

Vista

Simmins

Crescent/Whitteney Drive

Inspection report

2-6 Simmins Crescent
Eyres Monsell
Leicester
Leicestershire
LE2 9AH

Date of inspection visit:
25 July 2019

Date of publication:
15 August 2019

Tel: 01162781152

Website: www.vistablind.org.uk

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

Simmins Crescent/Whitteney Drive is a residential care home providing personal and nursing care to 14 people at the time of the inspection. The service can support up to 15 people who have a learning disability and sensory impairment. The care home accommodates 15 people across three bungalows, each of which has separate adapted facilities.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were safe when they used services at Simmins Crescent/Whitney Drive. Staff knew how to keep people safe from avoidable harm and abuse. Risks associated with people's care had been assessed and regularly reviewed to reflect the support people needed to be safe. People's medicines were managed safely.

Staff had the training and experience they required to provide support that met people's needs. They supported people to meet their nutritional needs and access health care professionals when required.

Staff were kind and compassionate. They treated people with dignity and respect. They promoted people's right to privacy and enabled them to be involved in decisions about their care.

People's care was tailored to their individual needs and their care plans reflected their preferences, choices and needs. People had access to a range of activities and were supported to follow their interests.

There was strong leadership at the service. Staff across all tiers of the service had the support they required to fulfil their role. The provider had systems in place to monitor the quality of care people received and used this to improve the standard of care.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensured people who used the service can live as full a life as possible and achieved the best possible outcomes that included control, choice and independence.

The outcomes for people reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 09 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring .

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our safe findings below.

Good ●

Simmins Crescent/Whitteney Drive

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Simmins Crescent/Whitney Drive is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this

information to plan our inspection.

During the inspection

We had limited conversations with two people who used the service and four relatives about their experience of the care provided. We spoke with four care staff, three deputy managers and the registered manager. We spent time observing the care people received in the three bungalows, this helped us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and their medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We spoke with one staff member.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who used the service were safe when they received support and care from staff. Staff had access to regular training and support on how to keep people safe from abuse and avoidable harm. We saw staff apply their knowledge to keep people safe when they supported them. A relative told us, "Yes, they are [person] definitely safe because [person] is a character and would be able to let us know in their own way if they didn't feel safe. Another relative said, "[Person] is definitely safe because the staff are brilliant."
- Staff we spoke with demonstrated a good understanding of their responsibilities to report any concerns they may have regarding people's safety and welfare. The service had protocols in place to support staff confidently raise any concerns regarding practice and people's wellbeing. Staff told us their concerns were taken seriously and acted on. A staff member told us how a concern they reported was promptly acted on.

Assessing risk, safety monitoring and management

- People's risks assessments were comprehensive. They included detailed information of risks associated to people's general wellbeing, warning signs for staff to look out for, any known triggers and strategies staff could employ to minimise the risks. Records showed risks assessments were reviewed regularly to ensure they reflected people's current needs and good practice on how to reduce risk.
- Where people required aids and equipment to meet their needs, these were well maintained, and staff had the skills to support people safely with their equipment.

Staffing and recruitment

- There were sufficient numbers of staff on duty to meet people's needs in a safe and prompt manner. The service had protocols in place to ensure staff had the required support to maintain safe staffing at night time or in the event of any emergency. A care staff told us, "I think there is enough staff. It seems to work for all of us."
- People living in each bungalow were supported by a regular team of staff. This meant people were supported by staff who knew them well.
- The provider followed safe recruitment practices. They completed relevant pre-employment check which assured them potential employees were safe to work with people who used services.

Using medicines safely

- The provider had protocols in place to ensure people's medicines were managed safely. Each person's medicines were stored safely in their own bedroom. Staff received training and support to administer medicine. People's records showed they received their medicines as prescribed by their doctor. Senior staff audited people's medicines records daily to check their support was delivered safely.

Preventing and controlling infection

- People were protected from the risk of contracting or spreading an infection. Staff had received training and followed good practice such as using personal protective equipment when they supported people with their needs. We observed a deputy manager check hygiene standards were applied by staff during meal preparation.

Learning lessons when things go wrong

- Records showed the registered manager and deputy managers reviewed and investigated incidents at the service. They made changes to the service to minimise the risk of a reoccurrence. For example, staff received further support and supervision following an error with managing a person's medicines.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had received training required to meet people's needs. They demonstrated they had the skills and experience to understand people and their individual needs. We observed they were confident and knowledgeable in the manner they supported people.

Supporting people to eat and drink enough to maintain a balanced diet

- People had regular access to meals and drinks of their choice. We saw staff supported people to meet their nutritional needs and supported them according to their specified health requirements and their personal or cultural preferences. We observed staff support people at lunch time and saw they prepared individual meals as preferred by each person.
- People were involved in developing their dinner menu. We also observed staff involved people with meal preparation. This meant people were involved in meeting their nutritional needs.

Supporting people to live healthier lives, access healthcare services and support

- People had prompt access to health care professionals when they required this. Staff were proactive to refer people to health services and provided the support people required to access these services. A relative told us, "The staff do seem to know [person] well enough to pick up if [person] is ill, they are quite good at checking that." Another relative told us how staff provided support to ease a person to engage with health professionals.
- People's records showed staff supported them with any required health monitoring and where possible involved people with managing their health. For example, staff supported one person to be involved in daily monitoring of their health condition.
- The provider had an effective communication culture and system within their service which staff used to share updates on people's care. They did this when people's needs change or following contact with other professionals. This meant all staff could have the information they required to support people with their health needs.

