

East Riding of Yorkshire Council

Town View

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?

Good 

Overall summary

The inspection took place on 12 November 2014 and was unannounced.

At the last inspection the service was fully compliant with the regulations and no improvements were required.

Town View is a purpose built care service run by the East Riding of Yorkshire Council. It is registered to provide respite services for up to 14 people who are over 18 years old and require support with learning and physical disabilities. The service has two floors with seven bedrooms on each floor and other facilities provided mainly on the ground floor. There is also a courtyard and garden area. At the time of the visit there were four people staying in the service.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

People were supported to be kept safe and protected from harm. Staff knew how to handle any allegations of harm and had received training to help support people with this. Additionally people were supported to be able to take risks in their lives, for example when going out in the local community.

Summary of findings

People were supported by adequate numbers of staff who had been recruited through a formal process. The process included undertaking checks to ensure potential staff were suitable to work with vulnerable people.

People were supported to have their medication needs safely met.

Observations of staff reflected they were caring and supportive with people. They were patient with people and clearly knew people's needs.

Staff completed an induction when starting work in the service and attended a variety of training. This helped to make sure they had the necessary skills to support people effectively.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. DoLS are part of the Mental Capacity Act (MCA 2005) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to make sure any decisions are made in the person's best interest. One person had been supported by the service for this. Additionally the registered manager was currently undertaking a piece of work to help make sure this legislation was met.

Professional's told us that staff were responsive and caring. They said staff communicated well with relatives and professionals.

Information about people's diet and health was known to the service. This helped to ensure continuity of care and support. People received a choice of meals whilst staying in the service and received appropriate support with these. When necessary the service supported people to attend medical appointments.

Relatives gave positive feedback about the service. One person commented "Staff here walk on water – they are fantastic", "They have looked after my relative in a way I would have been proud of."

Care planning documents were in place which helped staff to make sure they were aware of the likes and dislikes of each person. The service responded well to people's needs. Staff were aware of individual preferences. Any concerns raised were responded to and staff worked hard to support people through change.

The manager had been in post for some time and knew the service well. They had systems in place to help ensure the safe running of the service, this included consultation with people who used the service and staff.

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.

People were protected from harm and supported to take risks in their lives.

There were adequate numbers of staff.

Systems were in place to help make sure people received their medication safely.

Good



Is the service effective?

The service was effective.

Staff had a good knowledge of the needs of people using the service. Staff were trained to support people.

Peoples nutritional and health needs were met whilst they stayed in the service.

Good



Is the service caring?

The service was caring.

Relatives and professionals were positive about the service.

People were consulted about the service and given individual one to one support from staff.

Good



Is the service responsive?

The service was responsive.

Staff were knowledgeable about people's needs and offered support with activities of peoples choosing.

People felt able to raise concerns and the service supported people with this.

Good



Is the service well-led?

The service was well led.

There was a registered manager in post who knew the service well. They had systems in place to help with the safe running of the service.

Staff were well supported and felt consulted. Systems were in place to consult relatives and friends.

There was a quality assurance system in place which was being developed further by the provider.

Good



Town View

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.’

This inspection took place on 12 November 2014 and was unannounced.

The inspection team comprised of one inspector. Prior to the inspection we reviewed information we held about the service which included notifications from the service. We did not receive a Provider Information Return (PIR) as this had not been sent to the service. 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 the inspection we consulted with other professionals, reviewed files for people who were staying in the service, reviewed three staff files, three people's care files and other paperwork in the service. We spoke with visitors and one person staying in the service.

Is the service safe?

Our findings

We spoke with one person staying in the service who confirmed to us they felt safe in the service. Visitors also confirmed to us they felt their relative was safe in the service.

Staff told us how they would respond to any allegations of abuse. This included taking the necessary steps to report the allegation to a more senior person in the service. One staff member also confirmed they had undertaken training in the safeguarding of vulnerable adults. Although the other staff member had not completed this training they were aware of different types of abuse and how to report any allegations. We looked at staff training records and discussed these with the registered manager. They confirmed that 16 of the 20 care staff had completed this training. This training provided staff with knowledge and skills to support people should an allegation of harm be raised.

