

Care View Services Limited

Careview Services

Inspection report

75 Birmingham Road
West Bromwich
West Midlands
B70 6PY

Tel: 01215326790

Website: www.careviewservices.co.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

This inspection took place on 28 November 2018 and was unannounced. We last inspected this service in August 2015 where the service was given an overall rating of good. At this latest inspection the service remained 'Good'

Care view services is a care home which is registered to provide care to up to 6 people. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home specialises in the care of people with a learning disability and mental health support needs. All bedrooms are for single occupation. On the day of our inspection there were 5 people living at Care View Services.

The service had a registered manager who was present during our inspection. 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.

People were protected from the risks of abuse because the provider had systems in place to minimise the risk of abuse and staff were trained to identify the possibility of abuse occurring. Staff understood their responsibility to act to protect people from the risk of abuse and how to escalate any concerns they had. People were protected from risks of injury associated with their needs because risks had been identified and management plans put in place so staff had the information they needed to minimise risks.

The provider had effective procedures in place for managing the maintenance of the premises and appropriate health and safety checks were carried out.

We observed there being enough staff on duty to meet the needs of people. People and their relatives told us there were enough staff on duty. There was an over reliance on agency workers however the provider stated they had recently recruited new staff members and would continue to do so. They added that the long-term plan is to have a full team of 11 permanent staff and use agency workers as a contingency.

People's consent was sought by staff. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff treated people with dignity and respect and helped to maintain people's independence. Staff were caring and compassionate towards people living at the home. People were given choices by staff to participate in activities. People who used the service had access to food and drinks and were supported to have food they enjoyed.

People, their relatives and health care professionals had been involved in the planning for their care needs. Care plans and risk assessments provided clear information and guidance for staff on how to support people to meet their needs.

People and relatives had confidence that they received a good standard of care. The provider had systems to allow them to monitor and improve the service as well as ensure potential risks were well managed. People's views were sought by the provider and these were acted upon. Staff felt well supported by the management team. The provider understood their legal responsibilities and how to maintain a current knowledge of any changes in the law or social care.

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 ●

Careview Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 28 November 2018 and was unannounced and was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and any improvements they plan to make. The provider submitted their PIR as required. We reviewed the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. Notifications are information the provider must send us by law. We contacted any commissioners involved with the service to see if they had any information to share with us prior to the inspection.

At the time of our inspection there were 5 people living at the home. Most people that lived in the home were not able to speak with us in depth to tell us what they thought about the service they received. We spoke with four people briefly. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us. We spoke with five staff members, registered manager and the provider's representative. We made telephone calls with three relatives and three professionals linked to the service between Friday 30 November 2018 and Monday 3rd December 2018.

We looked at the care records of two people living at the home, two recruitment records and records related to the management of the home including audits, medication and complaints.

Is the service safe?

Our findings

At our last inspection in August 2015 we rated this key question as 'good'. At this latest inspection we found the rating for this key question remains 'good'.

People we spoke to told us that they were happy at the home and we observed that people looked comfortable in the presence of management and staff. When asked if they were happy here, one person nodded and raised his thumb smiling. One relative told us, "(Name) is always happy at the home. When they visit us, they are always happy to go back to Care view".

Staff on duty were knowledgeable about types of abuse and had received training in how to protect people from abuse. Staff could describe the correct actions to take in response to abuse being reported or suspected and whistleblowing concerns. A staff member told us, "There are many different types of abuse such as financial, physical and emotional. If I saw a member of staff abusing a resident I would intervene so that the person was safe. I would then report the matter to my manager. If my manager was the abuser, I would report it to the owners, If I wasn't happy with the response I would inform CQC (Care Quality Commission)". We found the provider's safeguarding and whistleblowing policies reflected local procedures, reviewing people's records confirmed any identified concerns were escalated to the local authority as needed.

People had risk assessments in place in relation to their needs, activities and accessing the community. Assessments were detailed and stated actions to take to minimise risks. For example, one person who potentially may have diabetes. Their risk assessment gave staff clear instructions on what to do if the person was displaying symptoms and how to manage these safely. The provider had environmental risk assessments in place relating to, for example, the building, care practice and activities which contained detailed information on hazards and how to manage risks. For example, we saw risk assessments in place for people who used the service on a range of topics, such as preventing scalding in the shower and fire safety. Appropriate health and safety checks were carried out and records for that showed equipment and premises was safe, for example portable appliance testing, gas safety and electrical installation were all up to date.

