do. Care records contained information on people's goals and their strengths. One person was at risk of choking due to eating too fast, but they were able to feed themselves. Care records contained a risk assessment for eating and staff monitored them to ensure that they were safe. During our inspection, we observed this person eating independently under supervision from staff.

People's privacy was respected by staff. Staff demonstrated a good understanding of how to support people

in a way that promoted their privacy. During the inspection we observed staff knocking on doors and asking permission before entering people's rooms. Staff told us that they always asked consent before supporting people. One staff member told us, "I always ask if they want help. With (person) I will point to the shower to remind them. (As that was how they communicated)." All personal information was kept safe in a locked cabinet.

Good

Is the service responsive?

Our findings

Relatives told us they felt that staff were responsive to people's needs. One relative told us, "They've bent over backwards to do what (person) needs." Another relative said, "They've been really adaptable."

Relatives told us that staff responded to complaints and they responded quickly to any issues. One relative told us, "If we notice something's broken they put it on a list and they always seem to deal with it." The manager kept a log of complaints and recorded any actions that had been taken in response to complaints. There had been four complaints at the time of our inspection. Those recorded were responded to within the provider's timescales and actions taken were recorded. People had regular meetings with their keyworkers and this meant that any problems could be identified and raised. People's records contained information on how to identify if they had any concerns if they could not express them verbally. One person's records contained a section titled, 'How Can I Complain?' and it detailed that the keyworker was to work with them regularly to identify if anything was wrong, looking for how they are behaving and presenting, to support them to express themselves.

Thorough assessments took place before people moved in to the home to ensure a smooth transition. Due to the complex needs of people who came to live at the home, a long period of assessment was undertaken to ensure their needs could be met. One person was going through a period of transition at the time of our inspection. Their file contained detailed reports and risk assessments to go alongside the care assessment. Where people had moved from other placements, records contained information from their previous placement. Staff also undertook transition visits to other placements and people would come and stay at the home before a decision was made about whether they would live there. A 'social story' with pictures also documented transition periods in a format with pictures for people, in order to help them to become familiar with staff during the process. This demonstrated that robust systems were in place to ensure that people were happy and their needs could be met before they moved in.

One person moved to the home from a hospital. Before moving, staff visited them at the hospital, they then came to visit the home with a staff member from the previous placement. They had an overnight stay at the home before a decision was made as to whether they would move in. Detailed reports of these visits were added to the person's assessment.

Care plans were personalised and information on what was important to people was clear. One person's care plan stated that they enjoyed, 'spending time in a garden or park, running and playing football. Spending time in the rain.' Care plans contained other information such as family birthdays so that people could send cards. Records contained information on what people needed support with and what they could do for themselves. They also detailed people's routines, what was important to them and how they communicated. Staff told us that they had read care plans and they demonstrated a good knowledge of people. This meant that staff had a good understanding of the needs of the people that they were supporting.

People's care plans were kept up to date and adjusted when things changed. One relative told us, "They

brought the six week review forward as we had some things we needed to discuss." Regular reviews were documented in people's care records. Review documents showed input from people through their keyworkers as well as from relatives. The in-house healthcare professionals, such as the psychologist and occupational therapist, were involved in reviews and provided reports to ensure a holistic approach. Where one person's needs had changed significantly following coming to the home, we saw that reviews happened regularly in response to changes or incidents. Different plans were established to try to support the person in a way that kept them and other people safe.

People were encouraged to take part in activities that suited their interests and hobbies. Activity timetables were in people's care records and in people's rooms. A relative told us, "They seem to do what they can." Activities were flexible and based on people's individual needs and preferences. Where people had one to one support, staff engaged in activities with them. We observed one person taking part in an activity specially designed for people with autism. The person appeared to be enjoying the activity and engaging with staff. People were taken out on trips throughout the day and the home had its own car which staff could use to support people to access the community. The home had a new activity centre in the garden with a range of arts and crafts and sensory equipment that staff could support people with. They had a computer with a webcam which one person used to speak to their family. The garden was being developed and contained a swing and a trampoline. We observed people being supported to spend time in the garden.

Good

Is the service well-led?

Our findings

Relatives told us that they got along well with the manager and could easily speak to them. One relative told us, "I can always speak to them or ring." Another relative said, "It seems to be well run."

Staff told us that the manager was supportive. One member of staff said, "(Manager) is really good and knows the staff." Another member of staff told us, "I get good support."

Staff said team meetings took place regularly and they were encouraged to have their say about any concerns they had or how the home could be improved. A recent meeting had discussed increased staff sickness levels and safeguarding. Meetings were used to discuss people's needs and as an opportunity to share good practice. Staff had recently discussed a new admission to the home and how they would interact with other people living there. Staff told us this meant they could contribute ideas and make suggestions when necessary.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The provider carried out a quality monitoring visit every month and documented their findings and any actions taken. Audits also took place specific to medicines, care plans and fire. The manager collated actions from these audits into one action plan to ensure issues were dealt with. A recent medicines audit had identified that NICE guidance was not available to staff, this had since been put in place. A care plan audit had identified that one person enjoyed going out for drives in the dark but they hadn't been taken out for a drive after dark. Staff identified that this would be easier in winter months when it gets dark earlier but they would arrange for this person to be taken out when it was dark before this.

The manager also gathered the feedback of people, relatives and staff in order to identify ways they could improve. As the home was only home to four people at the time of the inspection, the most recent relatives' survey only had one respondent. Staff had participated in the survey and responses demonstrated that staff enjoyed working at the home but were honest about the challenges that they faced.

The manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. Where incidents had occurred, the safeguarding team was informed quickly and CQC were notified without delay.

The manager understood the challenges facing the home and was taking steps to address them. The manager felt recruitment was their biggest challenge and they told us how they were addressing this. For example, as part of a national drive the provider was looking to support staff from other areas of the UK with housing costs if they move to the area to work. The provider offered staff good opportunities for career development. At the time of our inspection one staff member was moving to a more senior position. One staff member told us, "There's good opportunity. They give promotions at the right time." The manager also understood the challenge presented to the people living at the home and the staff by the change in behaviour of one person. They were working with the local authority to find a more suitable placement for this person to enable all of their needs to be met.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not have appropriate training for supporting people safely with complex behavioural needs.