

Community Homes of Intensive Care and Education Limited

Wey View

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Wey View is a care home providing accommodation and personal care for up to 10 people with learning disabilities and/or autism spectrum condition. There were five people living at the home at the time of our inspection.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was not always able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

The number of staff on duty each day was sufficient to keep people safe, but did not reflect the number of commissioned staffing hours each day. This meant some people were not receiving personalised support to ensure they had opportunities to enjoy meaningful activities, participation in their community and a good quality of life. The provider was aware of concerns raised by relatives and staff about restricted opportunities for people to take part in activities or to access the community but had not effectively addressed these concerns.

The provider was aware of concerns raised by relatives and staff that people were not receiving their commissioned support hours. Some relatives felt their family members were not enjoying a good quality of life because they were not receiving support to access their community or to take part in meaningful activities. However, the provider had not acted to ensure people received the support they needed to live fulfilling and meaningful lives.

Right care:

Staff knew how to recognise and report abuse or poor practice. When safeguarding concerns had been raised, these had been reported and investigated. The provider's recruitment procedures helped ensure only suitable staff were employed.

Medicines were managed safely. Risk assessments were in place to help keep people safe. Accidents and incidents were reviewed and action taken to help prevent similar events happening again. The home was clean and hygienic and staff understood how to minimise the risk of infection.

People who did not use speech were supported to express their needs and wishes through alternative

methods of communication. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider's positive behaviour support (PBS) team had developed individual PBS plans for people, which contained guidance for staff about the potential triggers for emotional reactions and strategies for staff to employ when responding to the reactions.

Right culture:

There had been a number of management changes in the months prior to our inspection, which had affected the consistency of leadership and communication with relatives. Relatives told us communication with them had recently improved and we found the registered manager had improved several aspects of the service since taking up their post, including quality monitoring systems.

People who lived at the home, their relatives and staff had opportunities to give feedback about the service. The registered manager supported staff well and was available for advice and guidance. Team meetings took place regularly, to which staff were encouraged to contribute. The service had established effective working relationships with other professionals involved in people's care.

Relatives knew how to complain and felt able to raise concerns if necessary. A complaint from two relatives about the support their family member was receiving was being managed in line with the provider's complaints procedure at the time of our inspection.

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

Rating at last inspection

The last rating for the service was good, published on 22 October 2020.

Why we inspected

We received concerns in relation to staffing and opportunities for people to take part in activities or to access the community. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the responsive section of this report. You can see what action we have asked the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was well-led.

Details are in our well-led findings below.

Wey View

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 was carried out by one inspector.

Service and service type

Wey View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 30 September 2022 and ended on 10 October 2022. We visited the home on 30 September 2022.

What we did before inspection

We reviewed information we had received about the service since its registration, including notifications of

significant incidents. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and three members of care staff. People who lived at the service were not able to tell us directly about the care and support they received. We therefore 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 spoke with six relatives to hear their views about the care and support their family members received.

We checked two people's care records, including their risk assessments and support plans, recruitment records for two staff, quality assurance checks and audits, the business continuity plan, the service development plan, and the arrangements for managing medicines.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough staff on each shift to keep people safe. Agency and bank staff were employed when necessary to maintain safe staffing levels. The effects of this on people's care were mitigated as much as possible by using the same agency and bank staff regularly.
- The provider's recruitment procedures helped ensure only suitable staff were employed. These procedures included carrying out pre-employment checks and obtaining a Disclosure and Barring Service (DBS) certificate. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Staff attended safeguarding training in their induction and regular refresher training. They understood their responsibilities in protecting people from abuse and said they would feel confident to speak up if they had concerns.
- Staff were able to describe the signs of potential abuse and the action they would take if they observed these. One member of staff told us, "Safeguarding training was in the induction. We had training on what you would have to raise, how to get in touch with safeguarding. If you did not feel able to go to your manager, there are other things you can do." Another member of staff said if they had safeguarding concerns, "I would report it to [registered manager] or I would whistle-blow - it is called Speak Up. Also I know the CQC is available to talk to as well."
- When necessary, incidents had been referred to the local authority safeguarding team and investigated. Action had been taken to address any issues identified through investigations. For example, staff carrying out balance checks in August 2022 found money missing from two people's wallets. The provider notified people's families, the police, the safeguarding authority and CQC, and reimbursed the missing money. The incident was investigated and financial management systems were improved.

