

# Community Homes of Intensive Care and Education Limited

## Wey View

### Inspection report

Byfleet Road  
New Haw  
Addlestone  
Surrey  
KT15 3JZ

Tel: 02031953569  
Website: [www.choicecaregroup.com](http://www.choicecaregroup.com)

Date of inspection visit:  
10 September 2020

Date of publication:  
20 October 2020

### Ratings

Overall rating for this service	Good ●
---------------------------------	--------

Is the service safe?	Good ●
----------------------	--------

Is the service effective?	Good ●
---------------------------	--------

Is the service well-led?	Good ●
--------------------------	--------

# Summary of findings

## Overall summary

### About the service

Wey View is a care home providing accommodation and personal care for up to 10 people with autism and/or learning disabilities. There were three people living at the home at the time of our inspection. Eight people can be accommodated in the main building and two people lived in self-contained annexes. The home has a large, well-maintained garden.

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

People received safe and consistent care that was personalised to their individual needs. Any risks involved in people's care were recorded and measures had been implemented to mitigate these.

The home was clean and hygienic. Additional infection control measures had been implemented to protect people and staff during the pandemic, including the use of appropriate personal protective equipment (PPE), more frequent cleaning of the home and ensuring staff were up-to-date with guidance about infection control.

Medicines were managed safely. Staff attended relevant training before administering medicines and followed good practice guidance in medicines management.

Staff received the training they needed to carry out their roles, including in techniques designed to manage behaviours safely and effectively. New staff had a comprehensive induction and all staff were supported through regular supervision.

People were supported to maintain good health and to access healthcare treatment if they needed it. Each person had a hospital passport, which contained information about their care in the event of a hospital admission.

The monitoring and management oversight of the service had improved since our last inspection. Regular checks and audits had been introduced and the registered manager carried out observations to ensure that staff provided safe and effective support. We heard positive feedback from people, relatives and staff about the improvements implemented by the registered manager since they took up their post.

People, relatives and staff were able to contribute to the development of the service. A relative told us communication with them had improved and that they were consulted about their family member's care. Team meetings took place regularly and staff said they were able to make suggestions for improvements.

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 ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

#### Why we inspected

We carried out an unannounced inspection of this service on 31 January 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wey View on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

We will continue to monitor the service action plan to understand what the provider will do to improve standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

# Wey View

## Detailed findings

### Background to this inspection

#### The inspection

This was a focused inspection to check whether the provider had met the requirements of the last inspection in relation to regulation 11 (Need for consent), regulation 12 (Safe care and treatment) and regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Wey View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We gave the service 48-hours' notice of the inspection. This was because we needed to check our visit was carried out in a way which complied with the provider's policies and procedures about infection control and the use of PPE during the coronavirus pandemic.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). 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 of this information to plan our inspection.

#### During the inspection

We spoke with one person who lived at the home, three care staff, the deputy manager and the registered manager. We spoke with a relative by telephone to hear their views about the home and the care their family member received.

We checked two people's care records, including their risk assessments and support plans. We looked at four staff files, accident and incident records, medicines management, quality monitoring systems and infection control procedures.

#### After the inspection

We reviewed further evidence sent to us by the registered manager, including in-house audits and quality monitoring checks carried out by the provider.

# 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 Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection, we found that risks were not always safely managed. The interventions detailed in people's support plans were not effective in managing behaviours that challenged. Some staff had not had the training they needed to understand which medicines people needed.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- One person told us, "I feel safe here. I can't fault it; the staff are brilliant and it really is a lovely place to live."
- The way in which potentially risky behaviours were managed had improved. Staff had worked with the provider's Positive Behaviour Support (PBS) team to develop personalised support guidelines for people. These guidelines were recorded and understood by staff.
- Staff recorded any incidents of risky behaviours and shared this information with the PBS team for analysis. Analysing the behaviours aimed to identify possible triggers and to plan effective response strategies, which were recorded in people's support plans.
- Although the interventions outlined in people's support plans were personalised and based on their individual needs, some people continued to display potentially risky behaviours as part of their communication needs.
- Staff had received training in techniques designed to manage these behaviours safely and effectively, including if physical intervention was needed. Physical intervention was used as a last resort and guidance for the use of specific techniques recorded. All incidents involving physical intervention were recorded and reviewed by the registered manager.
- Accidents and incidents were recorded and reviewed to identify actions that could be taken to prevent a similar incident happening again. These actions included reviewing people's risk assessments and support plans to identify and respond to any changes in need.
- Any potentially harmful (COSHH) products were stored safely and securely. Checks had been introduced to ensure safe storage of COSHH products was maintained and data information sheets had been obtained for all items used in the home.
- Staff maintained appropriate standards of fire safety. Staff checked the home's alarm system each week using different call points and fire drills were carried out regularly.

