Village Homes (Somerset) Limited

Church View

Inspection report

Chapel Hill
Odcombe
Somerset
BA22 8UH

Tel: 01398361467

Date of inspection visit:
22 June 2017
26 June 2017

Date of publication:
18 July 2017

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Church View is a care home which is registered to provide care and accommodation for up to five people with a learning disability or are on the autistic spectrum. At this inspection there were five people living at the home. They all had a range of verbal communication difficulties. We used a variety of methods to communicate with them including simple signing to support our speech and observations.

The building is a period building and has two floors. On the ground floor there are communal spaces such as lounges, a kitchen and a dining room. At this inspection everyone had their own individual bedroom. There was a staff sleep in room on the first floor.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good

People remained safe at the home. There were adequate numbers of suitable staff to meet people's needs including spending time socialising with them. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People were encouraged to work towards independence whilst there was understanding about their vulnerability. People received their medicines safely and were encouraged to self-administer if it was considered safe. People were protected from abuse because staff understood how to keep them safe and were confident any concerns raised would be responded to.

The home continued to ensure people received effective care. People had choice and control of their lives and staff supported them in the least restrictive way possible. Healthy eating was promoted and meal times were treated as a social opportunity. Staff had the skills and knowledge required to effectively support people. People and their relatives told us their healthcare needs were met and we saw a range of healthcare professionals were involved.

The home continued to provide a caring service to people. People and relatives told us, and we observed that staff were kind and patient. People's privacy and dignity was respected by staff and their religious needs were valued. People and their relatives were involved in decisions about the care and support they received. Staff found ways to ensure people were making informed choices at their level of understanding.

The service remained responsive to people's individual needs. Care and support was personalised to each person which ensured they were able to make choices about their day to day lives. Each person had a visual timetable providing a range of opportunities for them. This considered people's hobbies, needs and interests. There had been no complaints since the last inspection. People and relatives knew how to complain and told us there would be a positive response if they did.

The service continued to be well led. People showed us, and relatives told us, the registered manager, who

was the provider, was good and had a hands on approach to running the service. The registered manager continually monitored the quality of the service and made improvements in accordance with people's changing needs. There were strong links with the local community to provide wider opportunities for people.

Further information is in the detailed findings below

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Church View

Detailed findings

Background to this inspection

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

This inspection took place on 22 and 26 June 2017 and was an unannounced comprehensive inspection. It was carried out by one inspector.

Before the inspection, we looked at information we held about the provider and home. This included their 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 took this into account during the inspection.

We spoke with all five people that lived at the home at a level they could understand. We spoke with the registered manager and three staff members. During the inspection we spoke with one relative on the telephone. Following the inspection we spoke with another relative on the telephone.

We looked at three people's care records in various levels of detail and observed care and support in communal areas. We accompanied the people on one of their activities. People invited us into their bedrooms to show us important things for them.

We looked at one staff file, previous inspection reports, rotas, the registered manager's action plan, audits, training records and supervision records, health and safety paperwork, accident and incident records, minutes from meetings, a range of other records kept by the provider and a selection of the provider's policies.

Good

Is the service safe?

Our findings

The home continued to provide a safe service for people. Risks of abuse to people were reduced because staff were trained in how to recognise and report abuse. One person told us they would speak with their family, staff or the registered manager. Throughout the inspection we saw people were comfortable to be around all members of staff. One relative said, "I have no concerns about his safety". Staff explained to us how they would recognise abuse through people's changing behaviours and unusual marks. All staff were confident any reports to the registered manager would be followed up. One member of staff said, "I would report it to [registered manager's name]" and continued to say "[They] would do something".

To protect people from different forms of abuse staff had completed some detailed assessments of people's capabilities in areas they were most vulnerable. For example, for finances there was a five stage approach. One person's care plan identified they could count money up to the value of 10 pounds and what it was used for. It went on to state the person "Could easily be manipulated into parting with money". To mitigate these risks it described the staff responsibility to help people manage their money. This meant staff had clear guidelines about people's capability and what to do to keep them safe.

Risk assessments were carried out to ensure people's health and well-being and to promote independence. Each person had a range of risk assessments to enable them to access activities and the community. For example, one person had detailed risk assessments for intimate care, self-administration of medicine, getting taxis independently, cleaning, being left home alone and having a front door key. Each risk assessment considered existing control measures and recommended additional ones to mitigate the risks.

People were supported by a small team of staff to keep them safe and meet their care needs. The staff and registered manager told us this ensured consistency. All staff had worked for the provider for a long time so were highly familiar with people and their care needs. Usually one member of staff worked alone supported by an on call system should additional staff be required. All the staff told us they were happy to work alone. One member of staff told us, "I feel it is lovely with a small team" and continued to say "It is like working with your family". People, relatives and staff echoed this feeling. When people required specific support to keep them safe this was arranged. For example, one person required one to one support during swimming and so two members of staff worked on that day.

