Affinity Trust

The Views

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?	**Requires Improvement**

Overall summary

We inspected The Views on 28 October and 6 November 2014. This was an unannounced inspection.

The Views is a care home which provides personal care and support for people with physical and complex, profound learning disabilities. The home can accommodate up to six people. Four people were living at the home on the days of our inspection.

The home is one of a number of locations operated by Affinity Trust, who provide support nationally for people with learning disabilities. The property is owned and maintained by the local council. It is a purpose built bungalow offering level access for wheelchair users as well as wide corridors and doorways.

A registered manager was in post but was not present during the inspection. A new manager had been appointed, they were undergoing registration with the Care Quality Commission (CQC). During this time, the appointed manager (the manager) maintained oversight

Summary of findings

of the day to day running of The Views and was supported by the registered manager. The registered manager was overseeing another home operated by Affinity Trust.

A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems intended to gather the views of relatives and health and social care professionals had lapsed. We identified this as an area for improvement. However, we found that the home was a safe, well maintained environment, providing suitable accommodation, equipment and facilities for people.

A sufficient number of suitably qualified and experienced staff supported people. We observed staff speaking with people in a kind and respectful manner. Staff supported people patiently, with understanding and compassion. Staff understood and demonstrated the importance of respecting people's choices, preferences, privacy and dignity. Staff were aware of the values of the service.

Care and support was individual and based on the assessed needs of each person. Care plans and risk assessments were comprehensive and reviewed regularly. This helped to ensure people's needs were met and they were supported safely and consistently. People each had an allocated staff member as their facilitator, sometimes known as a key worker. This member of staff encouraged and supported them to be involved in the running of the home. This included planning meetings about every day events as well as involvement in staff recruitment and quality assurance assessments.

There were robust recruitment and selection procedures and appropriate checks had been undertaken before staff began work. Medication was effectively managed. Medicines were administered safely to people.

The manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Where people were unable to make complex decisions for themselves, the service had considered the person's capacity under the Mental Capacity Act 2005. The appointed manager had applied for a DoLS authorisation for each of the four people at The Views. We saw documentation to support this, together with records of best interest meetings.

The last inspection of this service was on 5 October 2013, where no concerns were identified.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were enough staff to meet people's identified needs. Staff knew how to recognise and respond to abuse correctly and had a clear understanding of procedures for safeguarding adults at risk.

People were protected from avoidable risk as there were effective systems to identify, manage and monitor risk as part of the support and care planning processes.

Medication was managed and administered safely.

Good

Is the service effective?
The service was effective.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had received appropriate training and had a good understanding of DoLS and the principles of the Mental Capacity Act 2005.

People were supported staff by who had an appropriate level of skills and knowledge.

People could see health and social care professionals as required to make sure they received appropriate care and treatment.

Good

Is the service caring?
The service was caring.

Staff were kind and compassionate. They had a good understanding of people's care and support needs and knew people well.

People's privacy and dignity was respected.

Staff respected the choices and decisions people made about their care and treatment, their views were listened to and taken into account.

Good

Is the service responsive?
The service was responsive.

People's health, care and support needs were assessed. Care plans were comprehensive and updated regularly to reflect changing needs.

Activities promoted people's social interests and supported individual therapeutic needs

There was an accessible complaints procedure and staff were versed in how to support people to raise a complaint should the need arise.

Good

Summary of findings

Is the service well-led?

The service was not consistently well led.

Systems established to obtain the views of relatives and health and social care professionals had lapsed.

The home's principles and values were embedded into everyday practice. They were evident during the inspection.

Requires Improvement

The Views

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 28 October and 6 November 2014, it was an unannounced inspection. The inspection team consisted of two inspectors.

Before we visited the home we checked all of the information we held about it and the provider. We looked at previous inspection reports and notifications we had received. Notifications are reports of important events which the provider is required to tell us about by law. We also contacted the local authority to get their view about the care provided by the home.

We looked at the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we met all four people living at The Views. Due to some complex needs, not everyone was able to verbally share their experiences with us of life at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how the staff interacted with people who used the service and how people were supported throughout communal areas of the home.

We spoke with the manager, team leader and two care workers. We reviewed three people's care records, staff rotas and training records together with other records relating to the management of the home such as audits, policies and risk assessments.

Good

Is the service safe?

Our findings

People trusted staff and felt safe in their company. When people needed support they instinctively turned to staff for assistance without hesitation. This interaction often prompted people to smile, laugh or make vocal sounds. People were relaxed and at ease with each other and in the company of staff. Our observation and some people's gestures enabled us to gain a sense that people felt safe living at The Views when they were unable to tell us verbally.

