







# Community Integrated Care Dean View Villas

## Inspection report

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Date of inspection visit: 03 August 2015  
Date of publication: 02/09/2015

### 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	

### Overall summary

This inspection took place on the 3 August 2015 and was unannounced. This meant the provider did not know we would be visiting. We last inspected Dean View Villas on 5 August 2013 and found it to be meeting all legal requirements we inspected against.

Dean View Villas is a care home run by Community Integrated Care. It provides personal care

and accommodation for up to eight people with learning and physical disabilities. Dean View Villas is a purpose built care home; it comprises of two inter linked villas. All bedrooms are for single occupancy and are suitable for people who use wheelchairs.

At the time of the inspection there were eight people living at the service.

There was a well-established registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

It was acknowledged by the registered manager that there had been some difficulties within the organisation in accessing training and ensuring it was kept up to date. They told us a new external training provider had now been engaged by the organisation and any training that was required had been booked. This included mandatory training as well as training that was specific to the needs of the people living at Dean View Villas.

Some staff had not received an annual appraisal or regular supervisions but matrixes were in place and were being used to identify when appraisals and supervisions were due. The registered manager and senior care staff were aware that priority needed to be given to completing these appraisal and supervision meetings. Care staff told us they felt well supported and were able to approach the registered manager and senior care staff for support and advice whenever they needed to.

Staff had a good understanding of safeguarding and whistleblowing and were aware of procedures to follow should they have any concerns.

Premises safety was well managed with relevant risk assessments and contingency plans in place. Staff were aware of fire safety procedures and there were specific evacuation plans detailing day time and night time procedures.

Accidents and incidents were recorded electronically and staff were aware that any incident should lead to a review of care records and risk assessments due to the possibility that a person's needs may have changed.

Recruitment included pre-employment checks before staff started in post, which included a full employment history, references and a disclosure and barring service check. Staffing levels were such that people's needs were met, and we saw that rota's were flexible so additional staff were on shift on day's where people had set activities or appointments that they needed to attend.

The staff team were proactive in safely managing people's medicines and requested medicine reviews if they were concerned with regard to the amount of medicine people

were prescribed. We observed staff discussing one person's medicine with their doctor and this was done in a professional manner which showed mutual respect for each other's knowledge and awareness.

There was a good understanding of mental capacity and deprivation of liberty safeguards. Care plans identified how to support people to make their own decisions and where staff were making decisions on people's behalf this was completed in line with best interest decision making and involved the person, family members and other professionals in an appropriate and relevant manner.

The service had won an award in the North East British Care Awards 2014 for involving people in nutrition care, acting as advocates for people and challenging the system. Guidelines were in place from speech and language therapists in relation to supporting people with eating and drinking and this information had been used in the development of care plans and menu plans.

Health care needs were met with regular check-ups with dentists, chiropodists and opticians as well as doctors and district nurses.

We observed warm and caring relationships between staff and the people living at Dean View Villas. Staff were aware of people's history and treated people with a great deal of respect and dignity. Staff asked consent before supporting people and were seen to actively engage with people in relation to involving people in keeping care records up to date.

Care records were specific to the person being supported and were written in a way which acknowledged people's independence and preferences. Each person had a communication passport which detailed the best ways for staff to engage in conversation with people. People also had health plans which were used should people be admitted to hospital so nursing staff had relevant information on the person's background, support needs and communication style.

People were supported to engage in activities of their choosing and lessons learnt logs were used to record what worked well about the activity and how care and support may need to change to make it a more enjoyable activity for people. Each month a 'my memories' sheet was completed which gave a record of all the memorable events that had happened for the person that month.

# Summary of findings

Pictorial information was available on the complaints procedures and visitors said they knew how to complain but said, “There’s nothing to complain about.” The registered manager felt this was because they had open lines of communication with people and their families and any concerns were openly discussed and resolved before there was a need for formal complaints to be raised.

There were a variety of audits in place to monitor and improve quality. The staff team had a culture which was

driven by providing the best quality of life for people living at Dean View Villas. Staff actively engaged with people to raise money to make improvements to the environment and had raised sufficient funds to develop a sensory room for people and were in the process of discussing ‘dignity days’ which would be used as fundraising opportunities to further develop the garden so it was accessible for people who used wheelchairs.

