

Kent County Council

# West View Integrated Care Centre

## Inspection report

Plummer Lane  
Tenterden  
Kent  
TN30 6TX

Tel: 01580261500  
Website: [www.kent.gov.uk](http://www.kent.gov.uk)

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

West View Integrated Care Centre is a residential care home providing personal care to 20 people aged 65 and over at the time of the inspection. The service can support up to 40 people. The service is purpose built, with support being provided in two units. One unit supported people living with dementia and the other for older people with a variety of care needs. Five of the people supported live at the service permanently. All the other people were supported for short stays for respite or to enable people to leave hospital, have their needs assessed or be supported to regain their independence to return to their home.

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

People and their loved ones told us that staff were welcoming, supportive and caring. People were involved in planning their own care both at the service and when they moved on. Staff supported people to maintain and develop independent skills.

People's needs were assessed prior to using the service. They were supported to have the food and drink they enjoyed in a way that helped them stay healthy. Staff worked closely with other professionals to support people's health. Effective systems were in place to support people when moving in and out of the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they felt safe at the service. Staff understood their role in safeguarding people from abuse. Risks to people had been assessed and plans to minimise risks were updated throughout their stay. People's medicines were managed safely and by trained competent staff. Staff understood the need for infection control and the service was clean and free of odours.

People received person centred care based on their needs and preferences. Care plans reflected the care given and contained details about the person's life history. People were supported to take part in a range of activities and could have visitors at any time. People's care plans contained details of their end of life wishes. People were asked for their views on the service via surveys and resident's meetings.

People and staff told us the management team were approachable and open to suggestions. There were enough staff to meet people's needs and they were recruited safely. Complaints were dealt with in line with the providers procedure and used as a tool to drive improvement. Audits were completed and accidents and incidents reviewed. Shortfalls were identified and action was taken to resolve. Learning was shared with staff and when relevant people and their loved ones.

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 and update

The last rating for this service was requires improvement (published 02 August 2018) and there were

multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

# West View Integrated Care Centre

## **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.

Our last inspection (14 March 2018) was prompted in part by a number of notifications of incidents following which people using the service died or sustained a serious injury. These incidents were subject to a safeguarding investigation. No further action was taken following the investigation.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 of this information to plan our inspection.

During the inspection-

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke to the registered manager, and four staff. We reviewed care plans and other documents relating to six people's care. We also looked at documents relating to the running of the service including, two staff recruitment files, staff training records, safety checks and audits.

# Is the service safe?

## Our findings

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

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

Assessing risk, safety monitoring and management; Staffing and recruitment

At our last inspection risks to people were not assessed in a timely fashion placing people at risk of harm and there were not always enough staff to keep people safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People and their relatives told us they felt safe at Westview. One relative told us, "He is extremely safe. he falls asleep a lot he has his cushions as he needs them to support him. The staff come in and check on him all the time."
- Risks to people were assessed and plans were put in place to minimise risks to people. Staff developed risk assessments with people and their loved ones where possible.
- Staff used equipment such as sensor mats and alarms to ensure they could respond quickly to people at risk of falling. Staff updated people's risk assessments throughout the duration of their stay, taking into account improvements or deteriorations in their condition.
- There were sufficient staff to meet people's needs and keep them safe. People told us that when they needed support and used their call bells, they were answered promptly by staff.
- Since our last inspection staffing levels had been assessed and improved. Staff told us, "Extra staff have really helped. We now have two team leaders every shift. It makes a big difference."
- New staff were recruited in line with the provider's policies and included reference checks and full work histories. Disclosure and Barring Service (DBS) background checks. DBS checks help employers to make safer recruitment decisions.

Using medicines safely

At our last inspection we made a recommendation that the provider put in place PRN protocols for all 'as and when required' medicines.

- When people used 'as and when required' medicines there was guidance in place to advise staff when to offer the medicines, what they were for and how many doses people should have in 24 hours.
- Medicines were administered by staff who were trained and assessed as competent.
- When people were staying at the service for a short visit there was a clear system to book in and out people's medicines.

- People's medicine records included a photo of the person, details of side effects for staff to look out for and all records were completed fully and accurately.

#### Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities in relation to safeguarding people from abuse. They could tell us about the types of abuse they may encounter and who they would report their concerns to.
- When people were at the service for a short stay, staff took the time to ensure they were not at risk when returning home. Staff supported people to understand how to stay safe and who to contact if they were worried.

