

# Clearview







## Clearview

### 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

The inspection took place on 5 December 2015 and was unannounced. Clearview provides care and accommodation for up to seven people with learning disabilities. On the day of our inspection seven people were living in the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We met and spoke with all seven people during our visit. People were not able to fully verbalise their views and used other methods of communication, for example pictures and symbols. We therefore spent time observing people. A relative commented; "Fantastic place!"

People's mental capacity was assessed which meant care being provided by staff was in line with people's wishes.

# Summary of findings

Staff understood their role with regards to ensuring people's human rights and legal rights were respected. Staff had undertaken safeguarding training and had a good knowledge of what constituted abuse and how to report any concerns. Staff described what action they would take to protect people against harm and were confident any incidents or allegations would be fully investigated.

People's medicines were managed safely. People received their medicines as prescribed and received them on time. Staff were trained and understood what people's medicines were for. They understood the importance of safe administration and management of medicines. People were supported to maintain good health through regular access to health and social care professionals, such as speech and language therapists.

People had access to healthcare professionals to make sure they received appropriate treatment to meet their health care needs such as occupational therapists. Staff acted on the information given to them by professionals to ensure people received the care they needed to remain safe.

People looked relaxed and were observed to be happy with the staff supporting them. Care records were detailed and personalised to meet each person's needs. People and / or their relatives were involved as much as possible with their care records to say how they liked to be supported. People were offered choice and their preferences were respected.

People's risks were well managed and documented. People were monitored when required to help ensure they remained safe. People lived active lives and were supported to try a range of activities, for example swimming and bowling.

People enjoyed the meals offered and they had access to snacks and drinks at any time. People were involved in planning menus, food shopping and preparing meals, and were encouraged to say if meals were not to their liking.

Staff said the registered manager was very supportive and approachable and worked in the home regularly. Staff talked positively about their roles. Comments included; "I really love working here."

People were protected by safe recruitment procedures. There were sufficient numbers of staff on duty to support people safely and ensure everyone had opportunities to take part in activities. Staff received an induction programme. Staff had completed training and had the right skills and knowledge to meet people's needs.

There were effective quality assurance systems in place. Any significant events were appropriately recorded and analysed. Evaluation of incidents was used to help make improvements and keep people safe. Improvements helped to ensure positive progress was made in the delivery of care and support provided by the staff. Feedback was sought from relatives, professionals and staff to assess the quality of the service provided.

# 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?

This service was safe.

People were supported by experienced and skilled staff.

Staff had the knowledge and understanding of how to recognise and report signs of abuse. Staff were confident any allegations would be fully investigated to protect people.

Risks had been identified and managed appropriately. Systems were in place to manage risks associated with people's individual needs.

People received their medicines as prescribed. Medicines were managed safely and staff were aware of good practice.

Good



### Is the service effective?

The service was effective.

People received support from staff who had the knowledge and training to carry out their role effectively.

Staff understood the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

People could access appropriate health and social care support when needed.

People were supported to maintain a healthy and balanced diet.

Good



### Is the service caring?

The service was caring.

People had formed positive caring relationships with the staff.

People were treated with kindness and respect by caring and compassionate staff.

People were encouraged to make choices about their day to day lives and the service used a range of communication methods to enable people to express their views.

People were supported to make decisions.

Good



### Is the service responsive?

The service was responsive.

People received individual personalised care.

People had access to a range of activities. People were supported to take part in activities and interests they enjoyed.

People received care and support to meet their individual needs.

There was a complaints procedure in place that people could access.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

There was an experienced registered manager in post who was approachable.

Staff were supported by the registered manager. There was open communication within the staff team. Staff felt comfortable discussing any concerns with the registered manager.

Audits were completed to help ensure risks were identified and acted upon.

There were systems in place to monitor the safety and quality of the service

Good



# Clearview

## 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.

The inspection was undertaken by one inspector on the 5 December 2015 and was unannounced.

Prior to the inspection we reviewed all the information we held about the service, and notifications we had received. A notification is information about important events, which the service is required to send us by law.

People were unable to fully verbally communicate with us to give us their views about the service, so we observed how people responded and interacted with staff. We observed care and support in communal areas, and watched how people were supported whilst participating in an activity. During the inspection we met and spoke with all seven people who used the service. We spoke to three staff on the day. We also spoke with the registered manager after the visit and spoke with one relative.

We looked around the premises. We looked at five records which related to people's individual care needs, four records which related to administration of medicines and spoke with staff about the recruitment process and records associated with the management of the service including quality audits.

# Is the service safe?

## Our findings

People who lived at Clearview were not all able to fully verbalise their views and used other methods of communication, for example pictures and symbols. We spent time observing people and spoke with staff and a relative to ascertain if people were safe. People approached staff and spoke with them with ease. One person when asked if they felt safe said they did. One relative said; “I feel [...] is very safe here.”

