Village Homes (Somerset) Limited

Church View

Inspection report

Chapel Hill
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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

Summary of findings

Overall summary

About the service
Church View is a residential care home registered to provide care and accommodation for up to five people with a learning disability, or who are on the autistic spectrum. At the time of this inspection there were five people living at the home. The building is a period building and has two floors. On the first floor people had their own bedrooms with en-suite bathrooms, and there was a staff sleep in room. On the ground floor there were communal spaces that included a lounge, kitchen and a dining room.

People's experience of using this service and what we found
People were safe living at Church View. Staff understood how to protect people from abuse and were confident managers would respond if they raised any concerns. There were enough well trained staff who knew how to support people living with complex needs. We observed people's requests for support being responded to promptly.

People received their medicines safely and were encouraged to self-administer if it was assessed as safe. Communication between staff and people was excellent, people were supported well and given time to express their needs. The environment was comfortable, well decorated and homely.

People were active and took part in their individual hobbies and interests as well as communal activities. There were events each day and one to one support for people if they needed it. People planned their own meals and staff supported people to shop for the ingredients. People enjoyed home cooked food.

Care plans were person centred and offered good guidance for staff. People and their families were consulted and involved with every aspect of their lives. A relative told us, "Staff keep me well informed." People had good access to healthcare and other health professionals. People knew how to complain. Incidents and accidents were minimal and if they occurred staff took appropriate actions.

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 service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on having as many opportunities as possible to gain new skills and become more independent.

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 this service was good (published 26 June 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Good

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a strong person-centred culture at Church View. Staff were highly motivated and offered care and support that was compassionate and kind.
- People and their relatives were complimentary about the staff who worked at the home. We saw people laughing with staff and hugging staff throughout the day, which was reciprocated as this was their way of demonstrating affection. One relative said, "Staff are very caring, they are amazing." Another relative explained the staff always went above and beyond for [person's name].
- Staff respected people's diversity, they were open and accepting of people's faiths and lifestyles. Two people went to the church to ring the bells and open up every day. Other people attended church when they wanted to.
- Nobody we spoke with said they felt they had been subject to any discriminatory practice, for example on the grounds of their gender, race, sexuality, disability, or age. Training records showed that all staff had received training in equality and diversity.

Supporting people to express their views and be involved in

making decisions about their care

● Staff helped people to express their views in a way they could be understood. For example, one person told us, "I have a meeting one to one every month, we review everything I've done and talk about things I want to do." A relative told us, "They know what they like and don't like, and they listen to them."

● Staff used a variety of tools to communicate with people according to their needs, which included simple signing and pictorials.

● People and relatives told us how they had been involved in making decisions when care needs changed. One relative told us, "They keep me very informed, staff are very good and contact me." Adding, "I'm very vocal and very involved."

● Regular reviews of people's care plans were carried out. Records showed how people, or their relatives were involved, and changes were made when required.

Respecting and promoting people's privacy, dignity and independence

● Respect for privacy and dignity was at the heart of the providers culture and values. It was embedded in staff practice.

● People felt respected and listened to. One relative told us, "[Relatives name] considers Church View their home, they visit us in our home." Adding, "They like to wear shorts, even in the cold, staff don't just tell them they can't, they listen and compromise. For example, they say maybe wear them at home but put trousers on to go out, so you stay warm."

● When we asked people if they felt staff listened to them. Comments included, "Yes".

● Throughout the inspection we observed staff being respectful when talking to people, we also observed staff knocking on doors and waiting to be invited in.

● During the inspection we saw staff encouraging independence, people were helping to make their meals and carrying out daily chores such as cleaning. People also participated in volunteer roles.

● Staff spoke respectfully about the people they supported. It was clear they cared about the impact they had on people's lives. Staff were careful not to make any comments about people of a personal or confidential nature in front of others. One person said, "No" when we asked if they ever heard staff talking about other people.

Is the service responsive?

Good

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People had detailed person-centred care plans that outlined their likes and dislikes. Staff had clear guidance on how to meet people's needs. For example, one person's care plan said, "I like DVDs." Staff arranged for relatives to send regular DVDs to this person.

● Staff involved people and their family members in their care planning, so they felt consulted, empowered, listened to and valued. The care and support plans were reviewed and updated as people's needs change.

● All people signed their care plan paperwork to acknowledge they had participated in the discussions.

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.