#### Preventing and controlling infection

- We observed the service to be clean, well maintained and without odour throughout. A relative told us, "It's always clean and tidy, her room is spotless."
- There were dedicated domestic staff who carried out regular cleaning of the service. Staff had access to and used personal protective equipment such as gloves and aprons when required.

#### Learning lessons when things go wrong

- Accidents and incidents were reviewed for learning and themes. The registered manager had recently developed new documentation to further identify actions which could be taken to minimise reoccurrence of incidents.
- For example, a concern was raised about the sensors used in people's rooms. Some people living with dementia could mistake the noise from the sensor for a door bell which would cause them to get up and on occasions fall. The system was replaced throughout the service with one which did not have the same noise. People now do not try to get up when the monitor sounds.

# 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 requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we found that people's needs had not always been assessed prior to using the service. We recommended the service review their systems, based on current best practice, for communicating and recording information relating to people's care needs.

- People's needs were always assessed before they moved into the service to make staff could meet their needs and ensure necessary equipment such as airflow mattresses were in place.
- Staff told us they 'Assess people's needs on a daily basis.' When people were at the service for short stays their care plans were updated throughout their stay as staff got to know people better.
- One person told us, "They have done a fantastic job from the first day we have been here. They have exactly, the information needed to make you feel settled."

Staff support: induction, training, skills and experience

- Staff continued to receive the training and support to complete their roles. Staff completed a mixture of online and face to face training in a range of subjects specific to their roles, including enablement. Enablement is support focussed on supporting people to regain skills they may have lost due to illness.
- All staff completed the providers induction process, which included having their competency reviewed and signed off. All staff were in the process of completing the care certificate, regardless of any previous qualifications.
- Since the last inspection, the team leader had improved the supervision spreadsheet to allocate staff members to team leaders to ensure all staff received supervision every eight weeks.

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

- People and their relatives told us they enjoyed the food. One relative told us, "The food is good, he does not leave a thing on his plate."
- People had a choice of meals and the menu was displayed in the dining area including photographs of the food on offer.
- Lunchtime was a social event with people and staff chatting and laughing. People's loved ones could join them for meals if they wished.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with a range of professionals and agencies to meet people's needs.
- When people were at the service for short stays staff worked with professionals such as occupational therapists and social workers to understand people's needs and support them to get the right support when they left the service.
- Staff had developed positive communication systems with local hospitals and other care services in order to support people to have smooth transitions in and out of the service.

#### Adapting service, design, decoration to meet people's needs

- The service was purpose built to meet people's needs. A relative told us, "It's light and airy purpose built she has everything she needs" and "Everything about the layout is so good. People do not need to travel far to get anywhere, they have access to outside space, and all the bedrooms are linked to a seating / dining area. The outlook is really stunning."
- One person told us, "It's a nice building, it's all fancy and I like it."
- Signage was in place to help people find their way around. People had their names by bedroom doors and doors were different colours to help people identify their own room.

#### Supporting people to live healthier lives, access healthcare services and support

- People's health was monitored, and action was taken when people's needs changed. For example, when someone presented as confused with different behaviours, staff took urine samples to check for infections and asked the GP to review the person. A relative told us, "They watch him all the time. They often tell me that he is on the doctors list. He gets a lot of urine infections, so they look out for him. They encourage him to drink a lot."
- Some people's food and fluid intake had been monitored due to low appetite or weight loss. When the person's weight had increased this had been reviewed and removed.
- Staff had noted a change in a person's memory re-call and the person had been referred and assessed for possible dementia by the mental health team.

#### 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the MCA and asked people for consent when supporting them.
- Assessments had been completed of people's capacity and these were updated as required. When people lacked capacity, decisions had been made in their best interest.
- DoLS had been applied for as required and were renewed as required.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who were kind and compassionate. One person became distressed during the inspection. Staff took time to sit with the person and listen to their worries. They held the person's hand and offered reassurance.
- Staff built relationships with people quickly to enable them to support them in short visits.
- People and their loved ones told us, staff were very welcoming, and this helped them to settle in quickly and feel at home.

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

- People and their loved ones were involved in planning their care.
- Staff supported people to understand their options when leaving the service and to express their views about their care moving forward.
- Residents meetings were held regularly for people who lived at the service permanently. People were able to give their views about changes they would make at the service and these were acted upon.

