

Wycar Leys (Burton) Limited

Trent 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 

Overall summary

We inspected Trent View on 7 October 2015, this was an unannounced inspection. We last inspected the home 18 July 2013 and found they met the requirements.

Trent View is a care home providing accommodation support for up to nine people with learning disabilities. The home had a registered manager in place. 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 kept safe by staff who understood their responsibilities to protect people living with learning disabilities. Each person had a key worker who assisted them to learn about safety issues; such as, how to evacuate the building in an emergency and who to speak with if they felt unsafe. People were able to tell us what actions they took to keep themselves safe and how they were supported to do that. Staff had received training about protecting people from abuse and understood and followed the safeguarding procedures.

Summary of findings

We saw that there were enough staff working at the home and that those staff had been recruited following procedures to check that they were safe to work with people.

People told us that they really liked the staff and that they helped them to learn new skills and lead more independent lives. Staff received supervision and training to develop their own skills so that they could provide a good service to people. New staff were given an induction to ensure that they were confident and competent before they worked with people on their own. Staff were trained about the safe management of people with behaviours that may harm themselves or others.

We observed that staff had developed positive relationships with the people who used the service. Staff were kind and respectful and spent time with them having conversations and sharing jokes. People told us that private space was important to them at times and that staff recognised this and respected their privacy.

People told us how they made their own choices and how they were supported to reach their goals. They had a keyworker who worked closely with them to plan their care. Relatives were consulted and included. People had active lives and also planned holidays and days out.

Staff supported people to maintain their health. We saw that individual preferences were included in menus and that people were given choice about their food and drink. People were supported to manage their weight and healthy food recipes were being followed following advice from dieticians.

People were supported to understand their health conditions and how the medicines that they took helped to keep them well. Medicines were given to people safely and records were well maintained and managed.

People and staff told us that the registered manager was approachable and listened to people. We saw there was a senior member of staff on duty that staff could go to for advice.

The registered manager had implemented a range of systems to monitor and improve the quality of the service. People told us that if they were not happy they would know how to complain and this information was displayed with photographs and contact information.

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

People said that they were safe and they were supported by staff who knew how to identify and raise safeguarding concerns.

There were sufficient skilled and experienced staff to meet people's needs. Recruitment procedures were followed so that checks were undertaken before staff started work.

Medicines were managed and administered safely and incidents and accidents were recorded and monitored to reduce risk.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people safely and promote their independence. They supported people to lead healthy lives and they were assisted to monitor their own health and access healthcare services.

Staff received training to maintain and develop their skills. They understood the requirements of the Mental Capacity Act 2005.

Good



Is the service caring?

The service was caring.

People told us that staff were supportive and approachable. We saw that they developed relationships with people and encouraged people to make their own choices.

People were actively involved in planning their care and their privacy, dignity and independence were promoted.

Good



Is the service responsive?

The service was responsive.

People accessed a range of activities and led active lives. This was supported by a care planning system that took account of individual preferences and support requirements. Flexible staffing arrangements enabled people to meet their goals.

People were encouraged to raise any concerns and they knew that the registered manager would respond to their complaint.

Good



Is the service well-led?

The service was well led.

Staff and the people we spoke with said that there was an open positive culture in the home. They said that the registered manager was approachable and supportive. There were systems in place to monitor and the improve quality of the service provided.

Good



Summary of findings

Staff understood their roles and responsibilities well and were supported in this by the management team.

Trent 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 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.

Two inspectors completed this unannounced inspection of Trent View on 7 October 2015.

The provider was not asked to complete 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. We looked at information received from the public, from the local authority commissioners and the statutory

notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with five people who lived at the home and with three relatives about their experience of the service. We spoke with five members of staff, including two care staff, two team leaders and the registered manager.

We observed how staff interacted with people who used the service and looked at two people's care records to check that the care they received matched the information in their records

We reviewed two staff files to see if they were regularly supported and that recruitment procedures were followed to check that staff were safe to work with people.

Is the service safe?

Our findings

People were supported to keep safe and told us that they felt safe. One person said, “It’s good, I’m safe”. Another person told us, “I’m safe here”. We saw that people were given an easy read booklet when they moved in. This provided information on how to keep safe and protect people from abuse and discrimination. It also explained who to speak to if they had any concerns. One person described how they had been supported to resolve a difficulty.

The staff were aware of how to recognise and report abuse. They told us that they had completed training on how to protect people from abuse and that their competence was checked afterwards. Staff told us, “If I saw anything I was unhappy with I would report it straight away and I wouldn’t let it go until I knew that the manager was told”. They also knew how to report concerns and showed us where the procedure was displayed. We saw that systems were in place to protect people from financial abuse. People who could manage some of their own finances were supported to do so and procedures were in place to assist them to do this safely. For example, agreeing an amount of money that should be kept in their personal safe.

