

Community Integrated Care Dean View Villas

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

Dean View Villas is registered to provide accommodation and personal care to a maximum of eight people who have a learning disability or physical disability.

At the last inspection in August 2015 we had rated the service as good. Improvements were required with regard to staff training and supervision. At this inspection we found that the improvements had been made and the service remained good.

Some people were unable to tell us about the service because of their complex needs. People appeared content and relaxed with the staff who supported them. Those that could speak with us told us that care was provided with kindness. Staff knew the people they were supporting well and we observed that care was provided with patience and kindness and people's privacy and dignity were respected.

Detailed records accurately reflected the care provided by staff. Risks to people's well-being were assessed and kept under regular review.

There were sufficient staff to provide safe and individual care to people. Staffing arrangements were flexible. People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. When new staff were appointed, thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed. People received a varied and balanced diet to meet their nutritional needs. Systems were in place for people to receive their medicines in a safe way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice. Staff had an understanding of the Mental Capacity Act 2005 and best interest decision making, when people were unable to make decisions themselves. However, we have made a recommendation about the Court of Protection arrangements that had been promoted by the organisation for some people as they were not independent of the organisation and could pose a conflict of interest.

People were provided with opportunities to follow their interests and hobbies and they were introduced to new activities. They were encouraged and supported to go out and engage with the local community and maintain relationships that were important to them.

Relatives and staff spoke well of the registered manager and they said the service had effective leadership. Systems were in place to enable people to raise complaints. People told us they would feel confident to speak to staff about any concerns if they needed to. The provider undertook a range of audits to check on

the quality of care provided.

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.

Staff received supervision and training to support them to carry out their role effectively.

Staff had an understanding of the Mental Capacity Act 2005 and best interest decision making, when people were unable to make decisions themselves. Best interest decisions were mostly made appropriately on behalf of people, with regard to care and treatment. However, we have made a recommendation about the Court of Protection arrangements promoted by the organisation for some people.

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.

Dean View Villas

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 31 August 2017 and was unannounced.

It was carried out by an adult social care inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are reports about changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from authorities who contracted people's care.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

During the inspection we spoke with three people who lived at Dean View Villas, the registered manager, four support workers and one relative. We looked at care records for three people, recruitment, training and induction records for four staff, two medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service, maintenance contracts and quality assurance audits the registered manager had completed.

Is the service safe?

Our findings

Some people who lived at the home had complex needs which meant they did not express their views about the service. Other people told us they felt safe with the support and care provided by staff. One person commented, "I'm safe here with the staff. It's good living here." Another person told us, "I like living here." One relative said, "[Name] is well looked after by the staff."

Staff spoken with and training records looked at confirmed safeguarding training took place. Staff were able to explain the services available in relation to the safeguarding of adults. They told us they would know how to take the appropriate action to protect the individual and other people who could be at risk.

We considered there were sufficient staff to support the people at the time of inspection. Five staff including a senior support worker were on duty to support seven people during the day and two waking night staff were on duty overnight. The registered manager told us staffing levels were flexible and they were monitored to ensure they were sufficient to meet people's identified needs at all times.

Risks to people's safety had been identified and actions taken to reduce or manage hazards. Risk assessments were recorded in people's care records. The documents were individualised and provided staff with a clear description of any identified risk and specific guidance on how people should be supported in relation to the identified risk. For example, from falls or the risk of choking. The risk assessments were also part of the person's support plan and there was a clear link between these plans and risk assessments. At the same time they gave guidance for staff to support people to take risks to help increase their independence.

Staff had received positive behaviour support training to give them some insight into the management of distressed behaviour. They also used positive support behavioural guidance specific to each person which advised distraction techniques and other measures to calm and help reassure the person.

Positive behaviour support plans were in place for people who displayed distressed behaviour and they were regularly updated to ensure they provided accurate information. Support plans contained detailed information to show staff what might trigger the distressed behaviour and what staff could do to support the person. They provided guidance for staff to give consistent support to people and help them recognise triggers and help de-escalate situations if people became distressed and challenging. Where an accident or incident did take place these were reviewed by the registered manager or another senior staff member to ensure that any learning was carried forward.