● Staff sought ways to communicate with people and to reduce barriers when their protected characteristics made this necessary.

● Care records had communication profiles that showed how staff should support people to communicate. For example, one person had a difficulty getting their words out, staff knew to give this person time and not to try and guess what they were saying.

● Throughout the inspection people told us, and we observed, staff communicating with people in a way that demonstrated a commitment to understanding their wishes. Especially if the person was not able to communicate well.

● Other examples of communication methods staff used included using pictorials signing, to help anyone that had communication difficulties make a choice.

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

● Arrangements for social activities met people's individual needs, and followed best practice guidance so people could live as full a life as possible.

● Each person had a visual timetable that showed their weekly schedule of activities. These had pictures or symbols alongside words, so people could understand them.
● Staff encouraged people to do independent activities. Two people completed regular work experience in a local café and two people were key holders for the local church. People told us they enjoyed the things they did during the day. On the day of the inspection people were getting ready to go to a disco in the evening.
● A relative told us, [Relatives name] loves football, they go with a friend, on one occasion the friend could not make it but staff wanted to make sure [relatives name] could still go." Adding, "Staff made arrangements to take them and accessed the support staff in the stadium to be with them during the match, then staff picked them up." They also said, "This increased [relatives name] confidence and independence."
● The registered manager has a known presence within the local community. Staff understood the importance of maintaining close and dignified links with family members and created opportunities and environments for people to enjoy their company in private. One relative told us, "I was ill and could not visit [relatives name] so staff brought them to us."

Improving care quality in response to complaints or concerns
● The registered manager could demonstrate where improvements had been made because of learning from investigations. For example, reviewing the use of the home's vehicle following an accident. Staff introduced bus training and had begun teaching people how to use public transport instead of relying on a communal vehicle.
● People who used the service and their family felt confident that if they complained, they would be taken seriously, and their complaint or concern will be explored thoroughly and responded to. One person said, "My one to ones, If I'm not happy we talk about it." A relative told us, "I would talk to [registered managers name] but I've never had to."

End of life care and support
● At the time of the inspection no-one was receiving end of life care at Church View.
● Staff told us they had not received any end of life training, but they would want people to consider Church View a home for life.
● People's end of life wishes were not discussed at their needs assessment and care plans did not state peoples preferences for end of life care.
● We discussed this with the registered manager who acknowledged this was a sensitive area

Is the service well-led?

Good

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they liked the registered manager. Comments from people included, "Yes, we have a joke." We observed how people had positive relationships with the registered manager. People smiled when they saw them, and we observed lots of laughing and joking throughout the day. One person brought the deputy manager a cup of tea as soon as they arrived at work. The deputy manager told us this happened every day.
- A relative told us, "[Registered managers name] is brilliant, can't fault them." Another relative said, "[Registered managers name] spent all Easter last year looking after [relatives name] because I was to ill to have them home." Adding, "They are brilliant, even brought them here when I couldn't get them."
- The registered manager was committed to providing a high-quality service which was open, inclusive and empowering. People were supported and encouraged to maintain control over their care.
- Staff told us they felt included and empowered by the registered manager. One staff member told us, [Registered manager is lovely, they are very supportive and hands on." They added, "[Deputy manager] is one of the most dedicated managers I've ever met, they know the residents back to front and are very compassionate."

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

- The registered manager promoted the ethos of honesty. For example, when a serious incident occurred they wrote to all the relatives and explained what had happened and how it may or may not have affected their relative.
- Meeting minutes confirmed staff learned from mistakes and admitted when things had gone wrong. This reflected the

requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● The provider had a quality assurance process in place which included regular audits. These processes identified and managed risks to the quality of service delivery. Audits included, infection control and care planning.

● Legal requirements, including notifications and conditions of registration and managers, were understood and met.

● Staff understood their role and responsibilities. Staff we spoke with were motivated and told us they had confidence in the registered manager. One staff member told us, "After staff meetings we feel boosted up, we get an injection of positivity from management we all need that."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People were empowered to voice their opinions and be heard. As well as annual satisfaction surveys for relatives the registered manager held, monthly one to one session with people individually and regular resident meetings where people could discuss what made them happy and what needed to change.

● The registered manager and staff had developed strong links with the local community. This ensured people felt part of village life. One relative told us, "[Relatives name] is well known they hold the keys to the local church, that's how well known they are."

