

Milestones Trust

Channel View

Inspection report

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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

Channel View is a care home registered to provide care and support for up to eight people with long-term mental health needs. At the time of our inspection the service was providing support to three people.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good:

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk and keep the person safe.

There were sufficient numbers of suitably qualified staff employed at the service. The provider's recruitment process ensured that only staff deemed suitable to work at the home were employed. Staff did not commence working in the home until all pre-employment checks had been satisfactorily completed.

People were supported to maintain good health as staff had the knowledge and skills to support them. There was prompt access to external healthcare professionals when needed.

People's care was provided by staff in a caring and compassionate way. People's interests had been identified and they were supported in a way which prevented them from becoming socially isolated.

People's care and support needs were planned, detailed, reviewed and met by staff that had a good understanding of how and when to provide people's care. Staff respected people's independence and choices.

The service was well led. Staff had full confidence in the leadership of the registered manager. There were effective systems in place to assess, monitor and improve the quality and safety of the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Channel View

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 11 June 2017. The inspection was announced, which meant the provider knew we would be visiting. This is because we wanted to make sure the provider, or someone who could act on their behalf, would be available to support the inspection. This inspection was carried out by one inspector.

Before the inspection, the provider 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 improvements they plan to make.

On the day of the inspection we spoke with two members of staff and the registered manager. We made observations about the service and the way that care was provided. Owing to people not being familiar with the inspector we had brief conversations with the three people who lived at the service about their interests and the staff.

We looked at three people's care and support and medicine administration records. We also looked at records relating to the management of the service such as the incident reports, audits, surveys supervision and training records.

Is the service safe?

Our findings

We asked one person if they felt safe living at the service. They answered; "Yes."

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff we spoke with felt the staffing level was manageable. One member of staff told us; "They're alright. We work well together." Staffing rotas demonstrated that the staffing levels were maintained in accordance with the dependency needs of the people who lived at the service.

Recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified. As part of the process prospective candidates interactions with the people who lived at the service were also assessed. People's views were also sought about them.

Safeguarding policies and procedures were in place and were accessible to staff. Staff were aware of safeguarding procedures and had received training in safeguarding. Discussions with staff demonstrated that they knew how to put these procedures in to practice and staff described how they would report concerns if they suspected or witnessed abuse. Staff told us they felt confident to speak directly with the registered manager. They were also aware that they could report their concerns to external authorities, such as the Commission and the local authority.

Staff understood the term 'whistleblowing'. This is a process for staff to raise concerns about potential malpractice in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way.

Risks to people were assessed and where required a risk management plan was in place to manage an identified risk and keep the person safe. These included assessments for the person's specific needs such as behaviour management, hoarding, pressure sores, mobility and finances. Staff demonstrated an understanding of the actions that they should take to mitigate the risks to people. The service enabled people to be involved in the development of their individual risk assessments and they stated how they wanted to be supported. These provided staff with current, detailed information about how to support people appropriately and focussed on positive interventions to promote people's mental well-being. A member of staff told us about one of the people they support; "We ensure his needs are met. The service user is in charge of his decisions. He used to spend time in his room all the time but he goes out more. I've given him a voice. It is always stressed they have choices. If people don't want to go out they don't have to go. People have to do what they're comfortable with."

In the event that people were involved in accidents or incidents, these events were reported and recorded by staff, and action was taken to reduce the risk of re-occurrence. Following one incident this included contacting the person's GP for advice and sending specimens for testing.

Medicines were managed safely. People were receiving their medicines in line with their prescriptions. Staff had received training in medication and were assessed regularly. PRN protocols were in place for each person. The term PRN is given to a medication which is to be taken 'when required' and is usually prescribed to treat short term or intermittent medical conditions and not to be taken regularly. Medicines were stored in a lockable medicines cupboard to ensure that they could not be accessed by anyone who was not authorised to do so. Stock checks of all medicines were undertaken and these had been clearly documented. When we spot checked some medicines, we found the balances to be accurate. Regular medicine audits were undertaken. Where improvements were required they were actioned, such as the need to brief staff on stock balances as the pharmacist found a discrepancy in their records.

People were cared for in a safe, clean and hygienic environment. The rooms throughout the service were well-maintained. Environmental checks had been undertaken regularly to help ensure the premises were safe. These included, fire safety, water and building maintenance. Contingency plans were in place in case the service needed to be evacuated and each person had a Personal Emergency Evacuation Plan (PEEP) in place to provide information to emergency services in the event of an evacuation.

Is the service effective?

Our findings

People received care and support from staff that had received the training they needed to ensure that support provided was in people's best interests. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and applied this knowledge appropriately. The MCA 2005 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. The application procedures for this in care homes are 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 were being met. One DoLS application had been applied for and authorised. Staff understood the need to gain consent from people and what to do if a person does not have the capacity to consent. Consent had been agreed by the person or their representative regarding their level of care and the areas of consent were documented in their support plan.

People received effective support from staff that had the skills and knowledge to meet their needs. Staff received on-going training to enable them to fulfil the requirements of the role. We reviewed the training records which showed mandatory training was completed in key aspects of care to ensure staff and people at the service were safe. Mandatory modules included; fire safety, equality and diversity, first aid, food hygiene, moving and handling. Additional training specific to the needs of people who used the service had been provided for staff, such as dementia mental health awareness. The registered manager also held regular 'questions of the month.' The most recent question sought staff views on the health issues of diabetes and how it related to their work.

People's needs were met by staff that were effectively supported and supervised. Supervision is where staff meet one to one with their line manager. Conducting regular supervisions ensured that staff competence levels were maintained to the expected standard and training needs were acted upon.

