Lifeways Community Care Limited

Trent View

Inspection report

34 Stapenhill Road
Burton On Trent
Staffordshire
DE15 9AE

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21 January 2019

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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

This was an unannounced inspection on 21 January 2019 carried out by one inspector. Trent View provides care and support for people with a learning disability. The service has accommodation for up to nine people. At the time of our inspection, eight people were living at the service.

The service had a registered manager. 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.

This is the first inspection for this location under this provider.

Trent View 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.

People received safe care. Staff understood what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. There were sufficient numbers of suitable staff to ensure people's needs were met in a safe manner. Staff followed policies and procedures to ensure the risk of infection was managed and medicines were managed safely. Effective systems were in place to ensure safety incidents were reported and managed to prevent further incidents from occurring.

People received effective care. Staff were supported and trained to ensure they had the skills to support people effectively. People were supported to stay healthy, active and well and they could access health and medical support when required.

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. People made decisions about their care and staff helped them to understand the information they needed to make informed decisions. Staff sought people's consent before they provided care and people were helped to make decisions which were in their best interests. Where restrictions were identified, applications were sought to ensure these were lawful.

The service was caring. People were supported by staff who were kind and caring and who knew their needs, preferences and what was important to them. Staff understood how people communicated and they promoted different ways of communicating. Staff respected people's privacy and dignity, encouraged people with making choices, and promoted independence. People were supported to maintain family relationships.

The service was responsive. People were involved in the planning of their care and care plans were changed

in response to people's changing needs. People received support from staff to enable them to be involved with activities and do the things they enjoyed. People were encouraged and supported to express their views about the care and support provided and staff were responsive to their comments and any concerns.

The service was well led. Effective systems were in place to monitor the quality of the service and to drive improvement. Staff felt supported and people knew who the registered manager was and how to contact them. Staff worked with other organisations and professionals to ensure high quality, person centred care was provided.

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.

Risks to people were assessed and reviewed and staff understood how to keep people safe. Safety incidents were reported and investigated and action was taken to reduce the risk of further incidents from occurring.

Sufficient numbers of staff were available to keep people safe and people were protected from abuse and avoidable harm.

Effective systems were in place to protect people from the risks associated with infection and medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were supported stay healthy, active and well. Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing.

People consented to their care and support and staff knew how to support people to make decisions in their best interests if this was required.

Is the service caring?

Good

The service was caring.

People were treated with kindness, compassion and respect and their right to privacy was supported and promoted.

People were encouraged to be independent and staff respected the choices people made about their care.

Is the service responsive?

Good

The service was responsive.

People were involved in the assessment and review of their care to ensure their care met their preferences and needs.

Staff responded to people's comments and complaints about their care to improve people's care experiences.

Is the service well-led?

Good

The service was well-led.

Effective systems were in place to regularly assess and monitor and improve the quality of care.

The registered manager supported staff, monitored their development needs and worked well with other agencies and organisations to ensure people received high quality care.

Trent View

Detailed findings

Background to this inspection

We carried out this unannounced inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 was the location's first inspection under this provider.

Trent 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.

We used information we held about the service and the provider to assist us to plan the inspection. This included any notifications the provider had sent to us about significant events at the service. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We produced an inspection plan to assist us to conduct the inspection visit.

We checked the information we held about the service and provider. This included the statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a 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. We used this information to formulate our inspection plan.

We spoke with five people who used the service, two relatives, six members of care staff and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We observed how the staff interacted with people in communal areas and we looked at the care records of

two people who used the service, to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included staff files, rotas and quality assurance records.

Good

Is the service safe?

Our findings

People felt safe around the staff at Trent View. One person said, "I'm safe here because the staff help me". Another person said, "I like all the staff, they're all nice to me". Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

Staff knew how they would recognise and report abuse, and procedures were in place that ensured concerns about people's safety were suitably reported to the registered manager and local safeguarding team if required.

People told us and care records confirmed that they were regularly involved in the assessment and review of the risks associated with their care. For example, one person told us that they required a staff member to be close by when they used the shower because of risks associated with their health condition. This person's care records showed they had been involved in the assessment and review of the risks associated with accessing the community.