There were appropriate emergency evacuation procedures in place, regular fire drills had been completed and all fire extinguishers had been regularly serviced. An up-to-date fire risk assessment was in place for the building.

Medicines were given as prescribed. People received their medicines when they needed them. Staff had completed medicines training and the registered manager told us competency checks were carried out.

Staff had access to policies and procedures to guide their practice.

Staff personnel files showed that a robust recruitment system was in place. This helped to ensure only suitable people were employed to care for vulnerable adults. Staff confirmed that checks had been carried out before they began to work with people.

Is the service effective?

Our findings

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff were aware of the deprivation of liberty safeguards and they knew the processes to follow if they considered a person's normal freedoms and rights were being significantly restricted. We found as a result, that seven people were currently subject to such restrictions.

There was evidence of mental capacity assessments and best interest decisions in people's care plans. Records showed that where people lacked mental capacity to be involved in their own decision making the correct process had mostly been used. We were told one person received covert medicine. Records showed that a signed letter was available from the GP giving their consent and documents showed a 'best interest' meeting had taken place with other relevant people.

We were told the organisation offered an appointee service and had applied and been appointed by the Court of Protection to be a court appointed deputy for four people who lived at the home. This meant the organisation was responsible for decisions with regard to their care and welfare and their finances as they did not have mental capacity. We considered this was a conflict of interest as the provider was not independent as they provided the care to the people as well as being responsible for managing their finances and welfare. We discussed this with the registered manager and followed the matter up with relevant agencies outside of the inspection.

We recommend the provider reviews the Court of Protection arrangements for some people as they were not independent of the organisation and could pose a conflict of interest.

Staff were positive and enthusiastic about the opportunities for training. Staff told us they were trained to carry out their role. One staff member told us, "There are loads of opportunities for training. I've got loads of certificates." Another staff member commented, "I get all the training I need for my job."

Records showed that staff received induction, supervision and appraisal. This allowed new staff to be supported into their role, as well as for existing staff to continually develop their skills. Staff we spoke with told us they could access day to day as well as formal supervision and advice and were encouraged to maintain and develop their skills. One staff member told us, "I get supervision regularly."

Staff were aware of people's different nutritional needs and any special diets that were required. People's

care records included nutrition care plans and these identified requirements such as the need for a weight reducing or modified diet. We noted that the appropriate action was taken if any concerns were highlighted. For example, a speech and language therapist had become involved when required. Staff kept people's nutritional well-being under review and recorded their weight each month. People told us they were involved in menu planning. One person told us, "I like the food. I have curry sometimes."

People were supported to access community health services to have their healthcare needs met. Their care records showed that people had access to GPs, dieticians, opticians, dentists, nurses and other personnel. The relevant people were involved to provide specialist support and guidance. Care plans reflected the advice and guidance provided by external professionals.

Is the service caring?

Our findings

During the inspection there was a happy, relaxed and pleasant atmosphere in the home. Staff interacted well with people. People appeared calm and relaxed as they were supported by staff. Some people told us staff were kind and they enjoyed living at the home. Some people had lived there for several years. One person commented, "The staff are really kind. I was upset and one of the staff gave me a hug." They also said, "They [staff] made me a cushion and covered it with some of my Mum's clothes and I use it when I'm sad." Another person told us, "I'm well looked after." One relative commented, "The staff are great. They arranged a large party for my son's birthday."

Staff knew the people they supported very well. We observed staff providing support with compassion and kindness. Staff spent time interacting with people, laughing and joking with them in a relaxed way. Staff were patient in their interactions with people and took time to listen and observe people's verbal and non-verbal communication. Staff asked people's permission before carrying out any tasks and explained what they were doing as they supported them. Support plans were written in a person centred way, outlining for the staff how to provide individually tailored care and support. The language used within people's care records was informative and respectful.