# 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 safe. Staff had a good understanding of safeguarding and whistle-blowing and one visitor told us they would not want their relative cared for anywhere else.

Contingency plans were in place and risks were well managed, recorded and reviewed.

Staff told us there were enough staff to meet people's needs.

Medicines were managed in a safe and proactive manner.

Good



### Is the service effective?

The service was mainly effective. Staff had not always received appraisal and supervision in line with the expectations of the organisation but they said they felt well supported.

Training was not up to date but the organisation had recently begun working with a new training provider and all outstanding training had been booked.

There was a good level of understanding of mental capacity and deprivation of liberty safeguards.

Staff were proactive in liaising with health care professionals.

Requires improvement



### Is the service caring?

The service was caring. Staff approach was respectful, caring and compassionate. Staff understood that one person, "Needed a hug now and again." This was managed appropriately and respectfully via sensitive care planning.

People were involved in all aspects of their care and worked alongside staff in raising money for improvements of their choosing such as a sensory room and a wheelchair accessible garden.

Good



### Is the service responsive?

The service was responsive. Care plans were specific to the individual and recognised the person as well as the support that was needed.

People were supported to take part in a range of activities and interests and learning logs were used to assess people's enjoyment.

Compliments and complaints were recorded and the registered manager explained there had been no complaints, which they felt was due to the positive working relationships they had with families and other professionals.

Good



# Summary of findings

## Is the service well-led?

The service was well-led. Staff told us they were well supported by an approachable registered manager.

We saw the registered manager worked alongside the care staff in a supportive and open manner. They were approachable and very focused on ensuring the people living at Dean View Villas and the staff team were well supported.

A variety of audits were in place and people, staff and relatives were involved in developing the service to ensure high quality, individual care and support was available to all.

Good



# Dean View Villas

## 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 3 August 2015 and was unannounced.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had

received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. The provider also completed 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 what improvements they plan to make.

During the inspection we met with the people who lived at the service. We spoke with two visitors, five members of staff including the registered manager, care staff and senior care staff. We contacted the local authority safeguarding team and commissioners of the service to gain their views.

We looked at four peoples care records and four staff files including recruitment information. We reviewed medicine records and supervision and training logs as well as records relating to the management of the service.

# Is the service safe?

## Our findings

One relative said, “We wouldn’t have [relative] anywhere else, they are safe here.”

Information on safeguarding and whistleblowing was on display around the service and staff were able to explain what safeguarding meant and the action they would need to take should they be concerned. A safeguarding file was in place which contained policies and procedures which staff had signed to say they had read and understood the information. There was also a safeguarding log which was used to record relevant information in relation to any investigations and referrals to the local safeguarding team.

Easy read, pictorial safeguarding information was in place for the people living at the service, as was information from the local authority safeguarding board.

Relevant risk assessments were in place and were regularly reviewed. These included assessments in relation to the use of transport and support with mobility. One person’s mobility risk assessment identified when the person needed to use a stand aid hoist, how staff should respond and the specific support the person needed and what records should be completed.

We observed safe moving and handling practices and noted that one staff member took the lead and told the person what was going to happen so they were involved and knew what staff were going to do. The second staff member took directions from the lead.

Emergency plans were in place which included evacuation procedures and each person had a personal emergency evacuation plan which contained specific detail for day and night time evacuation procedures.

Relevant checks of emergency equipment and firefighting equipment had been completed and any necessary action had been taken to ensure people remained safe.

Contingency plans were in place in the event of loss of electricity or gas or if there was a flood. A list of emergency contact details were available as was the address of a nearby home where people could be moved to should an evacuation be necessary.

An electronic system was used for the recording and analysing of accidents and incidents and staff were aware that if there was an incident a review of care records should follow to ensure the support was appropriate and any risks were being managed effectively. Senior managers were

able to review and analyse the information and request any additional information or action as required.