### Staffing and recruitment

- Staffing levels were calculated based on people's individual needs. Some people had allocated hours during the day in which they received one-to-one or two-to-one staff support. This ensured people had staff available to support them however they chose to spend their time.
- The registered manager advised that staff turnover had reduced from 44% to 15% since our last inspection. This meant people were supported by consistent staff who knew them well and understood their needs.
- Staff records demonstrated that the provider carried out appropriate pre-employment checks. These included obtaining references and a Disclosure and Barring Service (DBS) certificate before staff started work. A DBS certificate allows employers to find out if a potential staff member has any criminal convictions or they have been barred from working with adults receiving care.

### Systems and processes to safeguard people from the risk of abuse

- The provider had a policy regarding the prevention of abuse, including a whistle-blowing procedure, on which staff were briefed in their induction.
- Staff attended safeguarding training, including regular refreshers, and understood the different kinds of abuse people could experience. Staff told us they would feel confident to speak up if they had concerns about people's safety or well-being. They said they knew how to escalate concerns outside the home if they felt issues were not responded to appropriately.
- One member of staff told us, "I have had the [safeguarding] training. I would go straight to [registered manager] and make sure it was followed up. Whistle-blowing information and all the contacts are in the office if we need it, it's very accessible."

### Preventing and controlling infection

- Staff attended infection prevention and control training in their induction and regular refreshers. Managers and staff had received additional training in the effective use of personal protective equipment (PPE), including doffing and donning, during the coronavirus pandemic.
- Risk assessments had been carried out to support people to access the community safely. One person told us staff supported them to reduce the risk of contracting the virus when they went out, saying, "When I leave, the staff always give me a face mask and hand sanitiser so I can be safe."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Using medicines safely

- People's medicines were managed safely. There were appropriate arrangements for the ordering, storage and disposal of medicines.
- Staff who administered medicines attended relevant training before doing so and their practice and competence was assessed. All staff had been trained in the use of an emergency medicine for epilepsy, which had been prescribed for one person.
- Each person had a medication profile which recorded the medicines they took and any individual needs



they had in relation to medicines. Guidance was in place regarding any medicines people had been prescribed PRN (as required).

- No one was receiving their medicines covertly (without their knowledge). One person took their medicines in yoghurt as this was their preference. Staff had checked with the pharmacist that this medication was suitable for administration with yoghurt.
- Medicines administration records and medicines stock were checked and audited regularly. Charts were maintained for the administration of topical creams. To minimise the risk of errors, the member of staff administering medicines was observed by a second member of staff who was also trained in medicines management.

# Is the service effective?

## Our findings

### 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 Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

### 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).

At our last inspection, one person's legal rights had not always been protected as restrictions had been placed upon them without proper authorisation.

This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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.

- Two people living at the home were subject to restrictions for their own safety. These restrictions included being unable to access some areas of the home unsupervised and being unable to leave the home without staff supervision.
- Where people were subject to restrictions, assessments had been carried out to determine people's capacity to consent to these measures. If people lacked the capacity to make informed decisions about their care, appropriate best interests procedures had been followed. This involved consulting all those with an interest in the person's care and welfare, such as relatives and healthcare professionals.
- Applications for DoLS authorisations had been submitted to the supervising body, although had not yet

been approved. We saw evidence that the registered manager had contacted the supervising body to request updates on progress with these applications. The registered manager reviewed all restrictions every three months to ensure they remained necessary and were the least restrictive options in providing safe care.

Staff support: induction, training, skills and experience

- Staff had the induction, training and support they needed to carry out their roles. All staff had an induction when they started work, which included mandatory training and shadowing colleagues. One member of staff said of their induction, "It was really good, we went through everything thoroughly. They showed me everything I needed to know."
- All staff met with the registered manager regularly for one-to-one supervision. The registered manager also carried out impromptu supervisions when needed, for example following an incident, where staff were encouraged to reflect on their practice.
- Staff shared important information about people's needs effectively. A handover took place at the beginning of each shift to ensure staff were up-to-date with any changes in people's needs. Staff told us they worked well as a team to ensure people's needs were met. One member of staff said, "The team are lovely. They were all so willing to help me straight away when I started. They are all really supportive and I can ask them anything."
- The consistency of support people received had improved since our last inspection. The establishment of a consistent staff team, and the development of detailed support plans, had contributed to a reduction in behaviours which challenged. A relative told us, "Over the last year to 18 months, [person] has had consistent staff supporting him. Whoever I speak to knows him and understands his needs."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to maintain good health and to access healthcare treatment when they needed it. Care records demonstrated that people had access to healthcare professionals including GPs, speech and language therapists and the community team for people with learning disabilities.
- Each person had a hospital passport, which contained important information about their needs and the care they received. This ensured that medical staff would have detailed information about a person's care should they be admitted to hospital.