Each person has a “Keep me safe” booklet. This held important information for individuals including a picture on where they lived and pictures of people important to them.

People lived in a safe and secure environment. Staff checked the identity of visitors before letting them in. Smoke alarms were tested and evacuation drills were carried out to help ensure staff and people knew what to do in the event of a fire. Care plans included up to date personal evacuation plans and held risk assessments which detailed how staff needed to support individuals in the event of a fire to keep people safe. We saw that environmental health had carried out an inspection and rated the home as level five, which is the highest rating that could be achieved.

People were protected from abuse because staff had an understanding on what abuse was and how to report it. The service had safeguarding policies and procedures in place. Staff confirmed they had up to date safeguarding training. Staff were aware of what steps they would take if they suspected abuse and spoke confidently about how they would recognise signs of possible abuse. Staff said; “I would always report anything!” Staff said they were aware of who to contact externally should they feel their concerns had not been dealt with appropriately. Staff were confident that any reported concerns would be taken seriously and investigated. One staff said; “I can always speak to [...] (the registered manager).”

People received individual support and the service liaised with learning disability specialists to support people’s individual needs. Staff managed each person’s behaviour differently and this was recorded into individual care plans. There were sufficient skilled and competent staff to ensure the safety of people. Rotas showed this was achieved. For example, staffing arrangements were in place to ensure

each person had one to one support available, when needed to enable people to partake in activities in the community safely. There were plans in place to cover staff sickness and any unforeseen circumstances.

People could be at risk when going out without staff support. Therefore people had risk assessments in place. Staff spoke confidently about how they supported people when they went out. Staff confirmed they were provided with information and training on how to manage risks for individuals to ensure people were protected.

People’s finances were kept safely. People had appointees to manage their money. Keys to access people’s money were kept safe and staff signed money in and out. Receipts were kept where possible to enable a clear audit trail of incoming and outgoing expenditure and people’s money was audited monthly.

Accidents and incidents were recorded and analysed to identify what had happened and actions the staff could take in the future to reduce the risk of reoccurrences. This showed us that learning from such incidents took place and appropriate changes were made. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. Staff received training and information on how to ensure people were safe and protected. For example staff had completed manual handling training to assist someone who uses a hoist. However after an incident occurred and the incident forms completed, this information was not always transferred onto a person’s daily record. The manager comment section was also not always completed to show the manager had been made aware of the incident. The registered manager agreed to action this immediately to complete incident forms.

People’s medicines were managed safely. There were safe medicines procedures in place and medicines administration records (MAR) had been fully signed and updated. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff confirmed they had been trained and understood the importance of the safe administration and management of medicines.

The home had safe recruitment processes in place. Required checks had been conducted prior to staff starting work at the home. For example, disclosure and barring service checks had been made to help ensure staff were safe to work with vulnerable adults.

## Is the service safe?

People were kept safe by a clean environment. All areas we visited were clean and hygienic. Protective clothing such as gloves and aprons were readily available to reduce the risk of cross infection. Staff had completed infection control training and were aware how to protect people.

# Is the service effective?

## Our findings

People were supported by knowledgeable, skilled staff who effectively met their needs. Staff confirmed they received training to support people in the service for example, epilepsy training.

Staff completed an induction programme that included shadowing experienced staff. One member of staff confirmed they had been given sufficient time to read records, shadow and worked alongside experienced staff to fully understand people's care and physical needs. Training records showed staff had completed training to effectively meet the needs of people, for example learning disability training. Discussions with staff showed they had the right skills and knowledge to meet people's needs. The registered manager confirmed all new and employed staff would complete the Care Certificate (A nationally recognised training course) as part of their training. Ongoing training was planned to support staffs continued learning and was updated when required. Staff said; "My training is always updated when it's needed."

Staff received yearly appraisals and regular supervision. Team meetings were held to provide staff the opportunity to highlight areas where support was needed and encourage ideas on how the service could improve. Staff confirmed they had opportunities to discuss any issues during their one to one supervision, appraisals and at team meetings. Records showed staff discussed topics including how best to meet people's needs effectively.

People's mental capacity was assessed which meant care being provided by staff was in line with people's wishes. We spoke to the registered manager and staff about their understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The registered manager and staff had undertaken MCA training and was aware of the process to follow if it was assessed people could be deprived of their liberty and freedom.

The registered manager confirmed they continually reviewed individuals to determine if a DoLS application was required. Staff confirmed people had been subject to a DoLS application to prevent them from leaving the service alone to keep them safe.

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 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 home are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff sought people's consent before providing care. For example staff said they encouraged everyday choices if possible, such as what people wanted to wear or eat and they were aware when to support people who lacked capacity to make every day decisions. For example we observed staff asking a person if they'd like assistance with personal care.

