

Community Integrated Care

Dean View Villas

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Dean View Villas provides residential care for up to eight people who live with a learning disability and/or autism. At the time of inspection, five people were using the service.

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

Risks to people were not always managed safely. Individual risk assessments were in place to keep people safe, however some assessments had not always been followed. Environmental risks identified during inspection were in part, identical to issues which had been raised in 2019 via the provider's fire risk assessment. People's medicines were for the majority managed safely. We did identify where one person's allergies had not been included on their medication administration chart. We also identified where one person's medication had not been reviewed on a regular basis as required. We have made a recommendation about this.

The registered manager had submitted appropriate documentation to the commission in line with the legal requirements of their registration. Various checks to monitor the quality of the service were in place, but some checks had not picked up issues identified during inspection. We shared ideas for improvement with the registered manager. We have also made a recommendation regarding the consistent recording of information within people's daily notes.

People were protected from abuse. Staff had received training in safeguarding and were confident to identify various types of abuse. We did, however, identify issues in relation to the legal status of court appointed deputies for people regarding their health, welfare and finance. The registered manager agreed to look into this issue in order to provide clarity to this situation.

Staff recruitment was safe and staffing levels were appropriate to meet the needs of people. When things went wrong, lessons were learnt from these and were shared with staff to prevent reoccurrence. Infection control procedures were for the majority in place. Some issues were identified on the day of inspection and the registered manager took immediate action to address the issues.

People received person-centred care and staff were very proud and positive about the care people received. Relatives and professionals told us staff had the appropriate skills and training to care for people safely. Staff training was for the majority up to date, but we did identify one issue regarding staff refresher training for epilepsy.

Staff worked well with other healthcare professionals and regularly sought advice and guidance from GPs, dieticians and occupational therapists. People were supported to maintain a healthy and balanced diet. The environment was in need of redecoration. The registered manager told us they had already received approval for this and were awaiting quotes for the work to be done. People's needs were assessed prior to living in the service and these assessments took into account people's personal preferences, likes and

dislikes.

The registered manager was working hard to make improvements to not only the service, but to staff morale also. Staff told us the change in the service was welcomed and they appreciated the changes the registered manager was making. Staff now felt supported and listened to. One staff member told us, "I love coming to work now, I didn't before, but I do now, it has changed."

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The model of care and support provided to people living at the service maximised their choice, control and independence. People were involved as much as possible in all aspects of their care and future planning. Care provided at the service was centred around the person and promoted people's dignity, privacy and human rights. The ethos, values, attitudes and behaviours of the management team and staff ensured people lead confident, inclusive and empowered lives.

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

Rating at last inspection and update

The last rating for this service was good (published 24 October 2017)

Why we inspected

The inspection was prompted in part due to whistleblowing concerns received regarding poor care and practice. A decision was made for us to inspect and examine those risks.

We received concerns in relation to poor care and practice. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make some improvements. Please see the Safe and Well-led sections of this full report.

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 COVID-19 and other infection outbreaks effectively.

Follow up

We will seek assurance from the provider following this report being published regarding the changes they will make to ensure they improve their rating to at least good. We will work with the 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Dean View Villas

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.

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 team consisted of one inspector.

Service and service type

This service 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

We gave the service 24 hours' notice of the inspection. This supported the home and us to manage any potential risks associated with COVID-19 pandemic.

What we did before the inspection

We reviewed information available to us since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from commissioners and professionals who work with the service, including the local authority safeguarding adults' team.

During the inspection

We spoke with the registered manager, senior support worker and one person. We reviewed the environment and a number of staff handover documents.

After the inspection

We reviewed three people's care plans and medication records, two staff recruitment files and multiple quality assurance documents. We continued to receive information from the registered manager. We spoke with the regional manager, six care staff, three relatives and one visiting professional over the telephone. We also received written feedback from a visiting professional.



