

Care View Services Limited

Careview Services

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

This was an unannounced inspection which took place on 13 and 20 August 2015. We carried out this inspection to check whether the improvements identified in our inspection of December 2014 had been made. We had received an action plan in respect of actions to be taken. At this inspection we saw that the appropriate actions had been taken in respect of ensuring that the appropriate deprivation of liberty applications had been made. Improvements had been made regarding the running of the home and staff morale had improved.

Careview Services Limited can provide accommodation and care to up to six people with a learning disability. All bedrooms are for single occupation.

At the time of this inspection there were five people living in the home. The registered manager was on extended leave but there was a manager in post to ensure that the service was managed on a day to day basis during the registered manager's absence. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

People were protected from the risks of abuse because the provider had systems in place to minimise the risk of abuse and staff were trained to identify the possibility of abuse occurring. Staff understood their responsibility to take action to protect people from the risk of abuse and how to escalate any concerns they had.

People were protected from risks of injury associated with their needs because risks had been identified and management plans put in place so staff had the information they needed to minimise risks. Staff ensured that consent was obtained and people were involved in their day to day care. The appropriate actions were taken to ensure that any restrictions in place on people's movements were in their best interests.

People were provided with sufficient food and drinks throughout the day that met their needs. Support and

advice was sought where people were not eating or drinking enough to remain healthy. People were supported to see health care professionals to ensure they received medicines and medical treatment as required.

Staff were caring and had an understanding of the needs of the people they were supporting. Staff received the training and supervision they needed to carry out their roles. At the time of our inspection there were sufficient staff available to meet people's needs.

People were supported to maintain contact with their friends and relatives. Group and individual activities were available for people to take part in if they wanted. People were supported to access community activities such as day centres, organise holidays and take responsibility for carrying out some task such as making drinks for themselves and others in the home.

Systems were in place to gather the views of people so that improvements could be made based on their wishes. Auditing and monitoring of the service continued to improve to ensure that the quality of the service was maintained and improved where possible.

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 the risk of avoidable harm because procedures were in place so staff could report concerns and knew how to keep people safe from abuse.

People were kept safe because risks relating to their needs were assessed and managed appropriately and there were sufficient staff to meet people's care needs.

People were supported to take their medication as prescribed.

Good



Is the service effective?

The service was effective

People were supported by staff who were trained to support people and had the skills and knowledge to meet people's care needs. Staff ensured that consent was gained from people before supporting them .

People were supported with food and drink as required. Health care needs were met and referrals were made to other healthcare professionals where required.

Good



Is the service caring?

The service was caring.

People told us they were happy with the staff that supported them.

People were able to make informed decisions about their care and support, and their privacy, dignity and independence was fully respected and promoted.

Good



Is the service responsive?

The service was responsive.

People were involved in decisions about their care and the care they received met their individual needs.

People were able to raise concerns and give feedback on the quality of the care they received.

Good



Is the service well-led?

The service was well led

The management of the service was open and receptive to continual improvement. Staff felt listened to and supported.

People told us they received a service that met their care needs and their views were sought about the service provided.

Good



Summary of findings

There were systems in place to monitor the quality of the service and ensure improvements where needed were made .

Careview Services

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 improvements identified in the November 2014 inspection had been made and that the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 and 20 August 2015 and was unannounced.

This inspection was carried out by two inspectors on the first day and one inspector returned on the second day to speak with people that had been out of the home on the first day of the inspection.

Before our inspection we reviewed all the information we hold about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We had contact from commissioners of the service

from Sandwell and Walsall local authorities. These are people who arrange for the service to provide support and care to the people that lived at Careview Services.

Most people that lived in the home were not able to speak with us in depth to tell us what they thought about the service they received. We spoke with four people briefly. We observed the support given by staff to get a view of the relationships that they had formed. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us. We spoke with three relatives of the people that lived in the home, four staff, the deputy manager, acting manager and the provider's representative. We looked at the care records of two people and records related to the management of a home including audits, medication and complaints. This helped us to get a view of how well people were looked after.

Is the service safe?

Our findings

People spoken with told us that they were happy at the home and our observations showed that people looked comfortable in the presence of staff. We saw people smiled at staff, regularly asked questions and gave staff hugs. We heard nice banter between staff and people. All the relatives spoken with told us that they felt that people were safe. One relative told us, “[Person] seems happy. They are always happy to be going back [home].”

People were kept safe because staff had the skills and knowledge to identify abuse and take actions to protect people. All the staff spoken with told us and records showed that they had received training in how to protect people from harm. One member of staff told us that that there more training had been arranged to keep them up to date. All the staff we spoke with were able to describe what could be seen as abusive behaviour and what they would do if they saw this happen. Staff were able to identify the different people and agencies that could be contacted to escalate any concerns they may have.