Staff received handovers when coming on shift and a handover sheet was completed for each shift to help ensure important information was passed on. Staff said they had time to read people's individual records to keep them up to date. Care records recorded updated information to help ensure staff provided effective support to people.

People had access to local healthcare services and specialists including speech and language therapists. Staff confirmed discussions were held regarding changes in people's health needs as well as any important information in relation to medicines or appointments. This helped to ensure people's health was effectively managed. A relative told us the service had contacted a nurse specialist who had quickly attended to assist their relative when they became unwell. Care records held information on people's physical health and detailed people's past and current health needs as well as details of health services currently being provided. Each person had a "Hospital Passport", which included information about their past and current health needs. This was developed for each person to be used in the event of an admission to hospital. This information had been developed in line with best practice to ensure people's needs were understood and met within the hospital environment.

People made choices on what they wanted to eat and drink. Menus were discussed at the resident forum meetings. People were encouraged to prepare their own



## Is the service effective?

snacks and drinks. People who required it had their weight monitored, and how much people ate and drank was recorded when needed. Staff were familiar with people's individual nutritional needs.

We observed staff offering people a choice of drinks when they asked and their preferences were respected. We

observed one person being supported by staff when required and nobody appeared rushed. Staff gave people time, made eye contact and spoke encouraging words to keep them engaged.

# Is the service caring?

## Our findings

People were treated with respect and staff were compassionate and caring. Staff were friendly, patient and discreet when providing support to people. We saw many positive interactions where staff supported and enhanced people's well-being. Staff informed people what they were doing and ensured the person concerned understood and felt cared for.

A relative said the staff were very kind and caring. Surveys returned to the service asked if Clearview was a caring establishment. All recorded a "yes". A relative said; "They were brilliant in caring for her when she moved in and had been very unwell." Staff all agreed the staff team had people's best interests at heart.

Staff sat and chatted with people throughout our visit. The staff were aware people's anxiety and provided lots of praise and positive, such as "Would you let me help you?" These interactions clearly pleased the person and helped them feel more relaxed and happy.

People had support from staff who had the knowledge to care for them. Staff understood how to meet people's needs and knew about people's lifestyle choices to promote independence. Staff involved people and knew what people liked and disliked and what they enjoyed doing. Staff knew people's particular ways of communicating and supported us when talking with people. This showed us staff knew people well.

People were allocated a key staff member to help develop positive relationships. This worker was responsible in ensuring the person had care records that were updated for staff to access. One person told us how staff supported them to visit friends at a local club to help maintain relationships.

Staff knew the people they cared for well for example who liked to lie in bed late at the weekend and how people liked their drinks.

People's needs in relation to any behaviour issues were clearly understood by the staff team and met in a caring positive way. For example, one person became anxious due to our presence. Staff interacted and provided reassurance to this person and reduced their anxiety.

People were supported to express their views and encouraged to be actively involved in making decisions about their care. Advocacy services were used to help people who were unable to do this independently. An advocate had recently been involved with one person to assist them. This had helped to ensure the views and needs of the person concerned had been taken into account when care or treatment was planned.

People had their privacy and dignity maintained. Staff understood what privacy and dignity meant in relation to supporting people. For example, people liked to spend time on their own and this was respected. We observed staff respecting people's privacy and dignity by knocking on bedroom doors and closing bedroom doors when people wanted to be on their own.

Respecting people's dignity, choice and privacy was part of the home's philosophy of care. People were dressed to their liking and the staff told us they always made sure people were smartly dressed if they were going out. Staff spoke to people respectfully and in ways they would like to be spoken to.

People's relatives and friends were able to visit at any time. Staff recognised the importance of people's relationships with their family and promoted and supported these contacts when appropriate. We saw one person spending time with their relative during the inspection. People were relaxed and clearly familiar and happy with these visits. Comments from relatives included, "I visit often and they treat me as one of the family. I am always made to feel very welcome".

# Is the service responsive?

## Our findings

People were involved as much as they were able in planning and reviewing their own care needs and making decisions about how they liked their needs met. People had guidelines in place to help ensure any specific needs were met in a way they wanted and needed. This enabled staff to respond to people's needs in situations where they may require additional support. Staff were aware when people were upset and staff responded quickly and followed written guidance to support people.

People had information that told a story about the person's life, their interests and how they chose and preferred to be supported. Staff said plans had been put together over a period of time by the staff who worked with the person who knew them well. Regular reviews were carried out on care plans and guidelines to help ensure staff had the most recent updated information to respond to people.