We found that where safety risks had been identified and assessed, suitable management plans were in place to promote people's safety. For example, one person's care records showed they required the support of two staff to ensure their safety when they accessed the community. This person told us and we saw that they accessed the community on a daily basis with staff as planned. Staff showed they understood the plan in place to manage these risks and the information about how they managed this person's risks matched the information contained in the person's care plan.

Effective systems were in place to respond to safety incidents. These systems ensured action was taken to reduce the risk of further incidents from occurring. Staff told us how they reported incidents and how they received feedback from incident reporting. This included lessons learned from incidents across the provider's other services. This ensured learning from incidents was shared across all of the provider's services.

People felt staff were always available to provide them with care and support. One person said, "The staff are always here, you can see who is on shift because their photographs are on the board". Staff told us and rotas showed that actual staffing levels matched planned staffing levels which were based around people's individual care needs and the number of each person's commissioned hours.

People's medicines were managed safely. One person said, "The staff always give me my tablets". Our observations and people's care records showed that effective systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them.

Staff followed infection control procedures and used equipment to prevent the risk of infection. This included the use of personal protective equipment such as; gloves and aprons and also colour coded

cleaning equipment. We saw these procedures were followed by staff and the home was visibly clean.

Good

Is the service effective?

Our findings

People were supported to stay healthy. One person said, "I go the gym to keep fit. I went this morning with [other person who used the service] and the staff". People also told us that they were supported to access a variety of health and social care professionals. One person said, "The staff take me to the doctors when I'm sick". Care records showed that people's health needs were planned for and our conversations with staff showed they had a good understanding of people's individual health needs and how to support people to stay healthy and well.

People could choose the foods they ate. One person said, "I choose what to eat every day". People also told us and we saw they could access drinks and snacks anytime. Staff told us how they supported people to eat healthy, varied diets in line with people's individual preferences.

People felt the staff respected their right to make decisions about their care. One person said, "If I don't want to go out, I don't have to. The staff listen to me". Staff told us that everyone who used the service had the ability to make everyday decisions about their care and treatment. Care records showed that where appropriate, people had signed their care plans to show they consented to their agreed care.

Some people were unable to make important decisions about some of the more complex decisions relating to their care. We found that in these circumstances the staff followed the requirements of the Mental Capacity Act 2005 (MCA). 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

People's care records contained decision specific mental capacity assessments and best interest decisions when required. DoLS applications and authorisations were also evident in people's care records. We saw that people were only subjected to restrictions that had had been planned for and authorised in accordance with the Act.

Staff received training to give them the skills they needed to provide care and support. Staff demonstrated that their training had been effective by telling us about the knowledge and skills they had acquired. For example, two staff members told us how training in non-abusive psychological and physical intervention (NAPPI) had helped them to proactively and positively manage people's behaviours that challenged. One staff member said, "We spent two whole days talking about how to de-escalate challenging situations without using hands on. It's been really good and very different to the approach we used to use". Our observations showed and care records confirmed that staff were suitably skilled to meet the needs of the people who used the service.

Best practice guidance was used to ensure care was delivered in line with current legislation and evidence based practice. For example, people's potential needs relating to any protected characteristics under the Equality Act were considered during care planning. This helped to ensure people did not experience any discrimination.

Good

Is the service caring?

Our findings

People enjoyed living at Trent View and had positive relationships with the staff. One person said, "I like living here. I like the staff and the other people". Another person said, "I like [staff member], they always make me laugh and they're nice to me". We observed caring interactions between people and staff. For example, we saw one staff member compliment a person on their clothing and appearance which made the person smile.

People were enabled to make choices about their care and the home environment. One person showed us their room and said, "I chose the colour and the posters". Another person told us how they chose the activities they participated in.

People were treated with dignity as their independence was promoted. One person said, "Staff help me to clean my room and do my washing". Another person told us how staff had supported them to access voluntary work. We asked them why their jobs were important to them and they said, "It makes me feel good". People also told us that the staff respected their right to privacy. One person said, "If I'm in my room, they knock on the door before they come in".