People were supported by staff who had been through a recruitment procedure. This included checks on staff suitability to work with vulnerable people and references from previous employers. One member of staff had the necessary checks which had highlighted a historic risk. During the inspection the registered manager and member of staff confirmed this had been considered and the record of the discussion had been archived.

People's medicines were safely managed and administered by staff who had received appropriate training. Each member of staff had regular competency checks to ensure they were administering medicines safely. Staff promoted independence so some people managed parts or all of their medicines. For example, one person was able to tell us which medicines they took, when they took them and what they were for. We saw

all their records were regularly checked by staff to reduce the likelihood of errors. There were systems to audit medication practices and clear records were kept to show when medicines had been administered or refused. There were occasions when information about people's medicine was kept in different locations rather than with the medicines administration records. This could increase the risk of errors being made. The registered manager told us they had recently bought a copy of national guidance for medicine administration so will be ensuring their medicine administration practice fell in line with that.

Good

Is the service effective?

Our findings

The home continued to provide an effective service to people. 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 told us and we saw their consent was sought before carrying out a task. For some of the bigger decisions some people lacked or had limited capacity. Their relatives confirmed they were always consulted for these decisions.

Staff spoken with were aware of the need to assess people's capacity to make specific decisions. Where appropriate, staff had involved family and professional representatives to ensure decisions made were in people's best interests. For example, one person had limited capacity to decide whether they needed an annual flu vaccination. It was explained to them at a level they understood so they could make an informed decision. Prior to the trip to the doctors there had been discussions with their relatives to decide if it was in their best interests should the need arise. With all the preparation work the person consented to the injection so they could prevent illness.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

People were supported by staff who had undertaken training in health and safety and other subjects relevant to the people who used the service. Staff were competent in their roles and told us they received good training. Some staff felt further training in specialist signing may be beneficial to them when communicating with people. The registered manager explained most people had a limited amount of signs they used; they would consider if there were further opportunities for staff.

All of the staff received regular supervisions with the registered manager. Supervisions were an opportunity to discuss their practice and any further training needs. Recently, the registered manager had identified a need for in depth autism training. One member of staff was positive about what had been arranged and said, "I learnt a lot from doing a course on it [meaning the autism training]".

People had access to healthcare professionals according to their individual needs. During the inspection one person attended their annual health check at the doctors. Another person had been supported by staff and their family to see specialist doctors. In the past a person who had suffered a family loss had been to a bereavement counsellor. Each person had a detailed 'hospital passport'. This was a document to inform staff in hospital about their care needs and wishes when they struggled to communicate. For example, one person's passport said, "I have the capacity to consent to minor treatment when explained. But I would look to my parents or staff at [Church View] to consent to major treatment".

The PIR told us and we found people personally made food choices each week. Healthy eating was promoted. One person told us, "The food is good. All of us decide the menu". They had a health condition and knew their dietary requirements. We were told if they wanted something different for a meal they could have it. All people were free to access food and drink throughout the day. One relative said, "They [meaning the staff] have encouraged them [meaning their family member] to eat fruit".

Good

Is the service caring?

Our findings

The home continued to provide a caring service to people. People and their relatives were complimentary about the staff who worked at the home. We saw people smiling and joking with staff. One person gave them a hug which was reciprocated as their way of demonstrating affection. One relative said, "Staff are very friendly" and "They are very caring and considerate". Another relative explained the staff always wanted the best for their family member. They told us when their family member visited them "Staff put hair gel on [name of person] and their best clothes on".

The PIR, monthly phone calls and surveys sent to relatives reflected the comments we received during the inspection. One recent completed survey said, "They provide a caring, happy home environment where people feel safe to enjoy life to the full". Whilst another said, "The care our [family member] receives is excellent" and "Kindness and respect are shown at all times".

During the visit we saw kind and patient interactions between staff and the people they were supporting. No one was rushed and staff helped people at their own pace. For example, one person was in the garden sitting in the sun. The member of staff identified they were getting hot so went out to have a conversation and offer an alternative shady seat. Two other people were sitting having a cup of tea and the member of staff joined them to be social.

People had excellent involvement in decision making about their care and treatment. Once a month each person had a meeting with a named member of staff to discuss how they were. Every six months people had their choices reviewed such as the activities they participated in and holidays they would like to go on. Instructions to staff read "[People] must be involved in all decisions that are made in their lives, including not only, daily life decisions but also the bigger decisions that are made". To support these discussions staff used a choice wheel which provided visual support for people to make informed choices. For example, one person's discussion said, "[Name of person] chooses and continues to help at the coffee morning and lunch club held once a month in the village hall". It also identified the barriers to choice for each person so staff could work on solutions with them.

People's privacy and dignity was respected by staff. One member of staff told us about supporting someone with intimate care. They would "Close the door" and "Make sure they were wearing a dressing gown when going to the bathroom". They would encourage the person to try and wash parts of their body themselves first. We saw all staff knocked on doors before entering.