People understood how they were supported to keep safe and understood the reasons for any assistance. For example, one person said, “I make cups of tea and I don’t want to burn my hands. I have someone with me in the kitchen because of my health condition”. People were able to give examples of how they were supported safely in activities to reduce risk. Staff undertook assessments to identify any risks to people’s safety, and they developed plans with the person to manage these risks. Staff also gathered information about what risks people were able to self-manage. For example, one person went out independently and agreed to carry a mobile phone in case

they required support. People were protected because plans were also in place to deal with foreseeable emergencies including the actions to be taken in the event of a fire.

Relatives told us that incidents had reduced over the time people had lived at Trent View. This demonstrated that staff were knowledgeable about how to support a person who may behave in a way that put themselves or others at risk. Positive behaviour support plans had been developed by staff and other health and social care professionals. They identified triggers to people’s behaviour and how staff could support the person to prevent the behaviour from occurring.

There were sufficient staff to meet people’s needs and one person said, “There are always enough staff”. We saw that staffing levels provided flexibility around individuals lifestyle’s and were increased or adjusted to support individual need. For example, one person was supported to travel and participate in an important family event.

People were protected because safe systems were used when new staff were recruited to work in the home. Staff we spoke with told us that checks were carried out to confirm that they were suitable to work with people. We saw that all of the records were in place to support that recruitment was managed well.

People told us that they were supported to take their medicine when they needed it and we saw the staff explained to them what their medicine was for. Medicines were stored and managed securely to prevent them from being misused. All the staff who handled medicines had received training to ensure they could do this safely and had their competency checked. We saw there were sufficient stocks of medicines and people received their medicines as prescribed. Where people needed medicine on an ‘as required’ basis there were individual protocols for administration. This meant that information was available to explain how each individual’s medicine was managed.

Is the service effective?

Our findings

Staff had the skills and training to meet people's needs and promote their independence. One relative told us they felt staff had the knowledge and skills to support their family member. Another relative said, "Staff are very nice and know what they are doing". Staff told us that they received training and support to ensure people's needs were met. A new member of staff told us that their induction had spanned a few weeks and had included office days and shadowing opportunities. Staff told us that they received training to meet the needs of people who used the service. This included training specific to people's needs, such as to support people with complex needs. They had also completed nationally recognised qualifications to enhance their skills and understanding.

Staff received regular support to ensure that they were able to carry out their roles and responsibilities. This included supervision, appraisals and regular informal catch ups. One member of staff told us, "It is a chance to see how we are doing and to find out if there is anything that we want to do".

People told us that staff asked for their consent before supporting them. One person said, "They don't go into my room without asking me". We saw people being asked if and when they wanted any support. Staff we spoke with demonstrated a good knowledge of why it was important to gain consent. People told us that they had consented to their care and one person told us about being involved in their review of their care how they had participated.

The registered manager and care staff understood their responsibility around the Mental Capacity Act 2005(MCA) and the Deprivation of Liberty Safeguards (DoLS). Where people cannot make decisions for themselves, the MCA sets out the actions that must be taken to protect people's

rights. The care records we looked at showed that an assessment was completed of individual's capacity. One relative said, "I was included in meetings to decide the best way of resolving a health issue." This showed that people who were important to the person were involved in making decisions. The provider had made DoLS referrals for some people who used the service and this had been approved. The people received support in line with the DoLS conditions to ensure that their rights were protected.

People told us they enjoyed the food. One person said, "The food is fine, if I didn't like it I would make my own". We saw staff speaking with people and asking them what they wanted for their meal. We observed that people were supported to take part in the preparation of their meals and were assisted to make snacks and drinks during the day. A relative told us, "When I visit the food smells lovely". We saw that records were maintained to ensure that people had enough to maintain a healthy diet.

We spoke with people who were being supported to develop a healthy eating plan. One person told us, "I see the dietician to do with my food and drink and have a healthy plan. I have healthy recipes". This showed that people's nutritional needs were met, taking their personal requirements and preferences into account.

People told us they could see the doctor or other health professionals when they needed to. One person said, "If I needed to go to the doctors I would speak to staff to make an appointment but then I would go on my own. I would ring staff if I needed support." This was confirmed by people's health records. A relative of one person told us that their relative had regular healthcare appointments and that staff were the first to recognise a problem that required on-going treatment. This demonstrated that people's healthcare needs were met.

Is the service caring?