Staff also told us how they supported people with their needs and this included any behavioural needs when people became upset. They reflected a good knowledge on how to handle these situations to minimise the risk to the person and others. Staff told us they had attended training to support people with any violence or aggression. We saw people had risk assessments held within their personal files. These recorded everyday personal risks and risks when going out in the local community. This meant that information was available to staff about the individual needs and risks; staff had received training and understood how to support people. People would then be well supported to manage any risks whilst living their lives as they chose.

The registered manager told us how there was a static staff team working in the service and there had only been one new staff member since the last inspection of this service. The provider had a separate human resource department which handled some of the recruitment processes for each person. However, the registered manager did hold information which evidenced there was a recruitment process in place. This included receiving information about the potential employee to ensure their suitability for their role and that they did not pose a risk to vulnerable people. For example, Disclosure and Barring checks were undertaken. These recorded if the person held a criminal conviction which would prevent them from working with

vulnerable people. There was evidence that people attended for interview where the provider ensured the person's knowledge and suitability for the role. Visitors confirmed to us they felt the service recruited the right staff.

One person staying in the service confirmed to us there were enough staff to support them with their needs. Staff, visitors and a professional also told us they felt there were suitable staffing levels within the service. One relative said "They have the right people doing the right job" and "From the top to the bottom they are all happy and lovely – that goes a long way." We discussed the staffing levels with the registered manager and the staff member responsible for completing duty rotas within the service. When we looked at duty rotas we saw how these fluctuated dependent upon who was accessing the service at a particular point in time, this was to ensure that sufficient staff were available to meet people's needs.

We reviewed the medication procedures in the service. People brought their medication into the service. As each person began their stay their medication was checked, counted and recorded. People had individual lockable facilities in their room for the storage of medication. Their medication was recorded on an individual medication administration record forms (MAR). The forms included the name of the person, their current medication and stock balance of medication. The manager told us photos of each person were kept on a separate form adjacent to the record of administration of medication.

As each medication was administered the stock balance was updated. However, we saw that in one instance the stock balance had not been completed. This compromised the safety of the medication as there was no clear audit trail and any discrepancies in final amounts would not be accounted for.

There were thermometers held in each medication storage area to help staff check the temperature to make sure this was correct and medication was not compromised. However, although staff told us they checked the temperatures there were no records kept of this so there was no clear audit trail.

We also looked at medication which was required to be kept cool. We saw there was a separate lockable storage facility for this which had a digital display of the temperature. Staff told us they checked this and should the

Is the service safe?

temperature go outside of the required range then an alarm would sound. There were no records of these checks to provide an audit trail for ensuring the temperature had remained at a suitable level.

We recommend that the service considers the latest guidance for the safe handling of medicines.

There were facilities for the safe storage and recording of any medicines which were classed as controlled (CD) and also systems for being able to return unwanted or unused medication to the local pharmacy for disposal. This helped to make sure medicines were handled correctly.

We also saw evidence that staff had received medication training. This helped to make sure staff had the appropriate skills and knowledge to safely support people with this.

Is the service effective?

Our findings

In discussion staff were able to tell us about the needs of people who were currently staying in the service. They had a good knowledge of the individual needs, likes and dislikes of each person. We observed staff supporting people in a positive way, clearly demonstrating they understood how the person communicated and we saw that they interpreted their needs well.

We saw staff completed a corporate induction to the service and a variety of training. This included epilepsy awareness, person centred care, learning disability awareness, autism and emergency first aid. These courses helped staff to have the necessary skills to support people effectively.

One professional told us they felt the staff updated their skills by attending available courses.

Staff told us they completed formal supervision sessions with the registered manager every six weeks. However, they felt they could approach their supervisor at any time should they need to.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people's best interests. The registered manager told us that no-one who was currently staying in the service was subject to DoLS. They told us how one person had been supported to have a 'Best interest' meeting to support them with a medical condition in the last year. The registered manager told us all but two of the staff had completed MCA training. The registered manager also told us how they were completing work to ensure that where necessary people had capacity assessments undertaken. This was to make sure people were protected with both best interest meetings and within the DoLS guidelines. The registered manager had a good understanding of people's choices and gave examples of how they supported people with this.

