Care Quality Commission

Mr & Mrs T Shoesmith

Downview Residential Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Downview Residential Home is registered to provide care for up to seven people. The home's service is delivered to people with learning and associated behavioural disabilities as well as physical disabilities. There were seven people living at the service on the day of the visit. The accommodation is a semi-detached house and a cottage, located within a quiet area of Hungerford.

There is a registered manager running 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 provider had completed recruitment checks on prospective members of staff. However, the identified gaps in employment history had not been fully examined and explained. Checks on fire alarms and emergency lighting had not been completed in accordance with the provider's policy. Having been informed about all these matters, the assistant manager took immediate action to correct them.

Summary of findings

People's safety was promoted as staff understood and followed safe practices. Staff members were able to recognise signs of abuse. The provider had identified risks which might affect people's safety and had put appropriate measures in place to reduce the risk of harm. The measures also covered situations in which people's behaviour might cause harm or distress to themselves or others.

Staff responded flexibly to people's individual wishes and changing needs, and sought support from health and wellbeing specialists when necessary. People's dignity and privacy were respected and supported by staff. Staff were skilled in using an individual's specific communication methods and were aware of changes in people needs.

People were helped to identify their individual needs and the goals they wanted to achieve in the future by knowledgeable and responsive staff. The house was well-kept and people's rooms reflected their individual interests and tastes.

People received their medicines safely because staff had been trained to administer medicines in line with the home's policies and procedures. Staff's competence was reviewed regularly to ensure that they knew how to administer medication safely.

Staff had completed training on Mental Capacity Act (MCA) 2005 and understood their responsibilities. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to support people who do not have capacity to make specific decisions. When people lacked the capacity to consent to their care and decisions had to be made on their behalf, legal requirements were followed by staff.

People's needs in relation to nutrition and hydration were documented in their care plans. People received appropriate support to ensure that their intake of food and drink was sufficient. Meals, drinks and snacks provided to people suited their dietary needs and preferences.

Accidents had been investigated thoroughly by the registered manager. The registered manager reviewed the logs to identify any regular patterns of incidents/ accidents and to minimise the risk of their reoccurrence.

The registered manager was respected and valued by people, their relatives and staff. Regular quality and risk audits ensured that the issues affecting people's care were identified. As a result, appropriate actions were taken to drive improvements to the quality of the care people received.

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?

Requires improvement

The service was not always safe.

Recruitment procedures had not been followed thoroughly and testing of fire equipment had not always been carried out in accordance with policy.

The service made sure staff understood how to protect people from any form of abuse.

There was a sufficient number of suitably skilled and experienced staff to meet people's needs. Risks were assessed and monitored regularly and medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received training which taught them how to support people effectively and safely. Regular supervision meetings and evaluation of the training ensured that staff understood how to implement their learning in practice.

People's right to make decisions about their care was protected by staff who understood their responsibilities with regard to gaining consent.

Staff were aware of changes in people's needs and ensured that people accessed healthcare services immediately when required.

People were offered a variety of healthy foods to choose from and supported to maintain a balanced and healthy diet. Guidance from health professionals was followed to meet special dietary needs

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect. People's preferences regarding their support were recognised and understood by the staff.

People's privacy and dignity were maintained and people were involved in adjusting their care. Staff knew people's individual needs and preferences well.

Staff made sure that people were supported to maintain relationships that were important to them.

Is the service responsive?

Good

The service was responsive.

People had personalised support plans which reflected their care needs and preferences. These had been updated regularly by staff to reflect any changes so that they were responsive to people's needs and wishes.

Summary of findings

People were supported in attending a wide range of activities of their choice, both in the home and in the local community. Staff discussed people's choices and interests with them to make sure they wished to participate in planned activities.

People's views were sought through residents meetings, questionnaires and complaints. Information on how to make a complaint or raise a concern was available, but relatives told us they had not needed to complain.

Is the service well-led?

Good

The service was well-led.

There was an open and caring culture throughout the home. Staff understood the provider's values and practised them in the delivery of care to people.