There were sufficient numbers of staff on duty to keep people safe. The registered manager showed us a staffing rota and told us that staffing levels were arranged according to the needs of the people using the service. Reviewing the records indicated an over reliance on agency workers due to having two vacancies available. Four staff members had left the service within the last 12 months, the registered manager had recently recruited a permanent staff member and planned to continue to recruit more staff. One staff member we spoke to informed us that they had started as an agency worker and had now secured a permanent contract with the provider. The registered manager told us "We are recruiting now, I want to have a full team of permanent workers and only use agency workers as a back-up. We also have the flexibility of using staff members from our sister site". In relation to staffing levels a relative told us, "There is always enough staff for people, I've no concerns there". Another relative told us, "Whenever I visit it has never been an issue, I believe there are enough staff there to keep people safe". We observed enough staff

on duty to meet people's needs.

We found robust recruitment procedures were in place. Staff told us they had completed references and checks before they started work at the home. We looked at recruitment records, we found each file contained evidence that a DBS (a criminal record and barring list check) had been carried out, two employment references, health declarations and proof of identification.

Accidents and incidents were recorded and regularly reviewed by the registered manager. The provider's emergency continuity plan outlined the actions to be taken in the event of a range of emergencies. People had Personal Emergency Evacuation Plans (PEEPS), a fire risk assessment was in place and regular fire drills were undertaken.

We found that there were arrangements in place for the safe management, administration and storage of medicines. Records showed that managers carried out checks to make sure people had taken their medicines. Staff who administered medicines had received training in this. However, medication errors had been identified and following an audit undertaken by the pharmacist, the provider acknowledged that a focus needed to be on staff completing MAR records accurately and more frequent competency checks.

There is an infection control audit in place and all staff have been trained in infection and control with a staff infection control lead in place. We found the home clean during our inspection. One relative told us, "The home is always very clean". A staff member told us, "We use protective wear such as gloves and aprons to make sure we have good infection control".

Is the service effective?

Our findings

At our last inspection in August 2015 we rated this key question as 'good'. At this latest inspection we found the rating for this key question remains 'good'.

We found assessments of people's needs were in place and relatives we spoke with confirmed people were involved in these assessments. Staff told us how they sought information about people's needs, choices and any reasonable adjustments that may be needed due to any personal characteristics protected by law, for example age, gender, race, sexuality and disability. One staff member told us, "We view the whole person, everything that makes up their identity, for example we make sure information is made available in a format people can understand".

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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). Applications for DoLS had been made in a timely manner to the supervisory body. The registered manager had a good understanding of their legal responsibilities regarding the MCA and Dols. Staff told us they had received training in MCA and DoLS and demonstrated adequate knowledge. Consent to care and treatment was documented in people's care records. We found the Provider working within the principles of the MCA and adhering to conditions on authorisations for DoLS.

We observed staff assisting people with personal care and engaging with people, it was evident that staff had the appropriate skills and knowledge of people's needs. Staff members also told us that they had received appropriate training to give them the skills to meet people needs. One person told us, "I've really enjoyed the managing challenging behaviour training, it has given me skills on how to de-escalate a situation and sharing information with colleagues on techniques and methods that work". Relatives we spoke with told us the staff were well trained and one told us, "They (staff) know what they are doing, they very much have the skills to do the job". Staff told us they were well supported with training from the point they commenced work, with staff newly employed completing the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of people working in the care sector. They registered manager showed us a monitoring tool for overseeing training provision to staff and ensure refreshers were completed when needed.

Staff members we spoke to told us before they started providing care they completed an induction which involved shadowing more experienced staff members and training. Staff told us the induction programme fully prepared them to be able to care for people. Staff also told us they received regular supervision and annual appraisals. Staff records we looked at confirmed that all staff members were receiving regular and annual appraisal. One staff member told us, "I started as an agency worker and they gave me an induction,

they didn't just throw me in at the deep end. I shadowed an experienced member of the team until I was comfortable". Another staff member told us, "Yes I had an induction, it was 4 days at the head office, we went through medication, the job role, health and safety and manual handling. I then shadowed an experienced member of the team for 3 shifts. I've got a number of years' experience working in care however they still ensured I had a comprehensive induction".