People's files recorded their nutritional needs, this included if the person required a specialist diet, for example a soft diet. Information from other professionals was included in files, for example, a nutritional assessment. This information helped to ensure continuity when meeting the person's needs away from their service. In addition when necessary people's weights were recorded to help monitor if people's dietary needs were being met.

We observed one person being supported with their lunch. The staff member chatted with the person explained things and made the time sociable, as well as a time to eat. The member of staff was relaxed with the person and gave uninterrupted one to one support. This helped to make sure the person's nutritional needs were met.

The main meal for the service was prepared in the adjacent day service and brought to the service by staff. There was an integral door; consequently food was not taken outside. Staff told us how people were asked in a morning their choice of lunch and this was then 'ordered' from the kitchen. The registered manager told us how breakfast, the evening meal and snack meals were prepared in the service. This allowed people to have snacks at a time they chose. We saw there were three week rotational menus which offered people a choice of meals and included fruit and vegetables.

People only stayed in the service for short periods of time so often their medical appointments and needs would be undertaken at their main address. However, when necessary we saw people's files included details of their appointments with GP and other health professionals. These included the dentist, GP and psychologist. Records were kept of why they had received a visit, the purpose and outcome. Alongside of these were reports or letters from professionals involved in the person's life. This provided staff with up to date information about the person which supported them in meeting their needs.

One professional told us "My experience of the service is always very positive" and "Staff communicate well". Another professional said "They are more than willing to work in partnership and happy to follow advice."

Is the service caring?

Our findings

One person staying in the service confirmed to us staff were nice. We asked a relative about the staff and if they were caring they told us “Yes, they are lovely they are really good. “And “They keep us up to date and let us know if anything has changed.” Another relative told us “If this place didn’t exist we wouldn’t have held it together”, “Staff here walk on water – they are fantastic”, “They have looked after my relative in a way I would have been proud of.” They told us how their relative’s health had improved and said “The biggest component on my relatives care is love.”

Staff told us people were consulted about their care and they said “We ask”. They described how a person visited the service for lunch and tea prior to staying for a full night. This was to allow the person to get to know the service and for staff to spend time getting to know the person. They also said “We listen to service user needs.”

One professional told us “I always feel people are happy, content and well cared for” and “People who use the service always smile when they talk about it.” Another professional said “They are caring and compassionate.”

We observed staff supporting people during our visit. Staff were calm and polite with the person. The support was centred on the person and what they needed. They spoke appropriately and in a supportive way to people.

People’s files included details of their personal likes and dislikes. For example, they included peoples “morning” or “night” routine. It recorded how the person communicated and which activities they liked to participate in.

One visitor told us how staff were always polite and respected people’s privacy; they said staff would “Talk to us in the office”. Another visitor told us staff always closed the bathroom door when supporting their relative and they also confirmed that any discussions would be held in the privacy of the office.

Staff told us they would be sensitive to a person’s needs and would close doors when completing personal care and “Speak kindly and calmly” to the person.

Is the service responsive?

Our findings

One person who was staying in the service confirmed to us they were able to choose what to do each day and told us there was plenty to do.

One relative told us “These people are a support network for my family, they have gone over and above, and my relative is loads better.” They told us how staff in the service had organised other professionals to support their relative but then also included them in this. They said “I have felt very included in the team here.”

A professional told us about specific support for one person who stayed in the service. Specific training sessions had been organised regarding this person's support and this had been well attended by staff.

We observed staff support people throughout our visit. It was clear they were aware of the personal ways each person communicated and that staff understood their needs. The staff responded to the person well and assisted them to undertake activities of their choice. Staff were able to discuss people's needs and had a good knowledge regarding these.

We saw that each person had a care file and care programme. This described the person their communication methods, any needs they had for example, mobility, their likes, when they liked to get up and if they had any specialist equipment for example, a sling. Further information recorded the person's dietary needs and if they were supported by any health professionals, for example, an epilepsy specialist nurse. It also recorded the person's goals, aspirations and relationships. This helped to make sure staff were aware of the person's needs and wishes.