The quality of the service was monitored. Staff were given opportunities to share their opinions concerning how the service could be improved, and to raise concerns if necessary.

The registered manager was praised by support workers. Staff told us they were always able to approach the manager if they needed to raise their concerns. They felt they were provided with good leadership.

Downview Residential Home

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

This unannounced inspection took place on 10November 2015. It was completed by one inspector. Before the inspection, we had reviewed the previously acquired information about the home, including earlier inspection reports and any concerns raised about the service. We used information sent to us via the notification process to monitor the service and to check how events had been handled. A notification is information about important events which the service is required to send us by law. In the previous 12 months no notifications had been sent in by the service.

During our inspection we talked to five people. We also spoke with the registered manager and two support workers. We received feedback from two relatives of people living at Downview Residential Home. We spent some time observing how the care was delivered to people throughout the day, including mealtime support. This enabled us to form our views of the support people received.

We pathway-tracked the care of four people. Pathway tracking is a process which enables us to look in detail at the care received by each person in the home. We reviewed medication records relating to people who use the service. We saw three staff recruitment files, appraisals and supervision records. We looked at the training records of all staff and we also looked at records relating to the management of the service, such as health and safety files, risk assessments and staffing rotas.

Requires improvement

Is the service safe?

Our findings

The recruitment procedures employed by the provider had not always been effective. Disclosure and Barring Service (DBS) checks had been completed. The checks ensured that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. As well as DBS checks, previous employers had been contacted to check on the behaviour and past performance of the applicants. However, we found that employment history had not been properly documented for all staff. One of the files we looked at contained gaps in the employment history which had not been satisfactorily explained or explored. This had not had any impact on the people using the service. We brought it to the attention of the registered manager, who acted upon it immediately, calling the staff member and updating the employment history in our presence.

In accordance with the provider's policy, people had been involved in the recruitment process. All applicants had been asked to spend some time with people and to interact with them. People had then been asked for their feedback regarding the suitability of the applicant.

The fire detection system and fire extinguishers had been tested in accordance with the relevant guidance. Fire alarms had been checked by staff regularlyuntil 22 October 2015 and emergency lighting until 22 July 2015. However, these tests were required to be completed weekly and monthly respectively. Informed of this, the registered manager took immediate action during the inspection and tested the equipment to ensure it was in good working order and recorded the results.

All electrical portable appliances had been tested in May 2015.

People told us that they felt safe at the service. One person told us, "I do feel safe here", while another person substantiated that opinion by saying, "I fell over and bruised my leg. Staff got me off the floor and they checked me if I'm ok. I do feel safe here".

People were protected from the risks associated with their care and support because these risks had been identified and managed appropriately. Risk assessments were completed with the aim of keeping people safe, yet supporting them to be as independent as possible.

Staff who were trained in and understood their responsibilities in regard to safeguarding kept people safe and protected from all forms of abuse. They were knowledgeable about the signs of abuse and what would constitute a safeguarding concern. They described how they would deal with a safeguarding concern, including reporting issues outside of the organisation if necessary. Staff were able to determine if people who did not communicate verbally were distressed or unhappy by analysing their body language and behaviour.

People had been attending a Safeguarding Forum where they had been provided with easy to read leaflets about different types of abuse and neglect. They had asked staff to read the leaflets together, learning how to recognise and report abuse independently.

Individualised behavioural support plans identified the appropriate and effective ways of supporting each person. We saw that all behavioural incidents were recorded, monitored and analysed in order to manage future risk to people.

People's individual risk assessments were incorporated into their care plans. These gave staff detailed information about how to support people in a way that minimised risk for the individual and others. Identified areas of risk depended on the individual and included areas such as gardening at the allotment, ironing or dog walking.

Medicines were stored and administered safely. Staff had received training in safe management of medicines. Their competence in medicine administration was tested and recorded by a senior staff member. If a staff member committed a medication error, their competence was re-assessed. When the re-assessment was not satisfactory, this issue was brought up during supervision when the staff was offered additional training and support.