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

- People's nutritional needs were assessed and kept under review. If risks were identified around eating and drinking, staff sought and implemented appropriate professional guidance. For example, one person had been identified as at risk of choking. Detailed guidance about how to support the person safely had been put in place by a speech and language therapist following an assessment of the person's needs.
- People had opportunities to contribute to the home's menu. Staff used people's preferred communication methods to enable them to make choices. For example, one person used a Picture Exchange Communication System (PECS) to indicate their preferences. Staff said that, as only three people currently lived at the home, people were able to choose what they wanted to eat on a day-to-day basis.
- The deputy manager said staff had tried tasters of different foods with one person to encourage them to eat a wider range of foods. Another person was being supported to cook and eat more healthily, as they had identified this as a personal goal.

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

- People's needs were assessed and kept under review; care was delivered in line with relevant national guidance. For example, assessments in relation to nutrition were carried out using nationally-recognised

assessment tools.

- The registered manager kept up-to-date with developments in legislation and best practice. Any changes in nationally-recognised guidance that affected the way in which care was provided were shared with staff.

Adapting service, design, decoration to meet people's needs

- Improvements had been made to the environment since our last inspection. The communal area of the home were homely and welcoming. All bedrooms had en suite bathroom facilities and people could choose how they preferred their bedrooms to look.
- The home was adapted for people's needs. The building was wheelchair accessible and appropriate signage was in place.
- Two people lived in annexes to the main building, each of which had its own garden area. One person who lived in an annex told us they enjoyed the additional privacy this provided. The person said they had enjoyed spending time in their garden area and had grown vegetables this summer. The person told us, "I just love it here. I saw this annexe and couldn't believe it. I've got my own kitchen area, bathroom and private patio area. The shed has my name above it. I keep all my gardening things in there. We've been blessed with the weather and it's meant my tomatoes have done really well."

# Is the service well-led?

## Our findings

### 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 Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, records relating to people's care were not up-to-date and quality monitoring systems were not always effective.

This was a breach of regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The monitoring and management oversight of the service had improved since our last inspection. The registered manager carried out regular observations to ensure that staff provided effective care and support. For example, the registered manager observed staff administering medication and supporting people at mealtimes. The registered manager told us that any potential improvements they identified were discussed at staff meetings and individual supervisions. The registered manager also carried out spot checks, including at night.
- Regular checks and audits helped ensure people received safe and effective care. Risks to individuals and to the delivery of safe care had been assessed and mitigated. Records related to people's care were accurate and up-to-date.
- The provider had supported the registered manager to improve the service since our last inspection. The provider's assistant regional director had maintained regular communication with the registered manager and visited the home regularly.
- The provider had a contingency management team, which maintained an oversight of key areas in all registered services and was able to respond if services experienced challenges in these areas. For example, the contingency management team monitored staffing, food supplies and PPE stocks.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their families had opportunities to give their views about the home and the care provided.

Residents' meetings took place regularly, supported by staff. A relative told us they would feel comfortable making a complaint if they had concerns about any aspect of the service.

The relative said they had raised a concern regarding cleanliness and that this had been dealt with promptly.

- Team meetings took place regularly and staff told us they were encouraged to make suggestions about potential improvements. One member of staff told us, "The staff team have brought some really good ideas to the table and they are always listened to." Another member of staff said, "We are all involved with the running of the home and that's what makes for such a good working environment."
- Staff told us the registered manager was supportive and approachable. One member of staff said, "[Registered manager] is brilliant at what she does. She thinks of everything and she is so supportive of all the residents and the staff." Another member of staff said, "[Registered manager] is very fair; she tells us what needs doing but supports us to do it as well. The whole management team are so involved and supportive."

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

- Incidents had been reported to CQC when necessary. This meant we were able to check the provider had taken appropriate action in response to the incident.

Working in partnership with others

- The registered manager and provider had communicated with the local authority and CQC since the last inspection to ensure commissioners and the regulator were kept up-to-date about progress towards improvements. This included reviewing the action plan which outlined the measures required to improve, such as improving people's support plans and improving the governance of the service.
  - A relative told us their input was sought when decisions about their family member's care were being considered. The relative said communication with families had improved since the registered manager's arrival. The relative told us, "There has been a complete turnaround since the new manager joined. Communication has improved a lot. They ring me and send photos of what [person] has been doing. They will always contact me if there's a concern."
  - Appropriate measures had been introduced to enable visits by friends and families. Visitors were screened on arrival and required to maintain social distancing and wear appropriate PPE. The provider's Visitors' policy had been reviewed to reflect the introduction of these measures.
- A relative told us, "They have managed it well. I was able to visit [person] every weekend as he lives in an annex. They took my temperature and made sure I washed my hands on arrival."