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

- Risks to people had been assessed and plans put in place to manage these. Risk assessments addressed areas including self-injurious behaviour, eating and drinking, road safety, and online safety.
- Staff had sought advice from relevant professionals to develop risk management plans where necessary. For example, people's risk of choking had been considered and one person had specific guidance which was put in place by a speech and language therapist to enable them to eat and drink safely.
- If people expressed their needs through emotional reactions, staff recorded behaviour observation charts, which were shared with the provider's positive behaviour support team. This enabled the positive behaviour support team to analyse the charts to identify triggers for the reactions and develop strategies for staff to use.

- There was a business contingency plan for the service to ensure people would continue to receive their care in the event of an emergency.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Using medicines safely

- Staff attended training in medicines management and their practice was assessed before they were authorised to administer medicines.
- If medicines errors occurred, these were identified and appropriate action taken in response. For example, two people did not receive their prescribed medicines in August 2022. Staff sought guidance from the NHS 111 service and followed the advice given by healthcare practitioners.
- Following the incidents, action was taken to improve medicines management systems, including staff administering medicines in pairs rather than single-handedly and stock checks being carried out at each handover. Medicines administration records were also checked daily to ensure people had received their medicines as prescribed.
- There had been no further errors since the incidents and the medicines administration records we checked during our inspection contained no gaps or errors. We saw evidence of daily stock checks of non-blister packed medicines and body maps were in place to record the administration of topical medicines.
- Each person had an individual medicines profile, which contained guidance for the use of medicines prescribed 'as and when required' and homely remedies. Medicines were stored safely and there were appropriate procedures in place for the ordering and disposal of medicines.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both).

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection in which we assessed this key question, we rated it good. At this inspection, the rating has changed to requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Relatives told us having access to activities they enjoyed and to their local community was important in ensuring their family members had a good quality of life. Relatives said they understood COVID-19 restrictions had limited opportunities for activities and social engagement but stressed the importance of re-establishing these aspects of their family members' lives. The registered manager recognised the importance of people having access to activities and their local community and had focused on improving this aspect of the support people received since taking up their post.
- Some relatives told us their family members had begun to take part in activities again in recent months. One relative said, "A while ago, [family member] was spending a lot of time at home but now they are getting him out most days. They are taking him swimming, or to the driving range. They take him to the pub for a Coke, or they go to the park. He loves stuff like that." Another relative told us, "The main thing [family member] loves is to go out and he is getting to do that now. He loves being in the car with the music playing, he likes going for a walk. Sometimes they don't have a driver so they take him for a walk nearby where they don't need to drive."
- However, relatives of two people who lived at the home said their family members were not being supported to access meaningful activities and their local community, and that this was having a negative effect on their family members' quality of life. One relative told us, "There were COVID issues for some time so it was difficult then, but they have been slow in getting [family member] out doing things again. That is the one thing we have gone on about. Not having a driver is an issue a lot of the time, that is a frustrating thing, or they say he won't get in the car. You have to get him out, otherwise he will just lie in his bed." Another relative said, "[Family member] does not get out into the community. He is hardly ever accessing outside. He is going out in the car but not getting out. He has a mobility car, but there are issues at times where there isn't a driver."
- One relative told us the lack of opportunities to engage with others had led to their family member becoming socially isolated. The relative said, "We used to get photos of things [family member] was doing, his interaction with other people. I would say the two years prior to last October, their care of [family member] was exceptional. We could not have asked for better care throughout that COVID period, but he has hardly done anything in the past year. There is nothing going on for him. He has piled on the pounds because of a lack of exercise. The only thing he does is go out for a drive in the car."
- All the people living at the home had some commissioned one-to-one staff support hours each day and some people had daily two-to-one support hours. However, some relatives told us that, when they visited, they found staff allocated to support their family members were supporting other people at the same time. The relatives said this meant their family members were not receiving the individualised support they were

entitled to. One relative told us, "[Family member] very rarely has two dedicated staff. They are shared with other people."

- This view was supported by the staffing rota. The number of staff on duty was sufficient to keep people safe, but did not reflect the number of commissioned staffing hours each day. This meant people were not receiving the personalised support which had been commissioned to ensure they had opportunities to enjoy meaningful activities, participation in their community and a good quality of life.

