

Advanced Caring Limited

Church View

Inspection report

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Date of inspection visit:
27 January 2020
28 January 2020
30 January 2020
03 February 2020

Date of publication:
25 February 2020

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Church View was a large home, originally a domestic dwelling and reflected similar house styles and designs within the local area. Church View was registered before the Registering the Right Principles were adopted. The service supports up to eight people, and seven people were in residence at the time of our inspection. This is larger than best practice guidance. However, the size of the service having a negative impact on people was mitigated, as the house size and style reflected the surrounding residential area. There were deliberately no identifying signs, intercoms, cameras or anything to indicate it was a care home.

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 outcomes that include control, choice and independence.

People's experience of using this service and what we found

We asked a family member to share their views about Church View, told us. "I really think it's an outstanding place. It's structured and forward thinking, enabling each resident to move on and expand."

People were consulted and fully involved in decisions affecting them both individually and collectively, their safety was paramount. People were aware of safety measures in the home, which included their understanding of safeguarding. Potential risks were robustly assessed, and people worked in partnership with staff to understand and minimise risk.

People were at the heart of the comprehensive assessment process and were provided with opportunities to visit and stay at Church View before deciding whether the home was the right place for them. The registered manager and staff worked closely with family members, and social care commissioners as part of the assessment process.

The registered manager and staff consistently applied the principles and values of Registering the Right Support and other best practice guidance. People were supported by staff who accessed a wide range of training, which enabled them to meet people's needs and had a positive impact on people.

People's comments and our observations reflected the positive impact staff had on people's well-being, due to the trusting relationships that had developed between people and staff. Staff were committed to developing a homely and supportive environment in which people could flourish, feel safe and be supported.

Staff worked in partnership with people to develop and review their support plans. Support plans reflected people's aspirations and goals. They provided clear guidance for staff as to their role in supporting people to live an independent life as possible, and to be active and an involved member of society. People took part in social and recreational pursuits and continued their education and voluntary work. People were

encouraged and supported to develop and maintain relationships.

Church View was exceptionally well led by a dedicated registered manager who was passionate about the people who lived at the home. The culture and ethos within the service was that of transparency, inclusivity and empowerment. The governance of the service was robust, and quality outcomes were kept under continual review by the registered manager and nominated individual.

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 outstanding (published 3 August 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?

Outstanding 

The service was exceptionally 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?

Outstanding 

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding 

The service was exceptionally well-led.

Details are in our well-led findings below.

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 a 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authorities who commission the service on behalf of people. 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. We used all of this information to plan our inspection.

During the inspection

We spent time with people and spoke with four people. We spoke with the registered manager, a team leader about medicines, and three support workers. We joined a resident's meeting to help us understand

how people's views were sought.

We reviewed a range of records. This included one person's care records, including two people's medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, which included the registered manager's appraisal, the minutes of resident and staff meetings and documentation to support the monitoring of the service for its quality.

After the inspection

We spoke with three family members by telephone on 30 January and 3 February 2020 to seek their views and experiences of the service.

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 now improved to outstanding. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Systems and processes to safeguard people from the risk of abuse

- People were supported and empowered to keep themselves safe, supported by accessible information which was prominently displayed. Staff had developed positive and trusting relationships with people, which was reflected in the open and inclusive culture that enabled people to have confidence, trust and knowledge that any safeguarding concerns would be acted upon.
- Residents meetings were used as an opportunity to emphasise the importance of safeguarding and who people could contact. People evidenced their knowledge of safeguarding at the resident meeting, detailing who they could contact. This included stating the names and contact details of the nominated individual (the nominated individual is responsible for supervising the management of the service on behalf of the provider) of Church View.
- People were aware of external organisations they could contact, which included the Care Quality Commission (CQC). One person we spoke with told us, "I would speak with my [family member], [registered manager] or my support worker. I have a mobile phone, so I could speak with someone whenever I wished too."

Assessing risk, safety monitoring and management

- The encouraging and enabling culture of the service towards positive risk-taking meant opportunities to maximise people's potential and promote their independence and rights was fully supported. For example, staff had identified potential risks to a person who wished to ride a bicycle. To reduce the risks, the person was accompanied by staff, who joined in and cycled with them.
- Staff worked with people to implement positive behaviour support, good practice guidance. This had a positive impact on people's quality of life, promoting independence and choice, and had reduced potential risks to people and others. A person told us, "My behaviours, I don't have many now. Staff have helped me, and I manage my feelings better."
- All staff continued to be proactive in ensuring people understood the significance of safety both within the home and when accessing the community. Health and safety was discussed both individually and in residents' meetings. One person at the resident meeting spoke about a recent accident they had had, and that they had completed an accident form. They reminded everyone about being careful when using the stairs.
- People told us about the fire drills, and what they needed to do if the fire alarm sounded. A person told us how visitors had to sign in and out so that the fire service would know who was at the home if there was a fire.

Learning lessons when things go wrong

- The registered manager completed an analysis of all incidents and determined any emerging patterns. Specific incidents were discussed with all parties involved, which included the person and staff. Lessons learnt and feedback from the parties involved were used to review and update individual risk assessments and support plans.
- A family member told us that the registered manager and staff had acted swiftly to an incident involving their relative. They spoke of a meeting held with their relative, themselves, social services and the registered manager, as part of problem solving to prevent further occurrences. A central factor they told us was the involvement of their relative in the decision making.

