Bay View Care Limited

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Inspection report

Unit 1
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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 inspection took place on 21 and 23 June 2016 and was announced.

Bay View Care Limited provides supported living care services to adults who are living in their own homes. People had a variety of complex needs including learning disabilities, mental and physical health needs and behaviours that may challenge. The service operates in the county of Kent. There were 18 people receiving a supported living service at the time of our inspection.

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

The registered manager and staff had received training about the Mental Capacity Act 2005 and understood when and how to support peoples best interest if they lacked capacity to make certain decisions about their care.

Staff had received training about protecting people from abuse and showed a good understanding of what their responsibilities were in preventing abuse. Staff were confident that they could raise any matters of concern with the registered manager, or the local authority safeguarding team.

The service provided sufficient numbers of staff to meet people's needs and provide a flexible service. The service had robust recruitment practices in place. Applicants were assessed as suitable for their job roles. All staff received induction training which included essential subjects such as maintaining confidentiality, safeguarding adults and infection control. They worked alongside experienced staff and had their competency assessed before they were allowed to work on their own. Refresher training was provided at regular intervals. Staff had been trained to administer medicines safely and staff spoke confidently about their skills and abilities to do this well.

Working in community settings staff sometimes had to work on their own, but they were provided with good support and an 'Outside Office Hours' number to call during evenings and at weekends if they had concerns about people. The service could continue to run in the event of emergencies arising so that people's care would continue. For example, when there was heavy snow or if there was a power failure at the main office.

People's needs were assessed and care and support was planned to maintain people's safety, health and well-being. Risks were assessed by staff to protect people. People told us that staff discussed their care with them so that they could decide how it would be delivered. Care plans were kept reviewed and updated. People were supported with meal planning, preparation and eating and drinking.

People spoke about the staff in a positive light regarding their feelings of being safe and well cared for. They

thought that staff were caring and compassionate.

There were policies in place which ensured people would be listened to and treated fairly if they complained. The registered manager ensured that people's care met their most up to date needs and any issues raised were dealt with to people's satisfaction.

People were happy with the leadership and approachability of the service's registered manager, house managers and team leaders. Staff felt well supported by managers. Audits were effective and risks were monitored by the registered manager to keep people safe. There were systems in place to monitor incidents and accidents.

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.

People told us they experienced safe care. The systems in place to manage risk had ensured that people were kept safe. Staff carried out environmental risk assessments in each person's home, and individual risk assessments to protect people from harm or injury.

Staff had received training on how to recognise the signs of abuse and were aware of their roles and responsibilities in regards to this.

Staff were recruited safely, and there were enough staff to provide the support people needed.

Medicines were administered by competent staff.

Accidents and incidents were monitored to identify any specific risks, and how to minimise these.

Is the service effective?

Good

The service was effective.

Staff received on-going training and supervision, and studied for formal qualifications. Staff were supported through individual one to one meetings and appraisals.

Staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

People said that staff understood their individual needs and staff were trained to meet those needs.

Staff understood their responsibly to help people maintain their health and wellbeing. This included looking out for signs of people becoming unwell and ensuring that they encouraged people to eat and drink enough.

Is the service caring?

Good

The service was caring.

People felt that staff went beyond their call of duty to provide them with good quality care. The staff kept people informed of any changes relevant to their support.

Staff protected people's privacy and dignity, and encouraged them to retain their independence where possible.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

People were treated as individuals, able to make choices about their care.

People had been involved in planning their care and their views were taken into account. If people wanted to, they could involve others in their care planning such as their relatives.

Is the service responsive?

Good

The service was responsive.

People were provided with care when they needed it based on assessments and the development of a care plan about them. The care plan informed staff of the care people needed.

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people.

People felt comfortable in raising any concerns or complaints and knew these would be taken seriously. Action was taken to investigate and address any issues.

Is the service well-led?

Good

The service was well-led.

The service had benefited from consistent and stable management so that systems and policies were effective and focused on service delivery.

The service had an open and approachable management team. Staff were supported to work in a transparent and supportive culture.

There were clear structures in place to monitor and review the risks that may present themselves as the service was delivered

and actions were taken to keep people safe from harm.