We saw that people were supported to eat a variety of food items throughout the day. Staff were also knowledgeable about people's special dietary needs and preferences. We saw that the meals for the day were displayed in picture format so that people were reminded what they had chosen to eat. We saw that people were supported to choose the food they ate and went shopping with staff for food. We observed that people enjoyed the meals they ate during our inspection. People's care plans contained information on people's preferences and any dietary needs, providing guidance for staff to support the person. During our visit we observed people supported to make drinks and snacks. One person told us "I like the food". A relative told us, "(Name) has always enjoyed the food there, the food looks very good to me".

People had access to healthcare services and received ongoing healthcare support. One relative told us, "They have facilitated additional support from other professionals, these have also been involved in care reviews". Care records contained evidence of visits to/from a range of health professionals including, opticians, dentists, GP's and mental health teams. We saw that the outcome of health appointments was recorded in detail so that any actions requested by healthcare professionals could be followed.

The building provided adequate space, and was suitable for the people who used the service. People had choice in relation to how their rooms were decorated in their chosen colours and how furniture was laid out.

Is the service caring?

Our findings

At our last inspection in August 2015 we rated this key question as 'good'. At this latest inspection we found the rating for this key question remains 'good'.

People who used the service were happy with the standard of care at Care view. One person told us, "Very happy". One relative said, "The staff and management are very attentive. (Name) can at times be very emotional, staff will sit with them and speak in a soft calm tone to reassure them".

We observed staff engaging with people in a caring manner, smiling and engaging with people. We observed people being relaxed and comfortable in the presence of all staff members. Staff were kind, caring and respected the privacy and dignity of people. We saw that one person liked to hug the staff and staff responded appropriately. We observed when engaging with people, staff were attentive and spoke in a caring tone so that people felt listened to and valued. One relative told us, "They take the time to get to know people, everyone appears comfortable around staff due to their caring nature. They are always speaking to people never assuming what they want".

Relatives told us people had been consulted about their care and support needs. One relative told us, "Yes the manager and staff have always asked us and (Name) about preferences and how the service should be delivered to meet their needs". The registered manager told us "The people here choose what they want to do. For example (Name) goes out into the community with their key worker. (Name) chooses what they want to do; today they have gone shopping and then out for a meal". A relative we spoke to said, "There are regular reviews of care, I enjoy these because it gives us an opportunity to evaluate the care and request any amendments".

People's privacy and dignity was maintained. People were supported in a caring, respectful and discreet manner. During one observation, a person receiving personal care become very agitated. The staff members administering the personal care continually spoke to the person, smiling and keeping them calm. The person relaxed and was comfortable again with the personal care. Staff members also ensured the door was shut to ensure they maintained the person's dignity.

Staff supported people to maintain their independence. We observed people had a good rapport with staff members. One relative said, "The staff are great, very caring". Another relative told us, "They always encourage (Name) to do things, they know what (Name) can do and I think this is very important".

People were encouraged and supported to maintain their relationships with their friends and relatives. One relative said "The manager will call me or send emails so that I'm updated on how (Name) is doing".

The registered manager told us some of the people who used the service had independent advocates. Advocacy information was made available to people who used the service and people were directed to advocacy services if required. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

People's care records were kept securely ensuring only care and management staff had access to them. This ensured the confidentiality of people's personal information.

Is the service responsive?

Our findings

At our last inspection in August 2015 we rated this key question as 'good'. At this latest inspection we found the rating for this key question remains 'good'.

People had their needs assessed before coming to live at the home. We saw they were involved in this process and consulted about their wishes, routines and preferences as well as their needs. A relative told us, "Whenever we visit and I observe the interactions staff have, I can tell that they know (Name) very well; their likes and dislikes". Another relative told us, "They know what topics to use to engage with (Name) such as their past trips to abroad and (Name's) favourite films. This helps to calm them down and shows that they have listened to me when gathering (Name's) history".