Staff described how they helped people to feel safe living at the home. Their responses considered people's rights and diversity as well as recognising and responding to risk. For example, one member of staff told us, "It's important to recognise that people are individual and offering as much choice and control to people as possible helps to develop their individuality, build confidence and develop feelings of support and safety". Another member of staff said, "Risk assessments need to strike the right balance between to supporting people in their choices and keeping them safe. I think this is something that we do well".

Any concerns about people's safety or wellbeing were taken seriously by staff. Staff told us any such concerns would be reported to help ensure people were protected. Records confirmed staff had received safeguarding training. Appropriate checks of people's finances were completed. This helped to make sure people's money was protected against unauthorised or improper use. Staff were able to describe different types of abuse and possible changes in the people they supported, which may indicate or help them recognise that something was not right. All staff told us they would have no hesitation in reporting any issues to the manager or provider. They were confident that any concerns reported would be fully investigated and acted on. However, staff said if they were not satisfied their concerns were being effectively dealt with, they would report them to external regulators. A whistleblowing policy was in place to support this process. This helped to ensure that people were safe from the risk of abuse because staff were trained to identify signs of possible abuse and knew how to act on any concerns.

Individual risk assessments were completed and reviewed when needed. Staff were knowledgeable about the people they supported and familiar with risk assessments. These included medication, eating, drinking and risks of choking as well as use of equipment such as pressure reducing mattresses, lifting aids and wheelchairs. Other risk assessments related to the environment around the home, access outside the home and how to keep people safe when using transport. Risk assessments were central to day to day care delivery and planning activities. They clearly set out the type and level of risk as well as measures taken to reduce risk. This helped to ensure that people were encouraged to live their lives whilst supported safely and consistently.

There were fire risk assessments and fire protection equipment. Fire alarms were regularly serviced and maintained. Fire drills took place in line with the home's policy. Staff had received fire safety and first aid training. Care plans contained personal emergency evacuation plans, setting out the support people needed in the event of an emergency. We saw there was an emergency continuity plan in the event of people not being immediately able to return to their home.

Medicines were stored and administered correctly. There were appropriate procedures to manage stocks of medicine, record its receipt at the home and record the correct disposal of any unused medicine. Staff told us that they felt confident to administer medicines. We saw training and competency assessments had taken place. We observed people were supported to take their medicine sensitively and were not rushed. Staff explained to people what they were doing as they supported them.

Medicine administration records (MAR) showed people had received the right medicine at the right time. Staff hand over records showed MAR charts were checked when staff changed shifts. This helped to ensure any potential discrepancies were identified quickly and could be acted on. Established protocols helped to ensure the appointed manager and staff knew what to do in the event of a medication error, or if people frequently refused to take their medication.

Recruitment practices were robust and relevant checks had been completed before new staff started work. Appropriate proof of identity had been obtained and files contained evidence that disclosure and barring service (DBS) checks had been carried out. These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Application forms had

Good

Is the service safe?

been completed and two references had been received in each case. This helped to ensure people were protected by safe recruitment procedures because required processes and checks had taken place.

We discussed staffing levels at The Views with staff and the manager. Staffing levels were based on an assessment of people's needs which linked to the hours funded to meet those needs. The home held a profile of agency staff. When needed, this helped to make sure they had suitable skills to support people. Records showed agency staff were inducted to the home and people before starting work there. Existing staff felt the recent recruitment of permanent staff was beneficial as they would be more familiar with the people supported, their records and the administrative tasks associated with the running of the home.

Good

Is the service effective?

Our findings

People using the service had complex needs, which meant they could not readily tell us about their experience of the service. Where possible, people indicated to us that they had confidence in staff and we saw that they were happy for staff to support them. Staff were able to tell us about how they cared for each person to ensure they received effective care and support. People received care from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively.

Staff had received training about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS form part of the MCA and aim to make sure that people in care settings are looked after in a way that does not inappropriately restrict their freedom. Where restrictions are needed to help keep people safe, the principles of DoLS ensure that the least restrictive methods are used.

Staff understood the basis of the MCA and how to support people who did not have the capacity to make a specific decision. Staff knew capacity assessments were decision specific. Policies reflected that where more complex or major decisions needed to be made, involvement of relevant professionals such as GP's and an Independent Mental Capacity Advocate was required. Each person had a local authority Deputy in place. This is an appointee by the Court of Protection to make decisions in people's best interest where they lack capacity.

DoLS applications had been made to the local authority for each of the people at The Views. Staff had a good understanding about the legal requirements of DoLS and were able to give examples of restriction and where least restrictive methods were used. For instance, rather than use bedrails to keep one person safe in bed, a floor pressure mat had been introduced. This enabled the person to get out of bed when they liked, but alerted staff to their actions so that they could be supported if needed.