Bay View Care Limited

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 and 23 June 2016 was unannounced, and carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR 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 looked at notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We visited the agency's office, which was situated in Deal, Kent. We spoke with the registered manager of the service. We visited two houses where people were supported and spoke with four people who told us about living in their own home. We spoke with four members of staff. We sent surveys to 20 people and received 11 responses. We contacted nine health and social care professionals and asked for their views about the service. Following the inspection we spoke with four relatives on the phone and asked their views about the service.

We spent time looking at records, including the complaint monitoring systems. We looked at two people's care files, five staff record files, the staff training programme, and medicine records.

At the previous inspection on 17 February 2014, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

Is the service safe?

Our findings

People we spoke with told us they had confidence in the service and felt safe when staff were in their homes supporting them. People said, "I am happy and settled here", and "I feel safe here, there is always someone to support me".

Relatives told us, "I am pleased with the service, my son has settled in well, and all the staff are friendly", "Yes, he is absolutely safe, he is very happy and staff are aware of his needs", and "I think it is fantastic, my son has never been happier, I cannot praise the staff enough"

Health and social care professionals commented, 'As far as I am aware the service provides a safe environment to my client and they appear to have an appropriate caring attitude towards the client', and 'They have supported him through positive risk assessment to become more independent'.

People could be confident that staff had the knowledge to recognise and report any abuse. Staff were aware of how to protect people from abuse and the action to take if they had any suspicion of abuse. Staff understood the different types of abuse and how to recognise potential signs of abuse. Staff training in protecting people from abuse commenced at induction, and there was on-going refresher training for safeguarding people from abuse. The policies and procedures of the service were included in a staff handbook given to staff when they started work for the service. This provided them with contact information in the event of any concerns of abuse. Staff said they would usually contact the registered manager, immediately if abuse was suspected, but knew they could also contact the local authority safeguarding team directly. Staff understood the whistle blowing policy. They were confident about raising any concerns with the provider and the registered manager, or outside agencies if this was needed.

People were protected from the risk of receiving care from unsuitable staff. Staff had been through an interview and selection process. The provider followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Applicants for jobs had completed application forms. New staff could not be offered positions unless they had proof of identity, written references and confirmation of previous training and qualifications. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions, or if they were barred from working with people who needed safeguarding. New staff were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people safely.

Staff supported people in the right numbers to be able to deliver care safely. We could see that people had been assessed for this. Staffing levels were provided in line with the support hours and agreed with the local authority. The registered manager said that staffing levels were determined by the number of people using the service and their needs. People told us there were enough staff. Numbers were planned in accordance with people's needs and to facilitate any activities they wished to go to. Therefore, staffing levels could be adjusted according to the needs of people, and the number of staff supporting a person could be increased if required.

Before any support package commenced, the registered manager carried out risk assessments of the environment, and for the care and health needs of the person concerned. Environmental risk assessments were thorough, and included risks inside and outside the person's home. For example, outside if there were any steps to negotiate to enter the property, and whether there was any outside lighting. Risk assessments included checks of gas and electrical appliances, and safe storage of cleaning materials.

People's individual risk assessments included information about action to take to minimise the chance of harm occurring. For example, for some people information was provided to staff about how to support them when cooking. In this way people were supported safely because staff understood the risk assessments and the action they needed to take when caring for people.

The provider had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. The provider had an out of hours on call system, which enabled serious incidents affecting peoples care to be dealt with at any time. People who faced additional risks if they needed to evacuate had an emergency evacuation plan written to meet their needs. Staff received training in how to respond to emergencies and fire practice drills were in operation. Therefore people could be evacuated safely.

Staff knew how to inform the office of any accidents or incidents. They said they completed an incident form after dealing with the situation. The registered manager viewed all accident and incident forms, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe.

Staff followed the provider's medicines policies. Staff were trained to assist people with their medicines where this was needed. People who received support from staff with their medicines told us that they were given their medicines as required by their GP. Staff we talked with told us how they supported people safely when dealing with medicines. One person's support plan in relation to medicines stated, 'I am on various medicines and will need staff to remind me to take then at the times I am supposed to'. Another support plan stated, 'I like to have my medicine in my room in a locked cabinet'. Audits of medicines were carried out and staff signed medicines administration records for any item when they assisted people. Records had been accurately completed. Staff were informed about action to take if people refused to take their medicines, or if there were any errors.