People with limited communication were supported to make choices. Staff showed people the choices on offer to assist people, for example people had pictures to assist in choosing an activity they may wish to partake in and the person's choice was respected. A relative said that it was their relative's choice to move into a new home the owners of Clearview are opening. One person said; "I chose my paint colour for my bedroom." People were supported to develop and maintain relationships with people that mattered to them. For example family members and friends they saw at locally arranged clubs. A relative said; "I am asked to meetings on [...] care." People's social history was recorded. This provided staff with guidance as to what people liked and what interested them. People led active social lives and participated in activities that were individual to their needs. We saw people going out shopping and pictures of holiday's people had been on through-out the year.

People were encouraged and supported to maintain links within the local area to ensure they were not socially isolated or restricted due to their individual needs. Staff were knowledgeable on how they supported people to access a wide range of activities. Staff confirmed they

researched new activities to ensure they were suitable. This was evident when we observed staff and people planning trips for a forthcoming holiday. Staff told us about recent attendance at a swimming group.

The complaints procedure was displayed in a picture format so people could understand it. Relatives confirmed any issues raised were always dealt with. One survey returned to the service said; "I do feel able to discuss anything with you all and you listen." The registered manager confirmed they had not received any complaints. However they discussed the process and fully understood how to respond promptly and thoroughly investigated in line with the service's own policy. The registered manager confirmed that appropriate action would be taken and the outcome recorded and fed back to the complainant. Staff told us that due to people's limited communication the staff worked closely with people and monitored any changes in behaviour. Staff confirmed any concerns they had were communicated to the manager and were dealt with and actioned without delay.

People living in the service were able to make every day complaints. For example the service held a "Residents Forum". During these meeting people were reminded of how to make a complaint and raise any concerns. When asked, some people were able to confirm they would talk to the registered manager or named a staff member they would approach if they had any concerns. Staff confirmed any concerns they had would be communicated to the registered manager and were confident they would be dealt with.

We saw staff regularly checked with people to see if they were happy with the care and support being provided. We heard staff saying, "Are you ok?" and "Do you need anything

Family members were encouraged to make suggestions and to express their views and opinions through meetings with the service. Relatives were confident they would be listened to and action taken if needed. One survey returned recorded; "I have no concerns at all." The service had arranged a recent coffee morning and followed this up with a newsletter. One relative, who attended, said it had given them the opportunity to meet with the registered manager and speak with other relatives who attended.

# Is the service well-led?

## Our findings

People, staff and a relative spoke positively about the registered manager. One person said; “She is very kind.” A relative said; “[...] (the registered manager) and [...] (the general manager) are a formidable team.” A relatives survey returned to the service said; “Very much so – 100%.”

The service was well led and managed effectively. People were provided with information and were involved in the running of the home as much as possible. The service held “Resident Forum” meetings. This enabled people to comment on the service they received. Minutes showed they had discussed issues including, activities. The registered manager said they encouraged the staff to talk to, listen and observe if people had concerns.

The service had clear values including offering a “Home (that) is a safe and caring environment” and we “ensure their (people who live in the service) safety by way of having well trained staff who have the right knowledge and skills to be able to protect them from harm.” This policy helped to provide a service that ensured the needs and values of people were respected. These values were incorporated into staff training.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager took an active role within the running of the home and had good knowledge of the people and the staff. There were clear lines of responsibility and accountability within the management structure of the company. They demonstrated they knew the details of the care provided to the people which showed they had regular contact with the people who used the service and the staff.

Staff spoke well of the support they received from the registered manager. Staff said the registered manager made themselves available and told us; “She is very approachable and I can raise any issues.” Staff confirmed they were able to raise concerns and agreed felt they would

be dealt with immediately. Staff agreed there was good communication within the team and they worked well together. Staff felt supported by both the registered manager and general manager.

Staff were motivated and hardworking. Some staff had worked for the provider for many years and shared the philosophy of the management team. Regular staff meetings were held to enable staff to comment on how the service was run. This allowed open and transparent discussions about the service and updated staff on any new issues, gave them the opportunity to discuss any areas of concern, and look at current practice. Meetings were used to support learning and improve the quality of the service. All staff agreed they were able to contribute to all discussions. Shift handovers, supervision and appraisals were seen as an opportunity to look at improvements and current practice. The home had a whistle-blowers policy to protect staff.

There was a quality assurance system in place to drive continuous improvement within the service. The registered manager sought feedback from relatives, staff and other agencies. They also undertook a range of audits and safety checks to assess and maintain the quality of the service safety. A health and safety checklist was in place, which included regular checks of equipment, vehicles, and cleanliness of the environment. The registered manager also completed regular audits of people’s individual finances, medicines and care records.

Systems were in place to ensure reports of incidents, safeguarding concerns and complaints were overseen by the registered manager. This helped to ensure appropriate action had been taken and learning considered for future practice.

The registered manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency and they sought additional support if needed to help reduce the likelihood of recurrence.