Staff working with other agencies to provide consistent, effective, timely care

- Staff were proactive to work with other agencies and provide the support required to ensure the care people received was effective. For example, people received support from staff they knew when they are admitted to hospital. A relative told us, "When [person] was in hospital they were with her 24/7 – can't fault them with that." This meant people could be confident they would receive consistent support when they received support from other agencies.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider worked with people, their relatives and other professionals involved in their care to ascertain people's needs. They used the information obtained to plan people's care. This meant the support people received was holistic.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's records showed the registered manager had taken relevant measures in their assessment and care planning to meet the conditions of MCA and DoLS.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind and compassionate. They demonstrated an interest in promoting people's wellbeing. A relative told us, "Staff know [person] well enough to know when [person]'s happy or unwell."
- Staff made people feel like they mattered. They took time to understand people and their specific preferences. Most people had lived at the service for several years and had developed relationships of mutual trust with staff. Staff supported people to celebrate significant events in their life. The registered manager told us, "The residents love coming in to celebrate together. We had a big [number] birthday party recently. All the staff came in for it and we all celebrated together."

Supporting people to express their views and be involved in making decisions about their care

- We repeatedly observed staff offer people choice on how they wanted to be supported. Staff had sufficient knowledge of each person's personality and understood their communication style to carry out their wishes and preferences.
- Where possible staff involved and supported people to make their own decisions. For example, staff took people to the shops so they could make their own choice about items to be purchased for their individual need or for their bungalow.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. We observed staff offer people encouragement to use any skills they may have. This included being involved in daily living tasks they enjoyed. A staff member said, "[Person] does like to have company so we'll wash their cup up together and chat." We observed the person seemed happy to do this with staff.
- People were treated with respect and dignity. Some of relatives feedback included, "The staff are fine, always respectful and [person] seems very happy. Another said, "All the staff are always respectful to [person] and the others. Occasionally we go to a gathering in the communal lounge with the other bungalows and I can honestly say all the staff are just as respectful and caring to all the residents. In fact, I often hear the staff call Mr [surname], which I think is rather respectful to someone getting old now – especially by the younger staff."
- Staff demonstrated they promoted people's right to privacy. People had access to spaces where they could have some privacy should they want this. Staff practices showed they respected people's privacy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were comprehensive. They included detailed information about people's needs, history and their preferences on how they wanted to be supported. We saw that staff supported people as detailed in their care plan. This showed the support people received was tailored to them as individuals.
- People had choice and control over the care they received. We observed staff supported people in an enabling way. They offered people choice before they provided support. They enabled people to be involved in decisions about their care by using different verbal and non-verbal communication styles.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People received information in accessible formats. For example, staff used aids to support a person with understanding the weather forecast.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People achieved good social inclusion outcomes. They had access to a variety of activities within the home. There was an art room and sensory room available within the home for people's use. People were involved in activities in their local community. One person told us they enjoyed travelling to the various activities they were involved in. People had access to vehicles which staff used to take them to activities of their choice.
- People were supported to follow their interest. One person had an interest in music and had access to a musical instrument of their choice. Staff told us "[Person] likes their own space but loves to play the keyboard and hymns so goes over to the lounge to play or listen. You can tell [person] is enjoying it. Also they like to go bowling and eating out. The days are varied so much. We go by what they feel like doing."
- Relatives spoke highly of the support received to follow people's interests. A relative told us, "[Person] goes out a lot, has a season ticket to the football and loves going there. It's a lovely way of life for them."
- Staff supported people to maintain links with their loved ones. People's friends and family could visit them without any restrictions. Some people were supported to visit their family home.

Improving care quality in response to complaints or concerns

- The provider had protocols for managing complaints received at the service. The registered manager told

us they had not received any complaints at the service in the past three years. Staff told us they supported people and their relatives to understand their rights and the process to raise a complaint. Relatives told us they had no complaints as any issues they had encountered were acted on. A relative said, "I usually just speak to [deputy manager], they have been there as long as my [relative] and so easy to talk to."

End of life care and support

- The provider had protocols in place to provide the care and support people would require at the end of their life. There was no one receiving end of life support at the time of our inspection.

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 the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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

- The registered manager and deputy managers were visible and could easily be accessed by staff, people who used the service and their relatives. During our visit staff could easily access their manager for support when required.
- Staff were happy to work within the service. They spoke positively about their experience of working with the service and the positive difference they made in people's lives.

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

- During our conversations with the registered manager, they demonstrated a good understanding of the responsibility to act on the duty of candour and we saw evidence in records of incidents when they had applied this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their role and fulfilled their regulatory responsibilities. They maintained a good oversight of the service and together with a team of three deputy managers worked effectively to check the quality of care delivered was to a high standard.
- The service had effective systems in place for monitoring the quality of care people received. Some of the way they did this was through seeking feedback from relatives of people who used the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service demonstrated an inclusive approach to care provision, considering people's requirements with respect to their culture, religion, disability etc in their needs and preferences. Examples included ensuring a person was provided with culturally appropriate meals.
- Staff felt supported to fulfil the responsibilities of their role. They had access to regular supervision and were supported to give feedback on ways to improve the quality of care people received. A staff member said "I've only been here six weeks. I just ask if I'm not sure about anything. I feel supported."

Continuous learning and improving care

- The provider had systems in place to monitor the quality of care they provided. This included checks and

auditing of various aspect of people's care. These were regularly analysed and areas of improvement were identified and acted on.

Working in partnership with others

- The service worked collaboratively with other professionals to ensure the care people received consistently met people's needs. For example, they worked with health and social care professionals to meet people's needs.