Good

Is the service effective?

Our findings

Staff understood people's needs, followed people's care plan and were trained for their roles. One person said, "Staff have encouraged and supported me to eat a healthy diet and to exercise more", and "Staff encourage and support me towards more independence".

Relatives told us, "I am very happy with the changes in my son over the last couple of years. Previously he did not socialise, but now goes to the gym and changed his diet. What he has achieved in the last two years is remarkable", and "I am so pleased that my son is living in the community in a nice house".

Health and social care professionals commented, 'The service provides effective support in that there have been no significant issues raised by the service or the client themselves', and 'They have helped him develop skills, to work through his anger issues, supported him to develop appropriate relationships and understand consequences of behaviour'.

Staff had appropriate training and experience to support people with their individual needs. The induction and refresher training included all essential training, such as moving and handling, fire safety, safeguarding, first aid, infection control and applying the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff also had opportunities to gain formal qualifications in social care. For example, 21 members of staff had attained vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification candidates must prove that they have the competence to carry out their job to the required standard. Staff were given other relevant training, such as behaviours that challenge, epilepsy and autism awareness. This helped ensure that all staff were working to the expected standards and caring for people effectively, and for staff to understand their roles and responsibilities.

Staff were supported through individual supervision. Records of staff supervision were seen in folders held at each of the two houses visited. The registered manager had a plan in place to ensure that all staff received an annual appraisal. This gave staff the opportunity to discuss what had gone well for them over the previous year, where they had weaknesses in their skills and enabled them to plan their training and development for the coming year.

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. The application procedures for this in care services and hospitals are 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 were

being met. No one supported by the service was subject to a DoLS restriction, but the provider and staff received training about the MCA and fully understood when an application should be made and how to submit them. This ensured that people would not be unlawfully restricted.

People had recorded their consent to receive the support in their care plan and staff gained verbal consent. Gaining consent from people before support was delivered happened routinely. People were free to do as they wished in their own homes.

People were involved in the regular monitoring of their health. People were supported to have a health action plan and to attend medical appointments as and when needed. We were shown detailed support and development plans that aimed to help the person and guide the staff. Staff identified any concerns about people's health and then contacted their GP, community nurse, mental health team or other health professionals. Records showed that staff worked closely with health professionals such as community nurses in regards to people's health needs.

Staff supported people to manage shopping for food, and meal preparation. Where staff were helping people to maintain their health and wellbeing through assisting them to prepare meals, we found that people were happy with the food they cooked with support from staff. Staff told us how they did this in line with people's assessed needs. The people we spoke with confirmed that staff ensured they had sufficient amount to eat and drink.

Good

Is the service caring?

Our findings

People described the care that they received very positively. People said, "I get on with all the staff", and "The staff do the things I ask them to do, and they support me when I am out and about in the community".

Relatives told us, "They support my son with travelling to visit, and will always come to take him home", and "I cannot speak highly enough about all of the people that work there".

Positive caring relationships were developed with people. One person said, "I get on well with all the staff". Staff told us they valued the people they supported and spent time talking with them while they provided care and support. Staff were made aware of people's likes and dislikes to ensure the support they provided was informed by people's preferences. People told us they were involved in making decisions about their support and staff took account of their individual needs and preferences. For example, morning routines were clearly written in the support plan records, and included the order in which the person liked their morning routine to be carried out. Regular reviews were carried out by the provider or registered manager, and any changes were recorded as appropriate. This was to make sure that the staff were fully informed to enable them to meet the needs of the person.

Staff had received training in equality and diversity, and treated everyone with respect. They involved people in discussion about what they wanted to do and gave people time to think and made decisions. Staff knew about people's past histories, their life stories, and their preferences. This enabled them to get to know people and help them more effectively. Staff ensured people's privacy whilst they supported them with personal care. One person told us that they were treated with dignity and respect by all the staff. Staff were respectful of people's privacy and maintained their dignity.

Staff spoke to people clearly and politely, and made sure that people had what they needed. Staff spoke with people according to their different personalities and preferences, joking with some appropriately, and listening to people. People were relaxed in the company of staff, and often smiled when they talked with them. Support was individual for each person. It also included, staff promoting peoples' independence for example, supporting them to make their own breakfast and carrying out domestic tasks. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and support was consistent with their plan of care.