Since our last inspection in November 2014 no safeguarding issues had occurred but the acting manager was aware of the process to be followed.

Risks associated with people’s needs and activities were assessed and plans put in place to minimise the risks. All the people that lived in the home had been living there for several years and staff knew them well. One relative told us that the staff knew how to keep people safe. Staff spoken with were aware of the risks to people and how they were to be managed. For example, we saw that one person liked to lie down on a sofa and staff ensured that a cushion was by the side of the settee in case they rolled off. We saw that another person was reminded to drink slowly to minimise the risk of choking.

Staff were aware of what to do in emergency situations to keep people safe. Staff told us and we saw that there was always someone on call for advice in emergency situations. Staff were able to tell us what they would do in the event of a fall or injury. One member of staff told us there had not been any accidents since our last inspection. Staff told us and we saw records that showed that staff had received training in what to do in the event of a fire.

People were supported by sufficient numbers of appropriately recruited staff. We saw that one person had been out shopping with a member of staff and other staff were available in the home to supervise the other individual who did not attend a day centre. We saw that staffing levels varied at different times of the day to ensure that staff were on duty when people were in the home. Staff spoken with told us that there were sufficient numbers of staff available to enable people to do the things they wanted to do. Staff spoken with told us that the appropriate recruitment procedures had been undertaken when they were employed. These included checking of application forms, previous work references and police checks.

People received their medicines as prescribed. Staff told us and records confirmed, they had received training to ensure that they gave people their medicines safely. Procedures were in place that ensured all medicines received into the home and administered were recorded and all staff spoken with were aware of the procedures. We saw that medicines were stored safely. Staff spoken with were aware of how to support people with prescribed medication that could be taken as and when necessary. Protocols were in place to provide staff with the information about when these medicines were to be given. We saw that systems were in place to ensure that people took the medicines they required when they went to visit relatives.

Is the service effective?

Our findings

One person told us about the things they liked to do during the day and we saw that the person was taken out to the places they liked to go. We saw that people were smiling and they were happy in the home. All the relatives spoken with told us that they felt their relative's needs were being met. One relative told us, "We're very happy. [Person's name] classes it as her home." Another relative told us, "They [staff] are doing a brilliant job. [Person's name] can't wait to get back there. I sometimes think what have I done wrong he's so happy to go back."

People received support from staff that were knowledgeable about their needs and had received training on a regular basis. We saw that there was an on-going training programme to ensure that staff remained up to date in their skills and knowledge. However, although we observed that most of the support provided to help one person mobilise was safe we saw that staff inappropriately lifted the person off the floor putting the person and staff at risk of injury. When asked why the lifting equipment available had not been used one member of staff said that although they had received some training in use of the equipment they were not confident in its use. Another member of staff said they had not had training in the use of the equipment. This showed that the training had not always been effective. The deputy manager told us that this had been identified and that training in the use of the equipment was being arranged.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. All the relatives spoken with told us that they were kept informed about any treatment that their family members had. We saw that assessments of people's ability to make decisions were recorded in their care records. Everyone living in the home required continual support and supervision to remain safe inside the home and outside in the community. At the time of our

last inspection applications to protect people's liberty were being made but we had not been made aware of them. Following that inspection we received information about the applications that had been authorised.

At the time of our last inspection we saw that not all staff had received training in MCA and DoLS. At this inspection we saw that some staff had already received this training. Training for new staff had been arranged for October 2015 to ensure they knew their responsibilities in respect of this legislation. Applications to ensure that the actions taken by staff to keep safe were in their best interests had been made by the registered manager as required by law. Staff spoken with were able to explain and we saw how they supported people to make day to day decisions. A picture of the staff on duty on the different shifts were on display so that people knew who was going to be on duty. We saw that staff communicated with people effectively and were able to get their consent and involvement in their daily lives. For example, we saw that one person had been involved in deciding the food to be prepared for an upcoming barbeque. Other people who normally attended day services were asked if they wanted to go to their day service or if they wanted to stay at home for the barbeque.

We saw that people were supported to eat a variety of meals throughout the day. Some people ate their breakfast and tea in the home but had their midday meal at day services. People that were not attending day services had lunch in the home or out in the community as they wished. We saw that the meals for the day were displayed in picture format so that people were reminded what they had chosen to eat. We saw that people were supported to choose the food they ate and went shopping with staff for food. Staff were knowledgeable about people's dietary needs. We saw that people who needed them were provided with meals that had been mashed or pureed so that they could be swallowed safely. We saw that people were encouraged to eat slowly and supervised to ensure that they did not choke due to eating too quickly. We saw that people enjoyed the meals they ate during our inspection.