Our findings

We received positive comments from people who use the service and one person said, “The staff here are amazing, nice people and really patient”. Another person said, “I am most happy here”. A third person commented, “I like all of the staff.” A relative told us, “Staff are great, [person who used the service] gets on with them and I know that they are happy; they settled straight away”. A member of staff said, “It is the best job I have had, very enjoyable and rewarding to see the changes we can make to people’s lives”. This demonstrated that the staff were caring and kind.

People told us that they were planning holidays and had a big birthday party. We observed that staff treated people in a caring and compassionate manner. The atmosphere in the home was relaxed because the staff gave people their time and attention and shared jokes with them.

People told us that they spent time with staff planning their the support that they wanted to live their lives. One person said, “I have reviews”. We saw that the staff knew how people communicated their needs and how they expressed

their choices. People told us that they were able to make decisions in their daily routines such as they liked to get up late, or preferred a shower to a bath and we saw this reflected in care plans. We saw that staff promoted independence and people’s care records made clear what support they needed and what they could do for themselves.

We observed staff knocking on people’s doors and asking if they could enter. People told us that staff respected their right to privacy and upheld their dignity. One person said, “I have my own space in my bedroom”. Another person commented, “The staff always knock on my door. They don’t intrude”. People and relatives told us that visitors were welcomed and one person said, “When [relative] visits I talk to him on my own in the lounge.”

Advocacy services had been used by people to support them in the past. An advocate is a person who is independent of the home and who supports a person to share their views and wishes. When we spoke with the registered manager they said that they would continue to review the need for additional support.

Is the service responsive?

Our findings

We saw that people were supported to be independent and involved in all areas of daily living and to be socially included. One person said, “I have a keyworker who works with me on lots of stuff”. A relative said, “[Person who used the service] is doing lots of things that they didn’t do at home and is trying new things”. A member of staff said, “We do the things they like to do, that’s what we are here for”. This demonstrated that staff provided support that met people’s individual needs.

Staff developed a weekly activity planner with each person which helped them to pursue their personal interests. We saw that people were supported to access a range of activities, such as shopping, cooking and visiting family. People told us about attending college courses and doing voluntary work. This demonstrated that people were supported to develop their skills.

They were also supported to plan for special occasions such as concerts and holidays. Staff ensured that people were in regular contact with their family where possible and supported this through telephone contacts and visits. People were supported to develop other relationships, such as inviting a friend to party.

The staff we spoke with knew each person who lived in the home and the support they needed. They had a good knowledge of individuals’ plans and the choices people had made about their support and lives. Staff also wrote daily records which monitored if the planned care and support was appropriate and responded to people’s needs.

People told us that they would talk to their keyworker or the registered manager if they had any concerns. One person said, “I would talk to staff but I am happy at the moment”. One member of staff explained how a concern raised by a person had been resolved through a discussion and by implementing some changes. People told us that they had house meetings where they talked about things that were important to them. At the last meeting they had all agreed that they would like a party and they were planning this.

We saw that an easy read complaints booklet was available and people had their own copy. A relative said “If I am concerned I can call and speak to staff. I know some better than others and they will follow it up. I could request a meeting with the registered manager but on a day to day basis I speak to team leaders”.

Is the service well-led?

Our findings

Staff told us they found the registered manager approachable and supportive. One staff member told us, “they have an open door policy, any worries the manager advises you”. One staff member told us there was good communication and flexibility within the team. Staff told us that they could speak to the registered manager if they had any concerns. They said they were confident that the registered manager would take action if concerns were reported to them.

People told us that they had interviewed new members of staff. This meant that they were included in developing the service.

Feedback from staff, people who lived at the service and their relatives was collated annually. The registered manager had an understanding of satisfaction levels but had not fed back to participants about actions taken as a consequence. A relative said, “I don’t know what happened with the results of the survey”. We spoke with the registered manager about demonstrating improvements made as a consequence of feedback and they were receptive to implementing systems to do this.

Staff told us they were clear about their roles and responsibilities. There was a senior member of staff available on every shift to support staff and to report any

concerns to. We observed a handover meeting and saw that staff were designated duties and responsibilities for the shift. Team leaders had meetings and there were also full staff meetings every month. This was an opportunity to raise any concerns and resolve problems as a team.

Staff were aware of reporting procedures and ensured any incidents or accidents were recorded. We saw that incidents were managed, analysed and actions were taken to reduce the risk of recurrence. For example, the occurrence of some behaviours that could cause harm had reduced.

The provider had other locations and the managers from these services had regular meetings to discuss how to improve the quality of each location and the whole organisation. The registered managers also undertook audits of each other’s services on a quarterly basis. This meant that the service received a semi – independent review of the quality of the service provider with recommendations for improvement. The registered manager explained how care planning had been altered as a response to these audits.

The registered manager sent us information about significant events in the home. This showed that the registered manager was aware of and adhered to the requirements of their registration with us.