Continuous learning and improving care; Working in partnership with others

● Staff worked in partnership with other agencies to provide good care and treatment to people. These included GPs, social workers and other health care professionals.

● Staff were keen to develop and improve the service. The views of people living at Church view were at the core of quality monitoring and assurance arrangements. Staff told us, "We don't stop people taking a risk we manage the risk."

Church 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.

Inspection team
The inspection was carried out by one inspector.

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

The service had a manager registered with the Care Quality Commission. 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. The registered manager was also the owner of the home, for this report we will refer to the provider as the registered manager throughout.

Notice of inspection
This inspection was unannounced.

Inspection activity took place on 13 January 2020

What we did before the inspection
We used the information the provider sent us in the provider information return. 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.

During the inspection

People living at Church View had a range of communication difficulties. We used a variety of methods to communicate with them including simple signing to support our speech and observations. We spoke with four people who lived at the home at a level they could understand. We spoke with three members of staff including the registered manager.

We reviewed a range of records. This included two people's care records and two medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We spoke with two relatives on the phone about their experience of the care provided.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The home continued to provide a safe service for people. We asked two people if they felt safe in their home, one person gave us a thumbs up, the other person smiled and said, "Yes."
- One relative told us, "I think they are safe, they can open the door to go out, but people can't come in, they know each other, yes definitely safe."
- People who were unable to verbally express their views were observed interacting with staff in a happy and relaxed manner.
- The registered manager and staff understood their responsibilities to safeguard people from abuse. Staff knew what actions to take to protect people. One staff member told us, "I report it to the manager and they let the safeguard team know."
- Records showed staff had received training in how to recognise and report abuse. Staff could tell us what they learnt on the training. One staff member told us, "We teach people strategies to stay safe, people are quite capable of telling us if they don't feel safe."
- Safeguarding concerns had been raised and investigated appropriately. The registered manager had informed the necessary organisations.

Assessing risk, safety monitoring and management

- People's care plans had detailed risk assessments linked to their needs. These included the actions staff should take to promote people's safety and ensure their needs were met. They included guidance on how to minimise risk to people.
- Some people were assessed as being able to stay home alone for short periods. Staff guidance was clear and included regular fire drills and teaching people the importance of not opening the door to strangers.
- Staff sought to understand and reduce the causes of behaviour that distressed people or put them at risk of harm. Staff told us, "People have communication issues that can cause frustration, we give people time, then it doesn't escalate."
- Care plans included a Personal Emergency Evacuation Plan (PEEP) for each person. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated in the event of an emergency.
- The registered manager considered environmental risks. For example, fire maintenance, gas, electrical safety, and safe use of water outlets. The home had a plan that ensured the service would continue if an emergency happened.

Staffing and recruitment

- There was always enough competent staff on duty. Staff had the right mix of skills to make sure that

practice was safe, and they could respond to unforeseen events. The registered manager regularly reviewed staffing levels and adapted to people's changing needs.

● The home had one staff vacancy which had been advertised. Staff told us while they waited for the new staff to start they worked additional hours to cover absences. This meant people living at the home did not have their care and support compromised. The rota confirmed shifts were covered as needed.

● Recruitment systems were robust and made sure that the right staff were recruited to support people to stay safe. Although the staff who had been in post for many years did not have a record of their full work history. The registered manager told us they would add that to all staff application forms. Appropriate Disclosure and Barring Service (DBS) checks and other recruitment checks were carried out as standard practice.

Using medicines safely

● People's medicines were administered safely by staff who had received appropriate training and regular competency checks. The home had a medicines policy which was accessible to staff.

● Staff promoted independence. Two people managed parts, or all their medicines. We spoke with one person who showed us what they took and where they kept them. They also said, "I sign the paper (MAR chart) and staff help me."

● Support plans stated what prescribed medicines people had, and the level of support people would need to take them.

● Peoples medicine profiles were kept separately from the medicine's administration records. This could increase the risk of errors being made. Staff told us they would make sure people medicine profiles were kept with MAR charts in the future.

● There were no gaps when completing Medicine Administration Records (MARs), but staff had made handwritten changes to the directions on two peoples MAR charts. Staff had not signed these changes or offered any explanations as to who made the changes to the prescribed medicines. The registered manager told us they would review their current medicine management and ensure they were fully in line with best practice.

Preventing and controlling infection

● Staff managed the control and prevention of infection well. Staff had access to, and followed, clear policies and procedures on infection control that met current and relevant national guidance.