People's religious and cultural needs were respected by staff. One person told us "On Sunday I go to [name of place] which is community worship". Another person's care plan said, "I do not have any religious preferences but I enjoy going to church to the carol service at Christmas". The person confirmed they did this every year.

People were supported to stay in contact with those who were important to them and have visitors. Two people had their own mobile phones. One person told us "I ring my mum and dad every night". One person

told us their friend had come for tea. Another person was being supported by staff to have their friend over for tea. They became animated and smiled when we spoke with them about this.

Good

Is the service responsive?

Our findings

The home continued to be responsive. Each person had a detailed care plan which outlined their needs and personal preferences. They provided guidance for staff to meet their care needs. One person's care plan said, "I like diggers, tractors, lorries, cars. In fact most machines" and during the inspection they showed us their toy vehicles. It continued to say the things they did not like "Being rushed – especially in the morning" and "Being out in the cold and rain". This helped staff to understand the interests and wishes of people with less ability to communicate them. All people signed their care plan paperwork to acknowledge they had participated in the discussions.

Care and support was responsive to people's changing needs. Handovers between staff provided daily updates about these. Every month each person met with a named member of staff to review their care plan. This was a chance to make changes or say how they were feeling. Staff were able to check all their paperwork was up to date and in line with their care needs and wishes.

Most people had been living in the home for a long period of time. One person had recently moved to the home following a closure of the provider's other home. Staff had involved the person and their family in the transition. The person's relative said, "The transition went remarkably well" and explained staff had considered the person's needs throughout. They continued, "I can only sing their [meaning the staff] praises" for making it work because they understood their family member's needs so well.

Everyone had access to an inclusive and person centred activity plan. Each person had a visual timetable to show their weekly schedule of activities. These had pictures or symbols alongside words so they could understand them. Where possible, people were encouraged to independently access activities. Two people completed regular work experience in a local café and they both told us they enjoyed this. One relative told us there was "A challenging programme of activities" and continued to tell us "[Name of person] has taken up drumming. I would not have thought of that". "We have reviews to go through long term plans. They [meaning staff] listen to views and suggestions".

One person showed us their memory book. This had been set up with the support of staff to capture memories of activities they had completed and important events for them. They showed us a trip to Mary Poppins and a local animal park. There were pictures of family members they had visited following significant events such as the birth of a baby.

The provider had a complaints procedure which was displayed in people's bedrooms and shared with relatives. One person knew to speak with their family or a member of staff if they had a problem. One relative said, "I have no complaints". There had been no recorded complaints since the previous inspection. The registered manager took a proactive approach so all relatives had their phone number to discuss concerns before they escalated. One relative said, "Where there have been issues staff have been very responsive to sort it". They gave an example of raising concerns about their family member putting on weight and then staff reviewing the person's diet.

Good

Is the service well-led?

Our findings

The home continued to be well led. There was a registered manager in post who was also the provider. 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.

We saw people had positive relationships with the registered manager. People smiled when they saw the registered manager and some went to hug them as a greeting. Relatives and staff spoke highly of them. One relative said, "Very impressed" when they were asked about the registered manager. "They have a good handle. They are straight in there. Hands on. Not just sitting in the background". Another relative recognised the registered manager led the positive culture in the home. They said "[The registered manager's name] likes things done. Has high standards". One member of staff said, "[Name of registered manager] are good". Whilst another told us, "I look forward to coming to work". All of them were positive about the registered manager working regular shifts to experience what was happening.

The registered manager had a clear, open culture for the home which reflected what the PIR told us. They told us they created a home for the people like an extended family. This was communicated to staff and they understood this. One member of staff told us the registered manager's vision was, "To promote independence and be homely. To be a happy and safe environment for the people".

The registered manager had quality assurance systems which enabled the quality of the care and the environment to be monitored and improved. We looked at their action plan and some of their own audits. These showed good standards were being maintained. One of their current actions was to update all the provider's policies and procedures. They also liaised with external parties to complete further audits and drive improvements. For example, the registered manager had linked with another registered manager to complete observations and reflect on their practice. The local pharmacy had recently completed a medicine audit. By using external parties the registered manager told us they were getting a fresh pair of eyes to see how the service ran. This helped them to improve the care people received.

People continued to receive high quality care from staff who regularly had their practices observed. These were completed by the registered manager and their peer observations. During one of these it said "[Name of staff member] upholds [people's] dignity and privacy by knocking before entering their [meaning the people's] rooms, administering medicines in the privacy of their rooms". In addition, they had checked gloves and aprons were being used when supporting people with intimate care and observed people were asked about their meal choices for the next week. By doing this people's care and support was being monitored.

The registered manager and staff had developed strong links with the local community. This ensured people felt part of village life. One relative told us every time they visited and stayed in the local pub they could see everyone knew their family member. During the inspection we saw they had good links with the local clubs.