People let us know how important it was for them to progress to be as independent as possible and how staff supported this during the short time of support being provided. People indicated that, according to their set goals, staff encouraged people to do things for themselves and also respected people's privacy and dignity. Staff told us that they offered people choices about how they wanted their care delivered.

The service had reliable procedures in place to keep people informed of any changes. The provider told us that communication with people and their relatives, staff, health and social care professionals was a key for them in providing good care. People were informed if their regular member of staff was off sick, and which staff would replace them.

People and their relatives told us they had been asked about their views and experiences of using the service. We found that the registered manager used a range of methods to collect feedback from people. These included asking people at face-to-face meetings, calling people by telephone to ask their views and sending people questionnaires.

The staff recorded the care and support given to each person. People were encouraged to discuss issues they may have about their care. People told us that if they needed to talk to staff or with the provider or registered manager, they were listened to. Each person was involved in regular reviews of their person centred plan, which included updating assessments as needed. The records of their care and support, which were both written and pictorial, showed that the care people received was consistent with the plans that they had been involved in reviewing.

Information about people was kept securely in the office and the access was restricted to senior staff. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office. Staff understood their responsibility to maintain people's confidentiality.

Good

Is the service responsive?

Our findings

People needs were reviewed and kept up to date. One person said, "My support plan and review of my support plan are discussed with me".

Relatives told us, "They let us know what is going on and keep us informed of any changes", "Staff are always welcoming, offer you a coffee, and it is a very relaxed environment", and "Staff keep me informed of any changes, if he is not well or anything like that", and "I only have to pick up the phone and any concern will be dealt with".

Health and social care professionals commented, 'The service is responsive when I need to contact them and make arrangements for reviews etc.', 'The staff team are very proactive and communicates well with other professionals involved in their care', 'The two young men have settled well in the service, there has been a lot of positive outcomes and have grown in community participation', and ' they have worked intensely with this person and the challenges he has posed to them'.

The placement manager and or the registered manager carried out people's needs and risk assessments before the support began. People's needs were assessed using a range of information which was used to develop a support plan for staff to follow. Care plans were individualised and focused on areas of support people needed. For example, road safety. Clear details were in place for exactly what staff should carry out whilst supporting the person. This might include care tasks such as washing and dressing, helping people to shower, preparing breakfast or lunch, giving drinks, or assisting with medicines. It included domestic tasks such as doing the shopping, changing bed linen, putting laundry in the washing machine and cleaning and supporting the person with these activities.

People's goals and achievements were recognised and addressed by the staff. The level of support people needed was adjusted to suit individual requirements. The person centred plans contained specific information about the person's ability to retain information or make decisions. Staff encouraged people to make their own decisions and respected their choices. Changes in care and treatment were discussed with people before they were put in place. People had their individual needs regularly assessed, recorded and reviewed. They and their relatives as appropriate were involved in any care management reviews about their care.

Staff were informed about the people they supported as the person centred care plans contained information about their backgrounds, family life, previous occupation, preferences, hobbies and interests. The plans included details of people's religious and cultural needs. The provider or registered manager matched staff to people after considering the staff's skills and experience.

Records showed that people had been asked their views about their support. People told us they had been fully involved in the care planning process and in the reviews of those plans. Reviews of the care plan could be completed at any time if the person's needs changed. We could see that care plan reviews had taken place as planned and that these had been recorded. Staff told us they read people's daily reports for any

changes that had been recorded to ensure that people's needs were being met.

People were supported to take part in activities they enjoyed. Records showed that people had the opportunity to access the local community such as walks, going to the cinema, going to the gym, pub meals, visiting animal parks, going on holiday and visiting relatives. People told us they were able to celebrate events that were important to them, such as birthdays. We saw that people were supported to go out to their planned activities. Activities for example, bowling, music and movement, arts and crafts, and gardening were individual to each person and staff described how they continually reviewed and developed activities by seeking feedback from people. People's family and friends were able to visit at any time. We saw that people took part in independent living skills such as cleaning, making drinks and doing their laundry. This meant that people took part in home life and activities in the local community.