The registered manager explained that each person’s support needs had been mapped and this was used to determine the staffing levels which were needed to ensure everyone’s needs were met. A senior support staff member showed us the rota and we saw that staffing was flexible and was changed if people had specific appointments or activities they wanted to attend. One staff member told us, “There are enough staff to meet people’s needs, it’s a case of being flexible and adaptable.” The registered manager said, “We generally have six care staff each day, including the seniors, and there are two waking staff at night time.” The registered manager went on to say that they were supernumerary to the rota but we saw that they provided direct support for people as and when needed or requested.

Appropriate recruitment practices were followed and we saw pre-employment checks had been made before people starting working at the service which included two references and a disclosure and barring service check, as well as a full employment history and a face to face interview.

Each person had a medicines file which included their photograph and details of any allergies as well as the contact details for their doctor, pharmacy and district nurse. There was a staff signature sheet which included their role, signature and initials so they could be identified on the medicine administration records (MARs).

One person had a support plan in place for the covert administration of medicines. This meant the person’s medicine could be added to food if needed to ensure they took it. The doctor and the person’s relatives had been involved in this decision and the doctor had provided a signed letter confirming the procedure to follow.

Care plans were in place for any as and when required medicines that people had been prescribed.

## Is the service safe?

We noted there was a medicine whiteboard in the office and the senior care staff member said, “Any recent changes in medicines are noted on the board for staff members as it’s a quick reference. We also record who should complete the medicine check on a daily basis.”

The staff team were proactive in requesting medicine reviews for people and the registered manager explained

that for one person they felt they had been prescribed an excessive amount of medicine which was impacting on their quality of life so they arranged an immediate review with the doctor to discuss their concerns.

We observed a staff member discussing a person’s medicine with their doctor. The doctor updated the MAR during their visit and the staff member immediately mentioned that they would update care records and let the other staff know of the changes.



# Is the service effective?

## Our findings

One staff member said, “We are very well supported, I did my induction when I was on the bank, and the support off everyone is great.” (‘Bank’ means the member of staff was working on an as and when needed basis.) The same staff member went on to say, “I like it so much here I decided to take on a more permanent contract other than bank work.”

We saw supervision and appraisal matrixes were in place but we identified that some staff were overdue for supervisions. Staff did say that they felt very well supported and could approach the registered manager and senior staff for support as and when it was needed. The appraisal matrix for 2015 showed that 17 staff were due for an appraisal in June but nine had not yet been completed. The senior care staff explained these were ongoing and would be completed.

We saw that not all training was up to date but the organisation had recently started using a new external training provider and all training that was required had been booked; this included specific training in relation to epilepsy; behaviour which may challenge and all mandatory training.

One staff member said, “Training is very demanding but its good. I’ve done a diploma in health and social care it included information on seizures, first aid, safeguarding, mental capacity, dietary needs, medicines and the complaints procedure.”

The registered manager told us, “The care certificate is being completed by staff who have recently joined the team in addition to the organisations in house induction programme.” The care certificate is an identified set of standards that health and social care staff adhere to in their working life. It means staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We saw that the registered manager was aware of and following the requirements of DoLS. Appropriate applications had been made and authorised and we saw that the registered manager was actively working with other health care professionals to

ensure the conditions were complied with. The registered manager said, “I’ve spoken to [health care professional] about completing mental capacity assessments so we can make formal best interest decisions.”

Care plans were in place to support people with decision making and it was recorded that any decisions made on behalf of the person receiving care had to be completed in their best interests and in line with the mental capacity act. This information included who the appropriate people would be to include in the assessment and decision making process.

Where people had been assessed as being at risk of malnutrition referrals had been made to speech and language therapists. Guidelines and recommendations for people’s dietary needs and how to support people if staff felt they were at risk of choking from certain foods. Nutrition and hydration guidelines were included in peoples care records and were also kept in the kitchen areas for ready access by care staff when cooking and preparing meals.

A pictorial menu was on display and people were encouraged and supported to make decisions over what they wanted to have to eat at meal times. We saw staff support and encourage people to eat a nutritious and balanced meal, offering alternatives if people didn’t want to eat their first choice.

The service was also a North East award winner for hydration and nutrition in the British Care Awards 2014 for ‘Involving the people living in the service in providing stimulatory nutritional care, acting as an advocate and challenging the system’. The journal article went on to say ‘[The registered manager] is passionate and driven in promoting person centred care.’