● Staff and people had access to personal protective equipment such as disposable gloves and aprons.

● People cleaned their own rooms, and shared communal chores with staff support. The home was clean and free from malodours.

Learning lessons when things go wrong

● There were very few incidents at the home, but where they had occurred, staff acted to minimise the risks of reoccurrence.

● Staff completed accident forms and the registered manager reviewed them and made changes to the service delivery where necessary. For example, an incident occurred with the homes vehicle, the registered manager updated their policy and is considering alternative transport for people.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved to Church View. Relatives told us, "Yes they were very good at making sure they could meet [person's name] needs, they could go and visit the home to see if they liked it first."
- Expected outcomes were identified and staff regularly reviewed and updated peoples care and support plans. People told us, "I have a one to one with [staff members name] every month we look at what I have done and want to do."
- Staff were supported to deliver care in line with best practice guidance. and information on supporting people living with specific health conditions was available. This helped staff to provide appropriate and person-centred care according to individual needs. One relative told us, "They [staff] know [persons name] better than we do now."

Staff support: induction, training, skills and experience

- People were supported by staff who had access to a range of training. The provider had a training programme which staff confirmed they attended. The provider considered the diverse ways staff could be supported to learn effectively. This included discussions and observations.
- Specialist training was available if needed. Staff told us, "If someone had specialist needs we would get training."
- All new staff completed an induction process and were offered National Vocational Qualification (NVQ) training as part of their skills development.
- People told us staff were well trained. One person said, "Yes", when we asked if they thought staff knew what they were doing. A relative told us, "They are brilliant they all know them well and they must know what they are doing we get no concerns from [persons name]
- The provider carried out supervision in line with their supervision policy. Supervision is a process where members of staff meet with a supervisor to discuss their performance, any goals for the future and training and development needs. The registered manager told us we monitor staff development all the time there's only four staff. One staff member told us, "We talk about things regularly."
- Staff performance relating to unsafe care was recognised and responded to appropriately and quickly.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food at Church View. People were actively involved in choosing meals and preparing their menus. One person told us, "We do menus on Sundays, so we know what we are having in the week." A relative said, "Nutrition is managed well, [persons name] tells us what they eat, never says they are hungry." Adding, "They help prepare the food."

● People had access to drinks and snacks throughout the day and could change their mind if they did not want the meal for that day.
● Staff understood people's dietary needs and ensured these were met.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support
● People's changing needs were monitored and were responded to promptly.
● People were supported to attend regular health checks. One relative told us, "We usually take [persons name] to their hospital appointments but staff usually come with us so we all know what's happening."
● Where specialist advice was needed staff referred people to other healthcare professionals to ensure they received the support they needed. For example, sight and hearing specialists.
● People received annual health checks in line with best practice for people with a learning disability. Information was clearly recorded ready to be shared with other agencies if people needed to access other services such as hospitals.

Adapting service, design, decoration to meet people's needs
● Church View provided high quality accommodation for the people who lived there. The décor was modern and homely.
● Peoples' rooms had personal belongings that made the room special to them. This included their own furniture as well as pictures and ornaments.
● People had access to outside space. There were quiet areas where people could see their visitors.
● The home was laid out in a way that promoted independence.

Ensuring consent to care and treatment in line with law and guidance
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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Some people at Church View were living with conditions which affected their ability to make some decisions about their care and support. Mental capacity assessments and best interest paperwork was in place for areas such as personal care, medicines and finance.
● Staff had received training in the MCA and showed a good understanding when supporting people's rights to make their own decisions.
● One person had decided they did not want a specific medical procedure which put them at risk. Staff had involved family and professional representatives to ensure decisions made were in the persons best interests.
● People only received care with their consent. Records showed people had signed consent forms when they began to use the service. People told us staff always asked what they wanted to do. One person said,

"No," when we asked if staff made them do things they did not want to do.

● At the time of the inspection three people had a DoLS application in place. Where people had conditions on their DoLS authorisations, the registered manager had met these conditions as legally required.

● The registered manager had a good understanding of the MCA and supported families where appropriate to make sure people's rights were protected.

Good

Is the service caring?

Our findings

The service was caring.
Details are in our caring findings below.

Good

Is the service responsive?

Our findings

The service was responsive.
Details are in our responsive findings below.

Good

Is the service well-led?

Our findings

The service was well-led.
Details are in our well-Led findings below.