People were given a copy of the complaints procedure, which was included in the service users' guide. People told us they would have no hesitation in contacting the registered manager if they had any concerns, or would speak to their staff. The provider dealt with any issues as soon as possible, so that people felt secure in knowing they were listened to, and action was taken in response to their concerns. The provider or registered manager visited people in their homes to discuss any issues that they could not easily deal with by phone. They said meeting with people was really important, and allowed full details of any concerns to be discussed. We saw the complaints log and records showed that all complaints had been investigated and outcomes recorded. One relative told us, "My son can speak to any of the staff if he has a problem, as the staff are all really friendly".

Good

Is the service well-led?

Our findings

People spoke highly of the registered manager, and said that staff listened to them. Staff said they felt they could speak with the registered manager if they had any concerns, and that they liked working for the service. Our discussions with people, their relatives, the registered manager and staff showed us that there was an open and positive culture that focused on people. Staff told us they were free to make suggestions to drive improvement and that the registered manager was supportive of them. Staff told us that the registered manager had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team.

Relatives told us, "The manager is approachable and helpful", and "I would recommend the service to other people".

Health and social care professionals commented, 'Based on the young men I placed there, each with their individual complex and challenging needs, it is a caring, safe, effective, responsive and well led organisation', and 'When my client has had difficulties with boundaries, they have been innovative in dealing with this. I have been kept informed throughout and am impressed by the service they give'.

The provider aims stated, 'It is our aim to provide a comfortable family home in which adults will receive the support they require to achieve their individual goals'. Organisational values were discussed with staff, and reviewed to see that they remained the same. Staff felt that they had input into how the service was running, and expressed their confidence in the leadership. The provider and registered manager both worked directly with people receiving support. They said that this enabled them to keep up to date with how people were progressing. Staff said it gave them confidence to see that the management had the skills and knowledge to deliver care and support.

The management team included the provider, registered manager, house managers and team leaders. The provider was familiar with their responsibilities and conditions of registration. The registered manager kept CQC informed of formal notifications and other changes. The registered manager had managed the service for a number of years. They had set targets for staff supervisions, risk assessments and care reviews, and this work was ongoing. The registered manager showed a passion to ensure that people were looked after to the best of their ability.

Staff knew they were accountable to the provider and registered manager and they said they would report any concerns to them. Staff meetings were held and minutes of staff meetings showed that staff were able to voice opinions. We asked staff if they felt comfortable in doing so and they replied that they could contribute to meeting agendas and 'be heard', acknowledged and supported. The provider had consistently taken account of people's and staff's views in order to take actions to improve the care people received.

People who used the service had the opportunity to feedback and comment on the delivery of care and were provided with annual satisfaction questionnaires. All comments and feedback were analysed by the registered manager to identify how people's wishes could be met. Compliments received by the service

included, 'Thank you for being there', 'Thank you for taking me out and cheering me up', 'Thank you for all your hard work and support', and 'A really big thank you to you both for everything you made happen and for all you support and kindness'.

There were systems in place which meant that the service was able to assess and monitor the quality of service provision and any concerns were addressed promptly. The ethos of providing good care was reflected in the record keeping. Clear and accurate records were maintained and comprehensive details about each person's care and their individual needs. Care plans were reviewed and audited by the provider and registered manager on a regular basis.

Policies and procedures were being updated to make sure they reflected current research and guidance. Policies and procedures were available for staff. The provider's system ensured that the staff were aware of procedures to follow and of the standards of work expected of them to provide safe, effective, responsive care and support for people.

The provider had a whistleblowing policy. This included information about how staff should raise concerns and what processes would be followed if they raised an issue about poor practice. The policy stated that staff were encouraged to come forward and reassured them that they would not experience harassment or victimisation if they did raise concerns. The policy included information about external agencies where staff could raise concerns about poor practice, and also directed staff to the Care Quality Commission.

The registered manager ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service.

There were systems in place to review the quality of all aspects of the service. Audits were carried out to monitor areas such as person centred planning and accident and incidents. Appropriate and timely action had been taken to protect people from harm and ensure that they received any necessary support or treatment. There were auditing systems in place to identify any shortfalls or areas for development, and action was taken to deal with these for example, refresher training for staff. These checks were carried out to make sure that people were safe.