Staff respected people's privacy and dignity. People were able to choose their clothing and staff assisted people, where necessary, to make sure that clothing promoted people's dignity. We saw staff knocked on a person's door and waited for permission before they went into their room.

People were encouraged to make choices about their day to day lives and staff used pictures, signs and symbols to help people make choices and express their views. Support plans provided information to inform staff how a person communicated. Some people told us they could choose to spend time in their bedroom and could get up and go to bed when they wanted. One person commented, "I choose when I go to bed and sometimes when I'm tired I have a lie down on my bed."

Is the service responsive?

Our findings

People were supported to follow their interests and hobbies. They were positive about the opportunities for activities and outings. They all went out and spent time in the community. One person told us, "I usually go to the day centre on Wednesday." Another person commented, "I like going out for coffee or lunch." People were also supported to go on holiday. One person told us, "I've been to Scarborough." Another person commented, "I want to go to Disneyland but I'll need someone to go with me." We were told one person some people were going to Skegness.

People also took part in activities such as bowling, knitting, pub visits, arts and crafts, meals out, swimming, shopping, music therapy, pamper sessions, aromatherapy and massage, concerts and cinema trips. People's choices about whether to engage in these activities were respected. One person told us, "I like knitting, I knit for the cat charities." Another person told us, I read the paper everyday."

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs and the service had any necessary equipment for their safety and comfort. Records showed pre-admission information had been provided by relatives, where they were available, of people who were to use the service and other professionals. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives. Support plans were developed from these assessments that outlined how these needs were to be met. For example, with regard to nutrition, personal care, behaviour support, mobility and communication needs.

People's care records were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Some people had been supported by staff from the service for several years.

Care records were kept under review. Evaluations were undertaken by care workers and support plans were updated following any change in a person's needs. A daily record was available for each person. It was individual and in sufficient detail to record their daily routine and progress in order to monitor their health and well-being. This was necessary to make sure staff had information that was accurate so people could be supported in line with their current needs and preferences.

Written information was available that showed people of importance in a person's life. Staff told us people were supported to keep in touch and spend time with family members. Relatives were involved in discussions about their family member's care and support needs and they could approach staff at any time. One relative told us, "[Name] has improved since they've come to live here."

A copy of the complaints procedure was displayed. A record of complaints was maintained. Three complaints had been received since the last inspection which had been investigated and resolved. One relative commented, "I'd speak to the manager if I had any concerns."

Is the service well-led?

Our findings

A registered manager was in place who had become registered with the Care Quality Commission in July 2017.

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.

The registered manager understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities and independent investigations were carried out. We saw that incidents had been investigated and resolved internally and information had been shared with other agencies for example safeguarding.

The atmosphere in the home was relaxed and friendly. Staff and people we spoke with were positive about their management. Staff said they felt well-supported. They told us the service was well led.

The registered manager promoted amongst staff an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. Staff were made aware of the rights of people with learning disabilities and their right to live an "ordinary life." The culture promoted person centred care, for each individual to receive care in the way they wanted.

The registered manager was supported by a staff that was experienced, knowledgeable and familiar with the needs of the people they supported. They told us they were well supported by the provider's management team. They had regular contact with head office, ensuring there was on-going communication about the running of the home. Regular meetings were held where the management were appraised of and discussed the operation and development of the home.

Staff told us and meeting minutes showed staff meetings took place. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Staff told us meeting minutes were made available for staff who were unable to attend meetings.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of weekly, monthly and quarterly checks. They included the environment, health and safety, medicines, infection control, finances, safeguarding, complaints, personnel documentation and care documentation.

Audits identified actions that needed to be taken. Audits were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required. Visits were carried out by a representative from head office every two months. They checked the environment, spoke to people and the staff and checked a sample of records regarding the standards in the service. They also audited and

monitored the results of the audits carried out by the registered manager. All audits were available and we saw the information was filtered to ensure any identified deficits were actioned.

The registered manager told us the provider monitored the quality of service provision through information collected from comments, compliments, complaints and survey questionnaires that were sent out to people who used the service and their relatives. A staff survey had also been introduced to gather staff feedback.