People were protected from harm as staff knew the emergency procedures. The evacuation procedure had been explained to people in a form that was easy to understand. People were aware of what to do in case of an emergency, and fire drills were practiced regularly on a monthly basis.

Staff were aware of their responsibilities with regard to infection control and control of substances hazardous to health (COSHH). Relevant procedures were in place. Daily cleaning tasks were completed as per the cleaning schedule. The food temperature was recorded on a daily

Requires improvement

Is the service safe?

basis. All food products that had been opened were labelled, with the date of the opening clearly marked. Food stock rotation was implemented to avoid cross-contamination and was seen to by the registered manager. Appropriate personal protective equipment was available for staff and waste was disposed of in accordance with legislation.

People's special needs were met with the help of a large staff team. There were four people on a day shift and one person sleeping in at night. The number of staff on shift varied, depending on current activities or needs of individuals. The staffing levels ensured people's needs were satisfied promptly in line with their support plans.

Good

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and supported by the registered manager and provider. Staff knew people well and understood their needs and preferences; they sought people's consent before they supported them. They also discussed activities with them in a way that people could easily understand, for example using pictures or gestures.

People were supported to make their own decisions and choices to the largest possible extent. Plans of care specified the ways in which people would be involved in making any decisions they were able to make. Best interests meetings were held in regard to health and well-being procedures when people were unable to make decisions for themselves.

People were offered appointments and assistance if they wanted to see health professionals. Their health needs had been identified and effectively assessed. Care plans included a health action plan. The health action plan is a personalized plan for an individual detailing what is required for that person to stay healthy and what kind of help that person may need. Staff had always accompanied and stayed with people if they had been admitted to hospital. Detailed records of health and well-being appointments, health referrals and examination outcomes were documented and kept properly.

Care records evidenced referrals had been made promptly to a range of health professionals when people's needs had changed or they had become unwell. This had included general practitioners, dentists, psychiatric consultants and opticians. People told us staff responded to their needs in a timely manner, especially to those concerning their health and well-being.

People were encouraged to eat healthy food and were provided with a choice of suitable and nutritious food and drink. Individual dietary needs, such as a low potassium diet, were noted in care plans and respected. If people had special dietary needs, staff tried to make people's food as attractive and tasty as possible so they would not see their diet as a disadvantage.

People had access to a large and safe garden where they could enjoy gardening and other outdoor activities. Communal areas were spacious, homely and attractive. Spacial arrangements were aimed at suiting people's needs. When one person had been unable to use his room located upstairs, the downstairs living area had been adapted for him to be used as long as necessary. The person was still able to sleep in his bed which had been brought downstairs to the living area. An appropriate pressure mattress had beenprovided. People's consent was gained before adapting the area and all people agreed to use another communal room instead.

Staff communicated with people using methods detailed in their support plans. Staff supported people with limited verbal communication who could make their choices by using pictures and objects of references, Makaton (a system of sign language) or body language. Before staff undertook care or involved people in any other activities, they gave people possible options and asked for their permission

People were supported by staff who had been appropriately trained. Staff members had received an induction when they had begun to work at the service. They had also spent time working alongside experienced members of staff to gain the knowledge needed to support people effectively and safely. Following their induction, staff continued to receive further training in areas specific to people they worked with, such as epilepsy or autism. Staff members told us they were provided with good opportunities for training. They also stated that they had easy access to training and were actively encouraged by the management to complete core and specialised training.

Staff received regular monthly one to one meetings with their manager and an annual appraisal. This provided both staff and the registered manager with the opportunity to discuss their job roles in relation to areas that needed support or improvements as well as acknowledging areas where they perform well.

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. We checked whether the service was working within the principles of the MCA. Staff understood the principles of the Mental Capacity Act 2005 (MCA). They told us they had received training in the MCA and understood the need to assess

Good

Is the service effective?

people's capacity to make decisions. Members of staff we spoke with were able to give examples of how they asked for permission before doing anything for or with a person when they provided care. Staff always made sure that each person understood what decision they needed to make. If a person did not understand a question that was asked verbally, staff used non-verbal communication instead, for example, pictures or objects of reference.