Respecting and promoting people's privacy, dignity and independence

- People told us staff supported them to be independent. One staff member told us, "We are trying to enable her. All the time we can support her and encourage her to keep as much independence."
- People and their relatives told us that staff respected and upheld their dignity. One relative told us, "When we arrived mum had had an accident, and the male carer asked if he could support her or if she wanted a female staff member. Mum didn't mind, and so he supported her. You can't get a better example of how supportive and kind they are. It was the first thing they did for her."
- Staff supported people to regain their confidence and independence. They encouraged people to try things and supported them to do this in their room or private areas if they were concerned.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

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

- People's care plans were now detailed, and person centred. Where people had a preferred name, this was noted within their records and used by staff. Care plans contained details including how the person liked to be supported, and what support the person needed from staff. One person's care plan noted they had a particular soap they liked to use.
- People's care plans were regularly updated and reviewed. When people visited the service for respite and returned for additional stays their care plan was updated. If a change in people's needs was identified this was shared with loved ones and other professionals.

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.

- People could have information in a range of formats such as large print and with symbols or pictures.
- Daily menus had photographs of meals to support people in making choices. One person supported staff to put up the correct photos for the day's menu.

Supporting people to develop and maintain relationships to avoid social isolation

- People were supported to engage in meaningful activities. There was an activities coordinator who completed crosswords with people one on one or read through the news headlines with people. There were also group activities such as entertainers, summer fairs and organisations bringing animals in for people to learn about and hold.
- People could access the day centre on site to take part in a further range of activities.
- People's loved ones could visit them at any time and spend time with them in their room or the communal areas. People's visitors were very relaxed at the service and helped themselves to drinks from the kitchen area for themselves and their loved ones.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise concerns. One relative told us, "If you have any concerns you can go to the management, but I never have any concerns."
- Complaints had been dealt with in line with the provider's procedure. The registered manager told us,

"Complaints are used as a learning tool to see what we can do better."

#### End of life care and support

- People's care plan detailed what they would like to happen to them if they became unwell, and who they would like contacted.
- Some people had DNACPR's in place. A DNACPR is an advanced decision about the amount of medical interventions people would like if they were very unwell.
- A relative told us, "I've seen staff look after people who have passed away, and it has been wonderful it's my only wish for him to stay here to be cared for by them."

# 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 requires improvement. At this inspection this key question has improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour

At our last inspection the provider had failed to establish and operate systems to assess, monitor and improve the quality and safety of the services provided. Not all risks had been assessed and mitigated in a timely fashion. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- Regular audits were completed to monitor the quality of care provided. Any shortfalls were highlighted and formed the basis of an action plan.
- The registered manager had informed CQC of any notifiable incidents in a timely fashion. The rating for the previous inspection was displayed in the service and on the provider's website.
- Any learning from the outcome of complaints or incidents was shared with people, relatives and staff along with the details of actions taken to minimise the risk of reoccurrence.
- Systems had been developed to monitor risk management and ensure that risks to people were recorded as part of their initial assessment before they came to the service.

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

- Since the last inspection the service had employed a new registered manager. Staff told us the registered manager was approachable and open to ideas. One staff member said, "The management team want to keep making the support we give better, which is really positive."
- People and their loved ones told us they were happy to share their views and that they would be listened to. People who had stayed previously had stated in feedback that the service had improved.

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

- People who lived at the service permanently attended resident's meetings where they gave feedback on the service and made suggestions for improvements. For example, changes to the menu or activities they

would like to try.

- Surveys were completed by people or their loved ones. The results were being collated at the time of the inspection. Action had already been taken to address shortfalls identified.

#### Continuous learning and improving care

- The registered manager was focused on continual improvement for the service. The service was going to be offering an enablement stay for people. In order to support this the registered manager had ensured that the additional resources required such as a kitchen for people to use to practice skills was in place prior to the first stay.
- The management team continually reviewed the support they were providing and how they could make systems more effective. For example, one person was now the lead for all referrals to the service. They ensured the correct type of assessment was carried out and that the service could meet people's needs before admitting them.

#### Working in partnership with others

- Other agencies were based at West View including social workers and physiotherapists. Staff worked closely with these professionals to meet people's needs.
- Staff had regular contact with people's GPs to ensure they were up to date with people's needs and respond quickly to possible infections or health deteriorations.