People were supported to establish and maintain relationships with their families and friends. One person said, "I see my mum and dad a lot". Care records contained information about important family dates such as family birthdays. Staff told us they supported to people to send cards and contact family members on these important dates.

The staff knew people well. This included their likes, dislikes and care preferences. Care records contained information about people's care preferences which people confirmed was correct. We saw that staff and people had meaningful conversations that were based around people's interests. For example, we saw one staff member talk to a person about their favourite pop group. That person later told us that staff were supporting them to see their favourite pop group in concert later in the year.

Care plans were in place to guide staff on how to support people's individual communication needs. We saw that staff supported people in accordance with these care plans. For example, we saw one person and staff members communicate using Makaton in accordance with the person's care plan. Makaton is a communication method used by people who have difficulties with verbal communication.

Good

Is the service responsive?

Our findings

People were involved in the assessment and review of their care. One person said, "I sometimes sit with my key worker and look at my folder". Care records were personalised to each individual and each care plan reflected people's individual care preferences including if people had preferences for their care in the future or towards the end of their life. For example, one person's care plan showed that they only wanted to receive personal care and hair care from female staff. This person confirmed that they received their personal care in accordance with their preferences.

People were supported to access the community to participate in activities and roles of their choosing. One person said, "I go to the gym, gateway (a local social club), shopping and I work". Another person told us they liked to walk in the local community and shop. We saw staff support this person to do this during our inspection. This showed that staff enabled people to participate in activities and roles that met their individual needs and preferences.

People's care plans were adapted and changed in response to changes in their care needs. For example, staff told us and care records showed that one person was temporarily unable to use the gym because of a change in their health. This was only a temporary change, but this had been agreed with a care professional and the person who used the service.

People knew how to complain about their care. One person said, "If I wasn't happy I'd tell the staff". Care records showed that people were given the opportunity to raise concerns when they chatted with staff and staff immediately acted on any concerns. For example, care records showed a person had informally complained about noise at night and staff evidenced they had investigated and acted upon this concern in an appropriate manner.

There was an accessible, easy to read complaints procedure in place and staff demonstrated that they understood the provider's complaints procedure. No formal complaints had been made at this service since out last inspection.

Good

Is the service well-led?

Our findings

People and staff told us the registered manager was approachable and responsive. Staff described the registered manager as; "Fair", "Easy to talk to and supportive" and "Always around or on the end of the phone". This showed staff could always access to registered manager to share any concerns they had about the quality of care.

Staff spoke positively about the provider and the improvements they had seen since the service moved to the new provider. Comments from staff included; "The systems under this provider are a big improvement. It was a lot of change for us at first, but it was all worth it" and, "There's more learning and development opportunities with the new provider. I feel like I have the opportunity to move up when I'm ready".

Frequent quality checks were completed by the registered manager and provider. These included checks of medicines management, incidents, staff training needs and health and safety. Where potential concerns with quality were identified, action was taken to improve quality. For example, a recent audit had identified that people's personal emergency evacuation plans (PEEP's) needed to be reviewed and updated. We saw that action had been taken to address this as people's PEEP's were up to date and reflected individual needs.

The training and development needs of the staff were assessed, monitored and managed through regular meetings with the staff. One staff member said, "We have meetings where I get feedback on how I'm doing and what I can change to improve. I find them helpful". Staff competency checks were also completed that ensured staff were providing care and support effectively and safely. For example, staff who administered medicines were observed to check they followed the correct medicines management procedures.

The provider had a system in place to formally gather feedback about the quality of care from people who used the service. The registered manager old us they had identified that this system did not meet the communication needs of the people who used the service so they were looking at reviewing how this feedback system could be improved. Minutes of provider meetings evidenced that the registered manager had expressed this concern and action was being taken to address this.

The registered manager and staff worked in partnership with other professionals and agencies to ensure people received positive outcomes. We saw these relationships were reflected in people's support plans which contained guidance to assist people to receive the care they needed. Where changes were made we saw staff had good communication systems in place to share information about people's needs.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.