Regular meetings helped to improve staff care practice. Staff had discussed different approaches related to delivering support to people through their periods of anxiety and frustration. Staff meetings had also been an opportunity to promote independence of people, enhance communication within the service, and to plan new activities and holidays for people.

Good

Is the service caring?

Our findings

People were satisfied with the service as they found it caring. One person told us, “Staff are listening to me and my opinions. I think it’s better here because they respect your things to do here”. Another person said, “The managers are always OK to talk to”. A health professional expressed their opinion about the home, “It’s an excellent service, staff are very professionalin their approach.”

People were treated with respect and their dignity was preserved at all times. Staff paid a lot of attention to respecting people’s privacy. They were discreet in their conversation with one another and with people who were in communal areas of the service. Staff knocked on people’s doors and waited for a response before entering. All professionals visiting people, for example podiatrists, visited them in the privacy of their rooms. When one person had started to come uninvited to another person’s bedroom, staff had explained to him it was inappropriate and actively discouraged him from doing it again.

We saw that records containing people’s personal information were kept in the main office which was locked when no authorised person was present in the room. People knew where their information was and how to access it with the assistance of staff. Some personal information was stored within a password protected computer.

Staff displayed patience and a caring attitude throughout our visit.

A key working system had been implemented within the service. This meant that one member of staff held primary responsibility to ensure that all documentation related to the care received byan individual was in line with their needs and preferences. People’s families were also welcome to contact the key worker. For example, one key worker acted as an intermediary providing the family of a person unable to speak with all necessary information the person wished to share. People told us they routinely met their key worker each month to discuss their state of health and well-being, to request any additional support they might need and to plan activities they wished to do. The records we looked at confirmed that these discussions were used to amend and review care plans.

Information which was relevant to people was produced in differing formats and explained to individuals in the clearest possible way. These included pictures of reference, photographs and symbols. Staff were friendly, caring and thoughtful of people’s feelings. They talked to people and listened to what they were saying. The interactions indicated that people’s views were valued by staff, andthe understanding between staff and people was mutual. Care staff and people who live in the home constantly communicated and interacted with each other.

People’s diversity was respected as part of the strong culture of individualised care. Support plans and behaviour support plans gave detailed descriptions of how people were supported. People were provided with food, drink and activities that suited their tastes. Care plans included ‘what people need to know and to do to support me’ information which noted people’s choices regarding their lifestyles, preferences, habits and ways of expressing themselves.

Good

Is the service responsive?

Our findings

Staff were very knowledgeable about people's needs, their likes and dislikes. They were able to tell us about people's care needs and the level of support each individual needed. They had thorough knowledge and a good understanding of people's preferred routines and means of communication. They also knew how to address these needs with relevant support. For instance, one person was unable to verbally express his views to us but was understood by staff who knew what that individual meant. They said they had cared for that person for a long period of time and had developed a way to communicate by using that person's own version of Makaton sign language.

Throughout the visit staff responded immediately to people's needs.

The service had written person-oriented plans which reflected how people wanted to receive their care and support. This meant that staff were able to offer very individualised care. People's care plans were tailored to meet their complex needs. They clearly described each person, their tastes, their preferences, and how they wanted to be supported.Staffwere aware of these needs.

People had individual daily programmes for activities that helped them to maintain and develop their independence and enjoy interests and hobbies of their choice. People were encouraged to inform staff if they wished to visit a particular place and they would be supported by staff to do so. For example, one person had told staff that he wanted to go to see a new movie and his visit to the cinema was arranged. One of the relatives told us, "The range of activities [name] takes part in is very good, providing physical and mental stimulation. Downview is like a family home for all the residents, my husband and I are very happy with the care [name] receives there."

People were involved in making decisions related to their care. For example, they had been provided with all necessary information and explanations before they had been offered flu vaccination. When visiting GP's or other professionals, people were encouraged to speak for themselves as much as they could.