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 has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were not always managed safely.
- One person's care plan stated they should be supervised at all times due to a risk of choking. We observed this person being left alone with a plate of food in front of them. Another person who was on a modified diet, had access to food/sweets which was a known risk to them. These items had been stored in two separate fridges, both of which had safety locks attached, and were found to be unlocked, therefore enabling free access to this person.
- The environment was not always safe for people. Extension cables were in use in one communal area which posed a potential trip hazard to people. Items had also been stored inappropriately in cupboards which posed a risk to people. Both of these issues had previously been identified as a risk during a fire safety assessment of the building in December 2019.
- Sharing of updated information was not always consistent. The service had three systems in place where staff were expected to review and sign to say they had read and understood updated information. The registered manager agreed this was confusing and was an inconsistent way of providing updates. They agreed to review this process to allow for a more robust process to be in place.
- Individual risk assessments were in place and were reviewed on a regular basis. One visiting professional told us, "If any new equipment is supplied, I am confident in staff's ability to use the new equipment safely. Staff will always seek advice if they are unsure."

Using medicines safely

- Medicines were not always managed safely.
- One person's medication care plan did not include important information regarding the process staff should follow for the administration of medication via their percutaneous endoscopic gastrostomy (PEG). In addition, the same person had a known allergy and this information had not been transferred to their medication administration chart (MAR). We spoke with the registered manager regarding this and they took action to ensure records were updated.
- One person received one type of medication which is required to be reviewed on a regular basis. Their medication care plan included instructions regarding the importance of regular reviews for one particular type of medication. This medication had not been reviewed for 18 months.

We recommend the provider reviews all prescribed medications in the service to ensure where necessary, appropriate medication reviews are completed on a regular/as required basis.

- Audits were completed of people's MAR. However, audits completed did not include the date of the MAR

chart which had been checked. It was therefore difficult to identify which MAR chart had been checked for completeness. We spoke with the registered manager regarding this issue and they agreed to amend this process with immediate effect.

- Staff had received training and regular competency assessments regarding the safe handling of people's medication. Staff told us they were confident in their ability to manage this task.

Staffing and recruitment

- Staff recruitment was safe. This ensured only suitable people were employed to care for people.
- Staff levels were appropriate to support people safely. The registered manager had recently recruited more staff.

Learning lessons when things go wrong

- Lessons were learnt from incidents. Incidents, feedback and complaints were reviewed and actions where applicable, were put in place to prevent reoccurrence.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. Some staff were seen to not take off their PPE in line with government guidelines. In addition, one member of staff was seen to not be wearing their face mask in line with government guidance. We spoke with the registered manager regarding these issues and they took immediate action to address the concerns raised.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We did identify issues with staff not being bare below the elbow and some staff not following guidance regarding sanitisation of their hands when taking off their PPE.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Safeguarding issues were investigated, and appropriate action was taken. However, we did identify one issue regarding a lack of documentation in people's care plans regarding who had been appointed as their deputy for health and welfare and finances via the Court of Protection. We spoke with the registered manager who agreed to look into these concerns.
- The provider had an updated safeguarding policy in place. However, a review of this document revealed not all staff had signed to say they had read updated sections. The registered manager assured us they would address this issue immediately.
- Relatives and professionals told us people received safe care. Comments included, "No I do not have concerns regarding people's safety," and "Staff are really good with [person] they like [person] and they appreciate his good points."
- Staff told us they were confident to identify and raise any safeguarding issues.

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 has remained the same.

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

- People received appropriate food and fluids to support their wellbeing. Where able, people were able to choose what they wanted to eat each day. Staff told us, "We used to have a weekly menu, but we stopped that and people just tend to get what they want to eat." One person told us, "Yes I like the food, the girls get me what I want."
- Where necessary, people were referred to external professionals for input regarding their diet, including the speech and therapist team (SALT) and dieticians. However, for those people who received their food via a percutaneous endoscopic gastrostomy (PEG), we identified inconsistent recording. This included the amount of food people were given, and whether staff had 'flushed' the PEG with water following the person's PEG feed, (as outlined in people's care plan).