Some people were not able move around the home or go outside without the support of staff. One person was able to access the garden independently, but was prevented from doing this because they could not open the door without help. Discussion with the manager showed they had identified this restriction and were exploring assistive technology to enable the person to open the door without support. However, staff were aware of the need to support the person's access to the garden should they want to go out.

Staff received regular training in areas essential to the effective running of the home such as fire safety, first aid, infection control and food hygiene. Additional training had been delivered which helped staff support people living at the home, including learning disabilities awareness, challenging behaviour and working with people with communication, diet and nutrition needs.

Staff told us the training was good quality and they felt confident to do their job properly. One member of staff told us, "The training I have received has been very good". Another member of staff commented, "There are plenty of opportunities for training, I've enjoyed it, it's helped me to feel more confident when I support people".

Supervision of staff took place every eight weeks and appraisals annually. Supervisions covered achievements, training and individual actions or targets for staff. They gave staff the opportunity to raise any concerns about working practices and focussed on ideas to progress the individual development of people living in the home. Staff told us supervisions were useful for their personal development as well as ensuring they were up to date with current working practices. A comprehensive induction programme and on going training ensured all staff had the skills and knowledge to effectively meet people's needs.

Communication plans helped to ensure effective understanding between people and staff. This included information about eye pointing, vocalised sounds, facial expressions, body language and gestures as well as other indicators such as people's general demeanour and what any changes may indicate. For example, how people may appear if they experienced pain or anxiety. Communication aids such as pictorial prompts helped people to pick meals and a pictorial reference cards were available in the kitchen. Staff were aware of people's communication needs and used them effectively. The meals served looked appetising. People finished their meals and had appeared to enjoy them. Staff knew each person well and had developed a good understanding of people's communication methods.

People were supported to maintain good health and received on going healthcare. People were registered with

Good

Is the service effective?

the local GP and had access to other health care services and professionals as required. Where specialist advice was needed, for example about diet or to reduce the risk of breathing in food or choking, we found that the advice received was being followed. Health action plans were person centred and included dates for medical appointments, medication reviews and annual health checks.

Good

Is the service caring?

Our findings

We observed staff and people together. The atmosphere was light, calm and friendly. When staff supported people, they spoke with them in soft tones and were gentle and unhurried in their approach. People were given time to process information and communicate their responses.

The Views was caring, with staff who were kind and compassionate when providing care and support. People were treated with dignity and respect.

People and staff had developed positive relationships which were trusting and caring. A member of staff told us, "I enjoy the opportunity of helping people to fulfil their lives and seeing that they are happy. Little achievements are rewarding, for example, a smile". Staff had developed a good rapport with the people they supported. Staff were encouraging, reassuring, respectful and supportive. People responded positively, often with laughter, a smile or happy sounds.

People's privacy, dignity and choices were respected. People chose whether to be in communal areas or have time in their room or other areas of the house. Staff knocked on bedroom doors before entering. People were dressed in clothes of their choice, their hair was brushed and they looked clean and well cared for. Personal care was delivered in privacy. Where some people could not get around the home independently, staff had developed a good understanding of their routines and where they preferred to be. One person moved around the home independently to find sunny places.. Staff had a clear understanding of the importance of privacy and dignity. They balanced this with the requirement for support and independence.

Each person had a detailed pen picture. This included the most important things about them, the most important things to them and the most important areas where they required support. Staff were knowledgeable about people's life experiences and spoke with us about people's different personalities. They knew what people liked and didn't like and the different sort of activities that they enjoyed. Regular key worker meetings were held, which helped to develop and maintain positive relationships. A keyworker is someone who co-ordinates all aspects of a person's care. Staff told us they had got to know people well by spending time with them and, where possible their relatives, as well as by reading people's care records.

Staff spoke fondly about the people they supported and demonstrated a commitment to providing high quality care and support. One member of staff told us "We have supported some of the people living here for many years, when we support them it really matters that we know what they want and that we get it right". Staff had complied descriptions of some people's body language and their behaviours to help others effectively communicate with the people in the home. Staff recorded what they thought the behaviour meant and what the person would like them to do. This helped staff understand people and to care for them in a way that met their need.

People had the opportunity to make their views known about their care and support through regular key worker meetings. Weekly house meetings also took place where events and activities were discussed and menus planned. Around the home there were various examples of the pictures and symbols used to help inform people and involve them in day to day decisions.

Good

Is the service responsive?