People's individual files included details of their needs and the support they required. This included their needs in relation to personal care, mobility, eating and drinking and medication. The registered manager told us how these were regularly reviewed and updated as and when necessary; this helped to make sure staff remained aware of the latest needs of people. Although not the lead agency for reviewing the person's support staff did attend any care reviews held. This would involve all agencies involved in a person's life and helped to ensure continuity of care.

In addition each person had a 'room' file. This included a pen picture of the person. A pen picture provides an outline of the person their wishes, likes and needs. The files also recorded details of specialists who supported the person and any current hospital letters. These helped to make sure staff had easy access to the person's latest information.

Daily notes were kept whilst the person stayed in the service. These recorded the activities the person had undertaken, their diet and their mood. This information helped staff to be aware of and respond to the needs of the individual.

One visitor told us “They are always doing activities; this includes craft work, nails and loads of outings.”

A professional told us “They respect the individual, for example with activities and recognise the needs of the person.” “Staff support people with their social activities and seek out opportunities for them.”

The service was adjacent to a day service that was attended by some of the people who stayed at the service. This helped to maintain continuity for the individual. The registered manager told us other activities available included visiting local pubs and shops.

One person who had accessed the service had needed assistance with their permanent accommodation. This was raised during the person's stay in the service. Staff in the service had responded well and assisted the person to liaise with other professionals to organise this. The person's length of stay in the service had been increased to help them through this period of change.

One visitor told us they felt able raise any concerns and that “Staff would sort”.

Staff told us they would support people to raise concerns. They said “Talk calmly on a one to one basis with the person. Encourage them to speak and to voice their concerns.”

One visitor told us how the service had responded and supported them when a concern had been raised. They said “Staff were so concerned and on the ball straight away.”

Is the service well-led?

Our findings

There was a registered manager in post in the service. They had been in post for some time and knew the service well. We observed they were readily approached by staff and easily accessible. Staff confirmed they felt the registered manager was approachable.

One professional told us it was “A happy and consistent staff team” and that they “Received positive feedback from relatives about the service.”

We saw there was a quality assurance system held in the service which included checks of some of the equipment and systems in the service. This included hoists, the fire alarm systems, the emergency lighting, sprinkler, hot water systems and electrical equipment. There was a maintenance person employed in the service and they assisted with these to help make sure people remained safe when staying in the service. The manager told us how they were currently reviewing and developing the quality assurance systems.

Additionally there was a monthly health and safety inspection of the service. This included a check of some of the systems within the service to help make sure these remained up to date and in place to protect people.

There was information in relation to questionnaires given to families and friends of people who used the service. This enabled the service to check if it was meeting people's needs. The questionnaires for this year were due to be sent to people shortly after this visit. Evidence was seen of the results of the previous survey and these included actions for improvement. Although it did not include if these

actions had been completed or the final outcome. The registered manager informed us that improvements with dates of completion were recorded in the resident's newsletter.

Records were also kept of any accidents or incidents within the service. These recorded the details of the person and the incident. In feedback the registered manager described how accidents and incidents were reviewed in the service. This included feedback and evaluation with the staff team.

We looked at the paper versions of some of the corporate policies and procedures available to staff. We noted that many of these were past their review date. For example, a Display screen Equipment form was due for review in July 2014 as was a Corporate Health and Safety policy. Although more up to date versions may have been available via the providers computerised records there were not up to date policies for those staff that preferred written advice.

The registered manager informed us that the provider had acknowledged improvements were required to the quality assurance systems currently in use. They had employed a quality assurance officer and one meeting had been held with this person. Additionally a new quality monitoring form had been developed for use within the service.

We saw minutes of meetings for people who stayed in the service. These took place approximately every two months and provided an opportunity for people to be consulted about the service.

Additionally staff meetings took place. These also provided an opportunity for staff to be consulted about the needs of people who stayed in the service. These took place at least monthly but often fortnightly to help make sure staff were fully aware of information regarding people's needs.