

Community Homes of Intensive Care and Education Limited

Wey View

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 14 September 2016. A breach of one legal requirement was found, in that not all staff had the training required to offer effective care. After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirement in relation to the breach.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to the key area of effective care as that was the area that required improvement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wey View on our website at www.cqc.org.uk.

Improvements to staff training had been implemented and staff had access to training that was tailored to people's needs. Staff completed mandatory training as well as an induction so that they were effective in their roles. Staff received regular supervision and told us that they felt supported by management.

People's rights were protected because staff worked in accordance with the Mental Capacity Act (2005). Where decisions were being made on people's behalf, assessments were carried out. Best interest decisions involved relatives and healthcare professionals. Where people were deprived of their liberty, the correct legal process was followed.

People's nutritional needs were met. People were prepared meals in line with their dietary requirements and preferences. People had access to healthcare professionals. Staff worked alongside healthcare professionals to meet people's needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good ●

The service was effective.

We found that action had been taken to improve staff training. People's needs were met by trained staff who were competent in their roles.

Staff understood the Mental Capacity Act (2005) and people were supported in line with its' guidance.

People's nutritional needs were met. Staff supported people to eat meals in line with their preferences and dietary requirements.

People had access to a range of healthcare professionals.

Wey View

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Wey View on 17 March 2017. This inspection was done to check that improvements had been made to meet the legal requirement which was in breach at the 14 September 2016 inspection. The team inspected the service against one of the five questions we ask about services: is the service Effective?

The inspection was undertaken by one inspector due to the small size of the service.

During our inspection we spoke with the registered manager and one member of staff. We observed the environment and caring interactions between people and staff. We looked at one care plan and records of accidents and incidents. We looked at staff training records and records of mental capacity assessments.

Is the service effective?

Our findings

At our inspection in September 2016, staff did not have sufficient training to safely meet the needs of the people they were supporting. Staff sustained injuries whilst supporting one person with complex needs and the person's behaviour affected other people living at the home. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made the required improvements to staff training.

Staff told us that they felt confident supporting people, following improvements in training. One staff member told us, "The training has been updated. We have more experience now and feel confident." All staff had attended a two day Strategies for Crisis Intervention and Prevention (SCIP) training course. The provider had arranged for further SCIP training sessions for staff. These informed staff on how to respond to more intensive needs. Staff were able to explain confidently how they would respond to different types of behaviour that could challenge them. There had been a decrease in the number of incidents at the home and staff had not sustained injuries when supporting people. Since the last inspection, the mix of people had changed. At our last inspection staff were not able to safely meet the needs of one person. Since then, this person had moved from the home.

Staff were up to date in training courses, such as safeguarding, medicines, health and safety and the Mental Capacity Act (2005). New staff followed an induction programme and shadowed experienced staff before working with people. Risk assessments were in place where staff had not yet received SCIP training. This ensured staff only worked with people where they had appropriate training to meet their needs. Staff told us that they received supervision regularly and this was used to discuss best practice. Where staff needed training, they told us that this was arranged by the provider.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the registered manager and staff understood their responsibilities in relation to the MCA and DoLS. Staff had received training in the MCA and demonstrated a good understanding of how it applied to their work. One staff member told us, "We look after (person)'s money because they can't. They were assessed and we support them with it." One person had a mental capacity assessment in their records regarding money. They were assessed as lacking the mental capacity to handle their own money due to being unable to understand the value of money. A

best interest decision was made, involving the person's relatives, staff, and healthcare professionals. Staff managed this person's money, helping them to purchase items and keeping accurate accounts where money was spent. Where the person was found to be unable to make the decision to stay at the home, the correct legal process was followed and an application was made to the local authority.

People's nutritional needs were met. Staff demonstrated a good understanding of people's dietary needs, as well as their preferences. One staff member told us, "(Person) needs their food cut up into small pieces. They really enjoy roast dinners." People's records contained information about their dietary needs. One person had some problems chewing, so staff cut their food up for them. This information was clear in their records. People's records contained information about their dietary preferences and staff had an understanding of these. People had access to a kitchen and staff supported people to prepare meals with them. People were supported by staff to write shopping lists based on their preferences. Staff used pictures to help people to make food choices.

People had access to a range of healthcare professionals. Where people had become unwell, staff supported them to see their GP. One person had recently been referred to the speech and language therapist. This was because staff wanted to improve the way that they communicated with the person, as they had not lived at the home for long. An improved communication plan was being developed at the time of our inspection. The provider had healthcare professionals in-house, such as psychologists. One person had recently been assessed as staff worked with the psychologist to identify triggers to behaviour and strategies to support the person. Strategies being implemented by staff had seen the number of incidents that this person had been involved in reduce. Staff kept up to date records, such as behaviour charts, to assist healthcare professionals in finding the right treatment for people. People had hospital passports, which contained vital information for healthcare professionals, should they be admitted to hospital. Care records showed that healthcare professionals were attending reviews and staff followed their guidance to meet people's health needs.