Failure to provide personalised support that met people's individual needs and preferences about their care was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded during their initial assessments and documented in their support plans. Staff received training in communication and each person had an individual communication passport.
- Most people living at the home did not use speech to communicate. Staff used a number of alternative communication systems to support people to communicate their needs and wishes, including the Picture Exchange Communication System (PECS), objects of reference, and Makaton, a language programme that uses signs to enable people to communicate.
- The menu and people's weekly planners were displayed using pictures to enable people to understand them more easily. Social stories were used to provide people with information and help them understand what to expect in certain situations. Social stories are short descriptions of a situation, event or activity, which include information about what to expect in that situation and why.
- One relative told us, "Their interactions with [family member] are very good. He uses some signs and gestures and some PECS, which they know about, and they understand about visual prompts." Another relative said, "They know [family member] well and understand his needs. They know how to communicate with him. They don't crowd him or overstimulate him. They know the best approach."
- Some people communicated their needs and feelings through emotional reactions. The provider had a positive behaviour support (PBS) team who had developed individual PBS plans for people. The PBS plans contained guidance for staff about potential triggers and what people were trying to convey through emotional reactions, as well as providing strategies for staff to employ when responding to the reactions.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which set out how complaints would be managed. Relatives told us they knew how to complain and said they would feel comfortable raising concerns if necessary. Prior to our inspection, two relatives had made complaints about the support their family member was receiving, which were being managed in line with the provider's complaints procedure.

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 our last inspection we rated this key question good. At this inspection, the rating has changed 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 provider was aware of concerns raised by relatives in the months prior to our inspection that their family members were not receiving their commissioned support hours. Relatives felt strongly that their family members were not enjoying a good quality of life at the home because they were not receiving support to access their community or to take part in activities they enjoyed.
- Staff had also raised concerns in relation to staffing and restricted opportunities for people to take part in activities or to access the community. However, the provider had not addressed the concerns raised by relatives and staff to ensure people were supported to live fulfilling and meaningful lives.

The provider had not effectively monitored or taken action to improve the quality of the service, including the quality of the experience of people living at the home. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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; Continuous learning and improving care

- The registered manager had taken action to improve several aspects of the service since taking up their post, including the systems used to monitor the quality of the service. For example, a development plan had been put in place which identified areas for improvement and the actions needed to achieve this. Audits of key aspects of the service, such as medicines management, were completed regularly. The provider's deputy regional director carried out a review of the service each month, which included reviewing accidents and incidents, staffing, and any safeguarding issues.
- The registered manager understood their responsibilities under the duty of candour and the requirement to act in an open and honest way if concerns were raised. Notifiable incidents had been reported to relevant agencies, including the local authority and CQC, when necessary.

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

- People who lived at the home were supported to express their views at meetings with their keyworkers. Relatives and staff had opportunities to give feedback about the service through surveys.
- Staff told us the registered manager supported them well and was available for advice when they needed it. One member of staff said, "[Registered manager] is a very open person. If you need to talk to her, she is

always available." Another member of staff told us, "I feel really supported. If we have any problems, we can go to [registered manager]. [Deputy manager] is a very nice person, you can talk to her too. I feel I can talk to them."

- The registered manager had introduced regular team meetings, to which staff said they were encouraged to contribute. One member of staff told us, "We had a team meeting yesterday; everybody can have their say; any suggestions, any concerns we have." There was a shift plan and shift leader in place each day, which ensured accountability for the provision of people's care.
- Staff told us they worked well together as a team and supported one another well. One member of staff said, "I have never felt I could not ask for help. When I have asked for help, people have always been willing to show me." Another member of staff told us, "We have a friendly team; we are always happy to help each other."
- The service had established effective working relationships with other professionals involved in people's care and sought their input when needed. For example, a referral for a speech and language assessment had been made for one person who had been identified as at risk of choking. The provider's PBS team had held reflective practice sessions with staff to enable them to understand how people expressed their needs and how best to support them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered provider had failed to provide support that met people's individual needs and reflected their preferences about their care.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had failed to effectively monitor and improve the quality of the service, including the quality of the experience of people living at the home.</p>