We recommend the provider reviews their current system and process of recording important information. This will ensure all staff are aware of the options available to them in order to provide robust and consistent recording

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

- The design of the service did meet the needs of people. However, the service is in need of re-decoration. The registered manager told us redecoration had been planned but due to the restrictions of the COVID-19 pandemic, this had not been possible. Approval has now been received and a scheme of redecoration is planned.
- Some people's rooms were very personalised and homely, but one person's room was very clinical and lacking any personal touches. We discussed this with the registered manager and how this person's room could be decorated more personally, whilst maintaining this person's safety. The registered manager was responsive and told us the COVID-19 pandemic had postponed plans.
- People had access to a garden area and sensory room. Staff supported people to access these areas. One staff member told us, "We will get the table and mats out in the garden today. People love the grass and the sunshine, we will probably have a sing-along."

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.

- The service was working within MCA principles. Where people lacked capacity approved DoLS were either in place or had been applied for.
- Best interest decisions to keep people safe and well had been completed. For example, where people required a wheelchair lap belt or bedrails to keep them safe appropriate best interest decisions had been made with the appropriate people involved.
- People were supported to make their own choices. One member of staff told us, "[Person] cannot see very well, but I always hold up clothes to them so they can touch and feel the material. This allows them to make their choice of clothing for the day."

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

- People's needs were fully assessed prior to admission to the service. Assessments were carried out using nationally recognised tools.
- Care plans reflected people's personal needs and choices. For example, which activities they enjoyed and what was important to them including whether people preferred either male or female carers.

Staff support: induction, training, skills and experience

- Staff had received appropriate training and had the correct skills to support and care for people safely. However, one area of training (epilepsy) was out of date for all staff. We spoke with the registered manager who took immediate action to address this oversight
- Relatives and visiting professionals were complimentary regarding staff skills. Comments included, "The service are doing very well since the new registered manager has been in post. Staff contact me regularly to provide updates and to ask questions," and "The staff and care [person] receives is brilliant. [Person] has changed since living there. Staff have got the right skills and [person] is much happier now."
- New staff completed a full induction programme and were supported in their role until they felt confident.
- Staff had received regular supervision sessions and appraisals with their line manager.

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

- Staff worked closely with other professionals regarding people's health and well-being to provide a consistent level of care.
- Care plans included intervention from a variety of professionals. Feedback from one visiting professional was very positive, they told us, "They (staff) regularly highlight appropriate residents for multi-disciplinary team discussion and send a representative from the home. They have engaged well with our care coordinator."

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 has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The quality and assurance systems in place were not always effective and did not identify the issues found during the inspection. We discussed with the registered manager how they could further enhance their checks to ensure all areas within the service were reviewed
- The registered manager shared with us their action plan which had been created to improve the service. Progress was being made against and they told us this document would be monitored and updated on a regular basis.
- Staff told us they were well supported in their role and felt confident. They understood the importance of their role and the lasting impact this could have on the people they cared for. One staff member told us, "Staff morale has improved. It wasn't good before, but we are now coming together as a team – [Registered Manager] is making a difference."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- There was a positive staff culture and people received person-centred care. A number of staff had worked at the service for a long period and all staff we spoke with knew the people they cared for very well.
- Staff were very clear in their understanding of what person-centred care stood for. Staff told us they tried their best to support people to live their life to the best of their ability. In addition, one relative told us, "[Person] used to have to wear arm restraints before they moved to this service. They don't need them now as they are much happier."

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

- Staff told us they felt valued and listened to. Staff told us they had team meetings which they found beneficial. One member of staff told us, "I can't get to the team meetings due to personal circumstances, but I now dial in from my phone so I don't miss out which is really good."
- The majority of feedback from relatives was positive regarding the care people received.

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

- The provider understood the duty of candour and was open and honest when things went wrong.

Continuous learning and improving care

- Continuous learning and ways of improving care were a focus for the registered manager. All feedback was reviewed to allow for actions to be put in place to improve the level of care people received.
- The provider had recently introduced electronic care plans. The registered manager told us this new way of working would allow them to be more able to identify any issues or trends. We spoke with the registered manager regarding how they could further enhance this system.

Working in partnership with others

- The service worked well with partnership agencies. External professionals provided positive feedback regarding the care staff provided. One professional told us, "When we have attended to give COVID vaccinations, we experienced a friendly, supportive environment. It was clear the staff know the residents well, engaging them where possible in discussion about the vaccination and supporting them to have it. It was lovely to see the big fuss that was made to show residents how well they had done getting their jabs."