Care records included all aspects of people’s individual health care needs such as sight; hearing; nail and foot care; skin care; dental care and continence care. We were able to see that specialised input from occupational therapists were accessed as needed, such as one person having a specialised chair made to support them with posture and comfort. Doctors and nurses were also contacted if the care staff felt either a discussion or consultation was needed in order to assess someone’s health care.

Several members of staff explained that they had recently needed to challenge external health professionals with

## Is the service effective?

regard to the support needs of someone who had received care in a hospital setting. Staff had done this in a professional manner which had resulted in a better outcome for the person being supported.

# Is the service caring?

## Our findings

One person living at Dean View Villas was asked if they were happy where they were living. They said, "You've got one happy bunny here!"

One relative said, "The staff are wonderful, they look after [relative] really well." They went on to say, "They deserve a medal, they are wonderful." Another relative said, "I would move in here myself. The care is second to none."

People were supported on a one to one basis when needed and were treated with kindness, compassion and respect. One person showed a great deal of affection towards the care staff and often sought out touch and physical contact which was reciprocated with respect in an appropriate and caring manner. We saw that the importance of appropriate touch was recorded in the persons care plan and communication passport so staff understood the importance of this for the person and how to respond. One staff member said, "It might be the only human contact they have and we all need a hug from time to time." They added, "It's important people know they are cared about." Staff were very aware that touch should be at the persons instigation and reciprocated in an appropriate and respectful manner.

Staff were very knowledgeable about people and were able to share their history in a genuinely warm and affectionate manner, thinking ahead and using the knowledge of people to think of things they may enjoy in the future.

Relationships circles had been completed and were reviewed regularly so staff members could see who was important to people, what their relationship was and the places people went to meet with friends and family.

There was a dignity champion at the service and a well-used dignity board was on display. This included photographs of the people being supported enjoying and

participating in fund raising events with friends, family and members of staff. There were lots of photographs on display around the service and staff had been creative in using wall space for murals and personalising the service.

We saw that staff were very respectful of people and we heard staff asking people if it was okay to support them before they did so and knocking on doors before entering. People gave permission for the inspector to look around their home with staff and were proud to show us their bedrooms which had been individually furnished and decorated according to the persons taste and choice. We saw that one person who was unwell on the day of the inspection was very well cared for with staff hardly leaving their side in case something was needed.

There was a well-equipped and welcoming sensory room which had been completed through the initiative, fund-raising and creativity of the staff team. The room was bright and welcoming, brought the garden inside by the use of tactile indoor grass and various plants. The ceiling was painted to reflect a sunny day and was decorated with lights, butterflies and vines. There was a water bed or appropriate seating for people to use as well as music and sensory lighting.

The team were also in the process of fund raising with the people living in the service to improve the accessibility of the garden area for people who used wheelchairs. A patio area and outdoor dining space was already completed. There were sheds for people to use and benches and memorials commemorated and celebrated the lives of people who used to live at Dean View Villas.

People were free to use the space in their home as they chose to do so. Some people enjoyed spending time in the office area which they were supported to do with staff actively involving them in reviewing of their records and updating paperwork in relation to the person. Staff ensured other people's confidentiality was maintained at all times.

# Is the service responsive?

## Our findings

One staff member said, "It's not like a job, it's like coming home." They added, "We want the best for people, it's about them isn't it. I love it!"

Many person centred thinking tools were used in peoples care records. Person centred thinking tools are easy to use tools which help people plan, think, understand and connect with each other.

One page profiles were in place for people who were being supported. These profiles provided a pen picture of what is important to the person, what other people like and admire about the person and how best to support them; including their likes and dislikes.

Each person had an 'All About Me' booklet which included their photograph and specific information that was individual to them. This included 'My best day ever,' the persons favourite people; favourite foods and favourite things as well as detail of the persons individual preferences. There was also information on the person's worst day ever and the things the person didn't like. This meant staff had a clear picture of the person and their personality as well as information on the persons support needs.

Support plans included an integral risk assessment so both the support and risk were reviewed together allowing a holistic approach to assessing the person's ongoing needs. Staff explained that support plans were the outcome of ongoing assessments and were written in a way which empowers the person to be involved and in control of their support.