Our findings

People received care and support specific to their needs and were supported to follow activities which were important to them. Throughout the day staff responded quickly and enthusiastically to people's need for support or reassurance.

Care plans contained detailed information about people's physical health, mental health and social care needs. These needs had been assessed and care plans were developed to meet them. There was clear guidance for staff on how people liked their care to be given and detailed descriptions of people's routines. Care plans were updated during regular reviews or as and when people's needs changed. As far as practicable, people and their representatives were involved in care planning and review processes and consulted about changes to care plans.

Staff were kept aware of any changes in people's needs on a daily basis. Daily records contained information about what people had done during the day, what they had eaten and how their mood had been or if their condition had changed. There were also verbal handovers between shifts when staff teams changed and a communication book. This helped to ensure that staff were aware of and could respond to people's changing needs and were updated about current issues. One member of staff told us, "I think communication between staff works very well, we have good systems in place". Another member of staff commented, "We are all aware that people's condition changes. The records that we keep help us all know what's going on".

The home was responsive to people's needs and had systems in place that would help them recognise and respond to changes. Care plans were detailed, individual and relevant to the person. Initial assessments of needs were followed up with more detailed care plans which contained guidelines relevant to specific needs and daily living. These included communication, moving about, sight and hearing, eating and drinking, sleeping and continence. Where people needed specific support, relevant guidance was in place. For example, staff had identified someone needed help to eat and drink safely, a referral was made and the guidance received was being followed. In another care plan there was information about the importance of tactile stimulation for the person. It described how they would seek this out and how staff could support them. Other examples included monitoring of weight and nutrition. Where a person had experienced seizures, there was guidance about possible triggers and warning signs. .

People were protected from the risk of social isolation because the service supported people to go out in the local community. Activities ranged from shopping, going to coffee shops and having pub lunches to orthopaedic swimming as well as reflexology and aromatherapy. People had also travelled to London and enjoyed a river cruise. Individual activity plans were completed and records of activities undertaken or declined were maintained.

The home's complaints and compliments policy was available in pictorial form. The manager confirmed that the home was not dealing with any complaints at the time of our inspection. Staff and the manager confirmed they welcomed people's views about the service. Staff clearly explained how they would support people to make a complaint if the need arose.

Records showed staff had in the past supported a person to make a complaint to a transport provider about difficulties they had experienced with public transport travel arrangements. This had resulted in a positive response from the transport provider. There was also a card from a relative. This thanked staff for the 'really good' care and support provided to their family member.

Requires Improvement

Is the service well-led?

Our findings

CQC had received the application of the acting manager for the position of registered manager at the home.

There were established systems to seek the views of people, relatives, staff and health and social care professionals. However, while people had been supported by staff to complete a questionnaire in April 2014, professional's surveys were last completed in May 2013 and relative surveys in 2013. Completed surveys were returned to the provider, but staff told us they were not aware when feedback was received by the provider or what it said. This made it difficult to gauge the value of this process. We have identified this as an area of practice that required improvement.

There was a positive and open culture within the home. Staff told us they found the management at the home supportive and felt the staff team worked closely. A member of staff commented, "There is a genuine open door policy. The manager and visiting operational managers are easy to talk to. You can discuss any ideas or concerns and they encourage suggestions". Other staff told us, "We have a good staff team at here, we all work well together, its positive for us and for the people we support".

The home had a clear principle about their commitment to the people they supported. This was 'To enable people with learning disabilities to pursue active and fulfilling lives, gain increased independence and achieve equal rights as citizens'. This guiding principle was underpinned by key values. These included being respectful, inclusive, reliable, open and honest. The manager told us that the values and ideology of the home were embedded in the behaviours staff were expected to exhibit. Staff confirmed the values of the service and expected behaviours were discussed at supervisions and in team meetings. We saw examples of staff displaying these values during our inspection, particularly in their commitment to care and support and the respectful ways in which it was delivered.

Staff meetings occurred monthly, with the last one having taken place in October. Meetings were planned and staff could add items to meeting agendas. Staff told us that they found meetings helpful for discussing and sharing best practice. Any actions resulting from meetings were assigned to a member of staff to follow up and feedback.

Detailed audits of the home and the support provided were completed by managers of other homes operated by the provider, this helped to ensure standards were scrutinised objectively. This had most recently happened in August 2014. As a result of the audit, three action points had been raised and had been addressed.

The manager also undertook regular checks of the home to make sure it was safe and equipment remained serviceable. Records showed these checks included updating health and safety risks assessments and ensuring fire, electrical and gas safety checks were up to date. The water supply at the home was suitably managed to ensure it did not present a risk of scalding or potential source of Legionella.