People had the support they needed to maintain a healthy and balanced diet. To enable people's independence people were involved with their menu planning. People had access to drinks, fresh fruit and snacks throughout the day. Specific dietary requirements were catered for, such as diabetes. If people chose alternative foods that were not healthy staff would offer advice but respect the decision made.

People were supported to maintain good health and had access to external health care professionals when required. We saw people had received input from the GP, community dentist, psychiatrists and the district nurse team.

Is the service caring?

Our findings

Staff supported people in a respectful, kind and caring way and involved them as much as possible in day to day choices and arrangements. We observed that staff had good relationships with people. Staff demonstrated empathy and an understanding of people's support needs and challenges. There was a genuine consideration for people's well-being and staff were committed to supporting them to be as independent as possible. Staff knew about people's past lives and the people and things that were important to them. People told us they liked the staff.

Staff were consistently positive and encouraging and talked enthusiastically about the support they delivered. One member of staff said; "[Person's name] is a lovely guy. He has a lovely smile and lights up the room. He will come and find you for a chat and loves food. We go out for lunch once a week and just bought some summer clothes. Where possible I also attend appointments with him."

Enabling relationships had been established between staff and the people they supported. Support plans to enhance people's independence as far as possible were promoted by the service and staff members. Each care plan held a personal care statement. Staff demonstrated they had a good understanding of people's individual needs and told us they understood people's preference. One member of staff told us; "[Person's name] needs minimal supervision in the bath. I help with his back and then leave the bathroom. [Person's name] shaves himself regularly. I offer to help but he would rather do it himself. He's a very private man."

To ensure their needs were met people had access to their own key worker. This provided one-to-one time with the person to discuss their needs and formulate action plans. Following their work with their keyworker one person has been re-united with family members and now visits them regularly. The person's key worker told us the person enjoys the visits and it has enhanced their well-being and social interaction. One person had access to an advocate. An advocate supports people to have a stronger voice and to have as much control as possible over their own lives.

We observed that people's privacy and dignity was respected at all times, for example staff were respectful of people's personal and private space and only entered their rooms after knocking and being invited to enter.

We observed that the staff office door was open if people needed to seek advice. One person came to speak to the registered manager about their money. The registered manager provided reassurance to the person about their expenditure and explained that a staff member had purchased their requested items.

One person who had lived at the service for a number of years had recently been admitted to hospital. Staff members were facilitating the person's transition to a new service more suited to their current needs. It was evident that they were all very fond of the person and they would be sorely missed by all the members of staff.

Is the service responsive?

Our findings

The service was responsive to a person's needs. People's needs were met by an experienced dedicated staff team who worked together to offer the best support they could. People received good care that was personal to them and staff assisted them with the choices they made. We observed that people appeared content living in the service and they received the support they required.

A care plan was written and agreed with individuals and other interested parties, as appropriate. People who lived in the service had certain members of staff nominated as their keyworkers. These staff worked closely with the person to help them to choose and plan the things they wished to do. Care plans were reviewed every month and a formal review was held once a year or if people's care needs changed. Reviews included comments on what was working, what was not working and how to change things. Staff responded to any identified issues by amending plans of care and consulting external health professionals, as necessary. Where one person was experiencing increased anxiety they were referred to health professionals to discuss their feelings and review their medication. The person also agreed a strategy with the service to alleviate their anxiety.

People undertook activities personal to them and were supported in what they wanted to do. Some people were working on a carnival theme art project. Their work is going to be exhibited at the provider's art exhibition in the local area. Other activities included baking, going out for lunch, singing, arm chair exercises, music and board games. Where appropriate people were encouraged to maintain contact with their family and were therefore not isolated from those people closest to them.

The provider had systems in place to receive and monitor any complaints that were made. During 2017 the service had not received any formal complaints. The complaints policy was accessible and displayed on the notice board in the hallway.

Is the service well-led?

Our findings

There was a registered manager in post. 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.'

Staff felt well supported and said that they would not hesitate to speak to the registered manager if they needed to. Comments included; "I am adequately supported by my manager. She's very approachable. It's nice to work with a team who support each other"; "Residents always come first. The welfare of residents is important. The registered manager is very supportive. We are a progressive service"

The registered manager encouraged an open line of communication with their team. Regular staff meetings were held. We viewed minutes of the previous staff meeting; issues directly involving the running the home were discussed, such as finances, service user needs, procedures and policies. The registered manager ensured that each member of staff held a wellness action plan. The objective of the plan is to help staff to actively support their own mental health and take practical steps to address triggers.

Systems were in place to ensure that the staff team communicated effectively throughout their shifts. Communication books were in place for the staff team. We saw that staff detailed the necessary details relating to people, such as appointments and the need to chase-up prescriptions. This meant that staff had all the appropriate information at staff handover. Staff were required to attend the handovers as well as reading the communications book.

People were encouraged to provide their views and were actively involved in the decision-making process, such as the choice of their activities and goals. Regular house meetings were held to seek people's views on the service and their thoughts on issues such as house maintenance, food, health and safety and the survey results. Feedback from a recent survey confirmed that people wanted a bigger kitchen. The registered manager took this forward and processed a refurbishment request to the provider.

To ensure continuous improvement the registered manager conducted regular compliance reports reviewing the five domains inspected by the Commission. The observations identified compliant practice and areas where improvements were required. A recent audit identified that due to the increasing physical needs of people the resources of the team needed to be evaluated to ensure the correct level of staff and appropriateness of the current placements. This prompted the need for one person to transfer to a service which supports people living with dementia.

All services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. We found that the registered manager had made appropriate notifications.

