

## Community Integrated Care

# West View Short Term Break Service

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

West View Short Term Break Service is a care home that provides short term respite stays for people with a learning disability and autistic people. The service can support up to 3 people at any one time; there were 2 people staying there during the inspection.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support:

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 and their relatives were meaningfully involved in reviewing their care. Staff always checked people's needs and wishes before a stay.

Relatives told us they had good communication with the service, before, during and after their family member's stay there.

There were enough staff on duty to provide the support people needed, including going out and about in the local area as people chose.

### Right Care:

Care plans were based on people's up-to-date personalised assessments, including risk assessments. Identified risks were managed in line with people's preferences.

Staff knew people well and understood the support they needed. Medicines were managed safely.

People and relatives said they and their loved ones felt safe and comfortable with the staff who supported them. Information about how to report concerns about care, including alleged abuse, was shared with people, relatives and staff. Systems were in place to protect people from the loss or theft of property.

Staff were recruited after thorough pre-employment checks. They had the skills they needed to work safely and effectively.

### Right Culture:

People, relatives and staff spoke highly of the welcoming, respectful culture of the service. Good teamwork between staff translated into people's and relatives' positive experience of the service.

The registered manager and provider used the provider's structured quality assurance processes to maintain an overview of the service, so they could be sure people received safe, person-centred support.

People, relatives and staff found the registered manager to be approachable, supportive and fair.

The service worked in partnership with health and social care professionals as needed, to ensure people's health and wellbeing needs were met during their stays at the service.

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

The last rating for this service was good (published 4 September 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# West View Short Term Break Service

## 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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by an inspector.

#### Service and service type

West View Short Term Break Service is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. West View Short Term Break Service is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection. We also wanted to be sure there would be people there to speak with us.

Inspection activity started on 26 May 2023 and ended on 2 June 2023. We visited the service on 26 May 2023.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 2 people, 3 relatives, 2 support workers and the registered manager. We reviewed 3 people's care and support plans and records, including their medicines records. We also reviewed 2 staff recruitment and induction records, three staff supervision records and a range of other records relating to the management of the service, such as quality assurance reports, feedback from stakeholders and staff training records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they and their loved ones felt safe and comfortable with the staff who supported them. A relative told us, "No worries at all [having their loved one stay at the service] – we're so confident and so happy with the staff... [Person] loves coming home but they love coming to West View as well." The person told us they enjoyed staying at West View.
- Information about how to report concerns about care, including alleged abuse, was shared with people and staff. Information about how to report abuse was displayed at the service.
- The registered manager and staff knew how to identify and report concerns about possible abuse in line with the provider's procedures for safeguarding people.
- There were systems in place to protect people from the loss or theft of property. When people arrived at the service, staff recorded an inventory of the cash and belongings they had brought with them.
- Where people needed staff to keep their money safe, staff kept accurate records of transactions, which were supported by receipts. There were frequent checks to ensure cash held by the service was correctly accounted for.

Assessing risk, safety monitoring and management

- Risks to people's personal safety had been assessed and were updated prior to each stay at the service. These risk assessments formed the basis of care plans to manage identified risks in line with people's preferences. Risk assessments were individualised to the person.
- They covered matters such as moving and handling, skin integrity, mobilising, falls, swallowing difficulties, health conditions, medication, going out and about and handling money.
- Each person staying at the service had a personal emergency evacuation plan. This described clearly and succinctly the assistance they would need from staff and emergency services personnel to evacuate the building in event of a fire or other emergency.
- The premises and equipment were well maintained. There was in-date certification for the servicing and inspection of gas appliances, electrical installations, electrical equipment and hoists.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Staffing and recruitment

- The service had a small core of regular staff. They were supplemented as needed from the provider's bank of support workers, who worked regularly at the service. Both bank and regular staff knew people well.
- Staffing levels were set according to the needs of people staying at any one time, and to ensure people could be evacuated safely from the building in event of fire.
- Staff had the skills they needed to work safely and effectively. The registered manager ensured they had training in essential topics such as moving and handling, fire safety, food hygiene, health and safety and safeguarding people. This took place at induction and through periodic refresher training.
- Some people who used the service needed support from staff with specialist skills, such as giving emergency epilepsy medication. Staff who provided their care had received training to develop and refresh these skills. They had been assessed as competent in these aspects of care.
- The provider operated rigorous pre-employment checks that helped ensure the service only employed staff suitable for social care work. These included obtaining proof of identity, an employment history, right to work in the UK, references and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People's medicines were stored and administered safely, in line with their preferences and respecting their independence as appropriate. Their needs in relation to medication were reviewed whenever they came to stay.
- People's medicines administration records contained clear instructions for staff. When people had medicines prescribed for use as required, there were written protocols that explained what the medicines were for, how and when they should be used and when to seek medical attention if there were concerns the medicine may not have been effective.
- Staff administering medicines were trained to do so through initial and regular refresher training in handling medicines. Their competence in handling medicines was assessed at least annually.
- There were regular checks to ensure people's medicines administration records were completed correctly and that the amounts of their medicines in stock were fully accounted for.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service's approach to visiting aligned with government guidance. People could receive visitors when



they wished.

#### Learning lessons when things go wrong

- Staff recorded accidents, incidents, and near misses on the provider's computerised event tracker system. The registered manager reviewed each event promptly to ensure everything necessary had been done to keep people safe and prevent something similar happening again.
- The registered manager and provider monitored accidents, incidents, and near misses to identify any developing trends that might indicate further learning and changes were needed. For example, the registered manager had recognised a growing trend in medicines errors, which she had addressed through team meetings and supervision.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, relatives and staff spoke highly of the welcoming, respectful culture of the service, where staff prioritised people's positive experience of their stays. A relative commented, "[Person] loves it... wish we'd found it years ago" and "Staff go out of their way to make [person] happy." Another relative described staff as "respectful" and said, "The staff are very nice. They have a good routine with [person]."
- Relatives and staff commented on the good teamwork between staff.
- People, relatives and staff found the registered manager to be approachable, supportive and fair.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager were open and honest with people and their relatives if something went amiss in their care. This included apologising for what had happened.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People and relatives were pleased with the service they received. They described the service as "very good" and "brilliant, amazing". A relative commented, "We couldn't speak highly enough [of the service]."
- The registered manager and staff understood their roles and responsibilities. Staff had regular 1 to 1 meetings with a manager to discuss and receive feedback about their work.
- The registered manager and provider used the provider's structured quality assurance processes to maintain an overview of the service, so they could be sure people received good, safe support. This included daily and weekly checks within the service as well as the registered manager's monthly audits, which formed the basis of her regular reports to the provider.
- Any areas for improvement identified by the quality assurance audits or from complaint or incident investigations, were recorded on the service's continuous improvement plan.
- The service had notified CQC of significant events, as they are legally required to. The rating from the previous inspection was displayed on the provider's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives told us they had good communication with the service, before, during and after their family member's stay there. A relative commented the service kept them informed as they would wish, without

imposing on them during their respite break: "They call us as we would consider appropriate."

- People using the service, relatives and staff had opportunities to provide feedback, which was used to develop and improve the service. Surveys of people using the service were under way. The service also sought feedback from people and their relatives following a stay at West View.
- People and their relatives were meaningfully involved in reviewing their care. Staff always checked people's needs and wishes before a stay.
- Staff were able to contribute their views about the service and were kept up to date with developments there. The registered manager had regular communication with staff. Staff were also able to participate in the provider's equality forums for staff
- The service worked in partnership with health and social care professionals as needed, to ensure people's health and wellbeing needs were met during their stays at the service.