Activities were important for people because they improved the quality of their lives and reduced the likelihood of any social isolation. Intensive staffing, if necessary, was provided to enable people to go on holidays and go into the community to enjoy their activities. People were offered various opportunities; for example, one person worked as a volunteer at the Bubble Club, a group for children with learning difficulties and their siblings.

People's needs were met promptly because staff communicated well, both informally and at handover meetings between shifts. For example, staff members informed their colleagues if a person was not well and needed a GP's visit rather than going out to enjoy activities. Staff confirmed that team communication was good and support from senior staff was available.

When people moved between services, for example whilst attending hospital, the registered manager made sure that they received consistent individual care because they were accompanied by staff who knew them well.

People were able to express their opinions on matters important to them, such as activities, food menu or holidays at regular house meetings organised on a monthly basis. As a result people came up with new activities, such as a boat trip, which were later organised by the registered manager. A questionnaire to gather views on the service was sent to people, relatives, professionals and staff. The answers were analysed and changes implemented where appropriate. Based on the responses from the questionnaire, the service had begun to offer cinema visits, day trips to places like Harry Potter World in addition to ordinary activities with a short time frame.

Information was provided to people about how to make a complaint or how to raise a concern in a people-friendly way, such as pictorial or symbol formats. People we spoke with confirmed they knew who to speak to if they had any concerns. They also said the registered manager would listen to them and would take immediate action to address any issues they reported. There was an effective complaints system available and all complaints received were recorded by the registered manager. The registered manager demonstrated they had fully investigated complaints that had been made. There were two complaints received after the last inspection. These were resolved in a timely manner and the results were discussed with the complainants to ensure they were satisfied with the outcome.

Good

Is the service well-led?

Our findings

Staff told us there was an open culture within the home and everyone's ideas and opinions were listened to. One staff member said to us, 'I love working here. We have a very good team and very supportive manager'. One of the relatives told us, 'The management of this facility has been of a consistently high standard with very able staff carers to look after the residents, all of whom seem very content at Downview'.

The registered manager was passionate about ensuring people's rights and wishes were respected and protected. We saw people and staff sought managers and seniors to discuss issues and express their views as they knew they would be listened to.

Relatives of people told us that the communication with the registered manager and staff was effective and they had experienced a strong team spirit amongst staff and people.

The registered manager actively encouraged people to be involved in the running of the home. For instance, people were involved in the recruitment of new staff by providing feedback to the registered manager. Regular house meetings were organised and recorded, at which people were able to discuss any concerns or ideas to improve the service. People also were given opportunity to talk to the manager face to face if they wished to discuss their private matters.

Monthly staff meetings were focused on satisfying the needs of people who lived at the home. Copies of staff meeting notes demonstrated that care and attention had been paid to ensure people who lived at the home were safe and well supported. Staff told us they contributed to the team meeting agenda.

Due to the size of the service, the registered manager also performed the same work as care staff. It enabled the manager to observe the operating of the service in detail. Staff were involved in developing the care and support provided to people through this daily interaction, and with informal feedback given to the registered manager. During our inspection the registered manager worked a regular shift as a care worker.

The registered manager's involvement in the daily routine ensured they were fully aware of people's behaviour patterns and were not totally dependent on the feedback from staff. Moreover, they were able to carry out informal daily audits of the service. For example, each time the registered manager administered medicines, they were effectively auditing storing the medicines.

External bodies were brought in at set intervals to review and maintain areas of service provision such as fire safety, medicines, electricity supply and equipment and water testing. The interior and exterior of the building were regularly checked to direct an ongoing programme of refurbishment and repair. The registered manager also maintained regular contact with the relevant local authorities who commissioned their services.

Accidents and incidents at the service were recorded and monitored. The registered manager reviewed these to monitor for trends, patterns or possible causes of the incidents. This meant the provider had a system in place that identified risks to people who used the service. The system was effective and there were no consecutive reoccurrences of similar incidents.

Policies and procedures were detailed and gave adequate information to staff, people who use the service and their relatives, and were fit for purpose. We saw that they had been reviewed and that a system was in place for ensuring staff had read and understood them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.