Staff were very knowledgeable about the people they supported. They were aware of people's histories, likes and dislikes, interests, and their health and support needs. People had all been assigned a key worker. A key worker is a member of staff that works with and in agreement with the person they are assigned to. The key worker has a responsibility to ensure that the person they work with has maximum control over aspects of their life. One staff member told us, "I have been (Name's) key worker for a number of years so I know them very well. (Name) decides what they want to do when accessing the community, I know what they like to do so when they suggest new places we discuss the details and then (Name) can make a decision".

We observed people who lived at the service receiving care and support that met their needs. We looked at people's files and found these were organised and contained assessments for physical, nutritional and mental health needs. People had health action plans and hospital passports in place which contained information about their health needs. These would accompany the person should hospital treatment be required.

Most people who used the service spent the day at a day centre or doing activities with their key worker. A relative told us, "(Name) goes to a day centre and really enjoys it, when they are back at the home they tend to just want to relax". A staff member who was a key worker told us, "(Name) picks what he likes to do such as bowling, snooker, arcades, shopping, cinema, having a pub lunch. Today we went shopping and he wanted to have a meal at a local restaurant".

People told us they were encouraged to give their views and raise concerns or complaints. The provider's complaints policy was on display. There were no open complaints at the time of our inspection. The registered manager confirmed any concerns or complaints were taken seriously, investigated and responded to. People and their relatives told us they knew who they could go to with any concern or complaint and all felt that they would be listened to and that the concern would be addressed.

There is an easy read version of the complaint policy in place and this was clearly displayed in the entrance area. There were monthly resident meetings, and surveys conducted every 6 months alongside surveys for professional visitors to the home. We sampled completed surveys most were positive about the service. There was also a feedback comments book situated in the main entrance area.

In relation to people's preferences for how they would like to be supported at the end of their life, we saw a document that the provider was developing to record this information. The registered manager told us, "We are currently exploring how to have sensitive discussions with people and their relatives and then record their preferences".

Is the service well-led?

Our findings

At our last inspection in August 2015 we rated this key question as 'good'. At this latest inspection we found the rating for this key question remains 'good'.

We observed people using the service having positive relationships with the registered manager and staff members. We observed the registered manager and staff had good interactions with people, and examples of mutual respect and understanding. One relative told us, "The registered manager is very natural with all the people at the home. They are very attentive and the staff members are also engaging with residents. It is very apparent there is a good supportive working culture at the home".

The home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager told us they felt supported in their role.

The registered manager told us they had an open-door policy, meaning people who used the home, their relatives and other visitors could chat and discuss concerns at any time. People who used the home and their relatives spoke positively about the registered manager and the staff. They said that they were very approachable. They would have no concerns in speaking with them if they had any worries or concerns. One relative told us, "I can approach the registered manager at any time and have done so in the past. They are always ready to listen to me and I have full confidence they will complete any agreed actions".

The registered manager had a good understanding of their role and responsibilities in relation to notifying the relevant bodies about serious injuries and safeguarding concerns. The registered manager was also able to explain what their responsibilities were in respect of their duty of candour such as being open and transparent with people, relatives and professionals when things go wrong.

The provider regularly sought the views of people who used the service and their relatives. The home had a positive culture that was person centred, open and inclusive. One relative told us, "Yes I've filled in a questionnaire but I can just contact the manager directly". Another relative told us, "(Name's) budget has not increased from the local authority for a number of years. We spoke to the manager about some adaptations that could be made to (name's) room due to their condition worsening. The manager arranged for the adaptations to be made with the home meeting the cost. They are always ready to listen to what we have to say and make amendments if required".

Staff were regularly consulted and kept up to date with information about the home and the provider. Staff meetings were held monthly. The staff we spoke with felt supported in their role and felt they could report concerns. One member of staff told us "We are a very good close team, we support each other. The registered manager is always approachable and I feel like I have a valued voice".

We found the provider worked in partnership with other agencies, for example GPs, specialist nurses, social workers and opticians.

The law requires the provider to display the rating for the service as detailed in CQC reports and the provider was aware of this requirement. We saw the rating from our previous inspection on clear display in the home and on the provider's website.