Support plans were in place for accessing the community and having contact with family and friends as well as for support with personal care and medicine management.

Each person had a communication passport in place which detailed how best to communicate with the person so they would understand; how best to start and finish conversations with the person and a list of any behaviour or gestures the person might display and what they mean.

Quality of life audits were completed with people and included a record of the person's achievements, such as learning to use the computer as well as actions that people wanted staff to support them with. One person had

requested a personalised rota be put in place for them. Another action was to have monthly house meetings. We saw that all actions had been completed in a timely manner.

Full reviews of people's care and support with local authority social workers had been completed on a regular basis. Support staff also completed monthly reviews using a 'My Memories' sheet which gave a record of all the memorable things people had been involved in over the past month.

People were supported to attend activities of their choosing and to take an active role in the running of the household. Activities were recorded and planned. Activities learning logs were used to record any learning, i.e. what went well about the activity and what, if anything, needed to change about the activity or how the person was supported to attend. Learning logs are a person centred thinking tool which are used to record the learning, rather than just the activity. This means the information can be used to inform the planning of any future activities and to shape the support that is offered.

Pictorial complaints policies were in place and available in peoples care records and were also on display in the service. There was a compliments and complaints file in place which contained many thank you cards and compliments. The complaints procedure detailed suitable time frames for acknowledging and responding to complaints. There were no recorded complaints. The registered manager explained that they felt this was because they had positive working relationships with families and professionals so there was regular discussion and debate about people's care which meant people felt it was not necessary to make formal complaints.

Compliments were recorded and included comments such as, a nurse assessor who had written, 'the team are good with skin care.' A district nurse had said, 'Excellent staff which reduces call out.' A relative had commented, 'My [relative] is well cared for. The staff team are brilliant at their job.'

Organisational surveys were completed with staff and there were also organisation wide surveys sent to relatives. Results of surveys were published on the organisations website and available for people through annual reports. Results were seen to be organisation wide and not specific to Dean View Villas.

# Is the service well-led?

## Our findings

One staff member said, “There’s a good team ethos in place. We all support each other.” Another said, “Good team work, we are well supported, the manager’s really approachable and supportive, I couldn’t want anymore.” Another said “Everyone’s really helpful and supportive. I love it, really enjoy it.”

Team meetings were held every eight weeks and the registered manager explained that it was a priority that staff, the people living at Dean View Villas and their relatives were kept up to date with the organisational restructure and were well supported throughout the process. Team meetings also included the planning of a dignity day to raise money for further garden improvements; safeguarding; medicine management and seizure monitoring.

Meetings with people and their family members had been introduced and the last meeting in May 2015 had been well attended. Discussions included repairs; recruitment; meal times and changes in relation to an organisation restructure which was ongoing.

Each month care staff completed a checklist of all care records to ensure they were fully complete and up to date. This included the information passports, communication passports, a full review of activities attended and a plan for the next four weeks. All areas of care were assessed and there was a full review of any accidents and incidents and the health action plan so any trends or changes to need could be identified and care records updated.

There was a monitoring tool in place which included standards of care; health and safety; the environment;

safeguarding and staffing. Through the provider information return the registered manager had explained that this tool supported them to manage and develop an effective team that delivered high standards of qualitative care. Team building days were held which supported the staff team to highlight their strengths and areas for development which encouraged an environment of continuous development.

A variety of audits were completed to ensure the service was providing a good quality of support. This included monthly medicines audits; it was noted that some action was required in relation to previous gaps on administration records but further audits recorded that improvements had been seen and new staff were completing training.

Health and safety monthly checklists were recorded and included any action that was needed and when it had been completed. Food hygiene and kitchen audits included weekly and monthly tasks as well as a record of staff training.

A service quality assessment tool was used to assess the quality of the service as a whole and this tool produced a service improvement plan which specified any issues which needed to be addressed, the timeframe for completion and who was responsible. We noted that as actions had been completed they had been signed and dated as done.

One staff member was nominated for a ‘Summer Star’ award for their work on the sensory room, their creative skill and going above and beyond. This staff member won the award from the organisation achieving recognition for the support offered.