People's health needs were met because they were supported to access health care professionals as needed. One relative spoken with told us, "They [staff] keep us updated about how he [family member] has been." We saw that people were supported to see the dentist, doctor and occupational therapist as needed. We saw that medication

Is the service effective?

reviews were undertaken to ensure that people did not take medicines they did not require. There was information that people could take with them to hospital appointments or admissions so that hospital staff had the information they needed to treat people.

Is the service caring?

Our findings

People were treated in a caring way by staff. People spoken with told us they liked the staff. We saw that people looked comfortable in the presence of the staff and there were positive interactions. For example, we saw that people were spoken with in a friendly and caring tone. We saw that one person liked to hug the staff and staff responded appropriately. We saw that people's questions were answered in a caring and respectable way so that people felt listened to and valued.

People were supported to maintain relationships with people important to them. Relatives told us that they felt there were good relationships between staff and the people that lived in the home. One relative told us, "They[staff] celebrate birthdays and invite us to the celebrations." Another relative told us that their family member was taken to visit them and spend time with them so that they could maintain their relationships.

People were supported to make choices where they were able to do so. We saw that staff supported people to make day to day choices and express their views. For example in choosing what they ate, the clothes they wore and how they occupied their leisure time. Relatives told us that people always seemed happy to see staff so that they returned to the home showing there were good relationships with the staff.

People's privacy and dignity was maintained. We saw that people were supported with personal care in a discreet and respectful manner when staff noticed that they needed to be supported. Staff gave us good examples of how they ensured that people's privacy and dignity was maintained when providing personal care.

Independence was promoted. We saw that people were able to get cold drinks themselves and help to make hot drinks where possible. Cutlery with thick handles that were easier for one individual to hold was provided so that the person could eat their meals independently.

Is the service responsive?

Our findings

People received care and support that met their individual needs. One person told us they did not want to attend any day services whilst others told us that they liked attending their day services. Relatives told us that they had been consulted about their family member's needs and felt that needs were being met appropriately. One relative told us, "I have no concerns or worries as I know [name of person] is happy." Staff spoken with were aware of people's needs and how to support people so that their needs were met appropriately.

People were involved in planning their day to day lives and special occasions. For example, people told us they were involved in planning meals and deciding how they occupied themselves on a day to day basis as well as where they were planning to go on holiday. People had the opportunity to undertake individual activities such as

listening to music and shopping. However, the people living in the home had lived together for some time and often carried out activities as a group such as bowling or meals out. We saw that staff recognised when people were becoming upset and reassured people appropriately if they became upset.

People were consulted about whether they were happy with the care they received. There was a complaints procedure in place but most people living in the home were not able to raise a complaint formally. However, staff told us and records confirmed that meetings were held with people on a regular basis to find out what people wanted to do and if they were happy with the service they received. Relatives told us that they were regularly asked if they were happy with the care their family member received. Relatives told us they knew how to raise any concerns but had not had any cause to raise any concerns.

Is the service well-led?

Our findings

People using the service were asked for their views about the service provided. We saw that people living at Careview were happy. Some people were able to tell us they were happy and others showed this through their facial expressions and interactions with staff. Relatives told us that they were reassured that a good service was being provided and that their family members were well cared for. Relatives told us that they were regularly asked for their views about the service and felt that any comments made would be listened to. Surveys were sent out on a regular basis to get the views of relatives and they were involved in reviews of care.

At the time of this inspection the registered manager was on extended leave but an individual had been appointed to manage the service on a day to day basis to ensure that staff were supported and guided to provide a good service in the interim. At the time of our last inspection in November 2014 we found that there was a high level of dissatisfaction within the staff team. We received an action plan to address this issue. At this inspection staff told us that they felt a lot happier because they felt involved in the running of the home and felt that they were listened to. Staff told us that staff meetings were much more positive and was used as a learning and testing opportunity to ensure that staff were up to date with the training and new legislations such as the mental capacity act. Staff were

happy that the management team were accessible to them and responded to any questions they had. This indicated that there was an open and inclusive environment where staff felt valued and able to express their opinions.

Audits had identified that care plans needed to be updated and this had been started. The premises had been redecorated and made more comfortable and light for people living in the home. Audits of medicines had identified that there had been some gaps in the recordings and as a result staff were to have competency checks carried out. The provider's representative was involved in the home through regular visits and attendance at staff meetings so that they were more able to understand what was happening in the home. The provider's representative told us that they regularly walked around the home and spoke with staff and people that lived there and looked at records but these checks were not recorded. The acting manager confirmed these visits took place. Following our inspection we sent an audit carried out and the format to be used to record the findings on a monthly basis with an action plan to address any identified issues. This should ensure that there is a system for identifying areas of good practice and improvements so that the service improved on a continual basis.

At the time of our last inspection there was a suspension in place on placements at the home by Sandwell Metropolitan Borough but the suspension had been lifted due to improvements that had been made by the provider.