Staffing and recruitment

- People continued to be involved in the robust recruitment practices for prospective staff, consistent with the provider's policy and procedure. The registered manager supported people to ask questions of candidates during their interview. People had the opportunity to meet the candidates, and feedback to staff their opinions.
- Staff spoke positively about their employment, the ongoing support of the registered manager, through induction, supervision and appraisal. This underpinned and supported the cohesive team work approach that provided a safe and positive place for people to flourish and to work.
- There were sufficient numbers of staff to meet people's needs and keep them safe. Additional funded hours, allocated to people on an individual basis, enabled them to access the community.

Using medicines safely

- People were supported with their medicines in a safe and timely way. People's support plans detailed the prescribed medicine and the reason for its prescription, which included clear guidance as to the use of medicine to be given as and when required. For example, to reduce people's anxiety or control pain.
- Staff told us people rarely had medicine to support them when they became anxious, this was due to the implementation of positive behaviour support, which continued to acknowledge positive behaviours and the use of distraction and diversion techniques.
- The registered manager was aware of STOMP (STopping the Over-Medication of People with a learning disability, Autism or both). STOMP is an initiative that has been set up by NHS England. People's medicine was regularly reviewed by a health care professional.
- Staff received medicines training, their competency was checked

Preventing and controlling infection

- People's safety was promoted through the prevention and control of infection. The provider ensured personal protective equipment (PPE), such as disposable aprons and gloves, were available and used by staff and people when preparing food.

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

- Assessments were comprehensive and reflective of the Equality Act. Assessments considered people's individual needs, which included their age, culture, beliefs and disability. Assessments identified how the learning disability and autism affected the person and were used to develop support plans to enable staff to provide effective care.
- A family member spoke positively of the support provided to their relative and themselves during the assessment process. They and their relative visited the service, and the person had a number of overnight stays to ensure the service was able to meet their needs. The family member told us the most important factor was the opportunity for their relative to make a decision as to whether Church View was the right home for them. They told us, when they collected their relative they told them. 'It's nice here mum, I like it here.'

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff had liaised effectively with people, their family members, and other stakeholders from other services, as well as health and social care professionals to support three people to move into supported living accommodation.

Staff support: induction, training, skills and experience

- People's needs continued to be met by staff with the right knowledge, skills, experience and approach. Staff completed a comprehensive induction, which included studying and attaining the Care Certificate, which covers identified standards which health and social care workers are expected to adhere to.
- The proactive approach to the supervision, appraisal and training of staff, enabled them to continually develop and learn new skills. Staff were supported to undertake vocational qualifications in care and had targeted training to promote good quality outcomes for people. For example, training in positive behaviour support and MAPA (Management of Actual or Potential Aggression) training, which is an accredited course recognised by the British Institute of Learning Disability (BILD). This enabled staff to provide effective support when people displayed behaviour that was challenging.
- A family member told us, their relative had moved into the service several months ago and had been prescribed medicine to be given when needed to reduce their anxiety. They told us this had been given in the first week. However, the approach and support of staff and use of positive behaviour support had meant the medicine had not been required since.
- Staff meetings and supervision were used as a forum to reflect and discuss good practice guidance, legislation, policies and procedures to underpin staff training, enabling staff to support people effectively and well.

- Family members spoke positively of the knowledge displayed by staff when speaking with them about their relative's needs and how best to support them. A family member told us, "Staff have a collaborative approach to supporting [relative], working effectively as a team, communicating well with each other and me."

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

- People ate good quality food, and were fully involved in menu planning and grocery shopping. Staff encouraged people to eat a healthy diet, and respected people's choices and preferences, supporting their dietary requirements.
- The dining environment was pleasant and homely, and encouraged people to eat meals together at one central table.

Supporting people to live healthier lives, access healthcare services and support

- People's health care needs were kept under review, and were documented in health action plans. Staff encouraged people to make their own health care appointments and provided support to attend appointments where required.
- People spoke with staff about any health-related issues, which included one person who had forgotten to attend a routine appointment. Staff supported the person to organise another appointment.
- Family members expressed confidence in staff to monitor their relative's health, and were aware they attended routine doctor and dental appointments, along with specialist health services who supported people with a learning disability and autism.

Adapting service, design, decoration to meet people's needs

- Church View provided people with the space they needed to spend time together, and quiet spaces to be alone. The garden was accessible to everyone, and was used by people to relax.
- People designed how their room should be decorated, and were encouraged and supported to keep their personal space clean and tidy, as part of the approach to encourage independent living skills.

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. DoLS authorisation were in place for some people, and were kept under review by the registered manager, in conjunction with the local authority.

- Staff were committed to ensuring the support people received was in line with legislation which underpins people's rights and choices. In addition to the MCA, staff were aware of other legislation such as the Equality Act.
- People's records, which included risk assessments and support plans provided clear guidance for any restrictions placed on people, which had been arrived at as part of best interest decisions, and discussions with the person involved.

Is the service caring?

Our findings

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 outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People received outstanding care and support from staff who were dedicated to providing quality outcomes for people. Staff supported people to maximise their potential by having a collaborative and supportive approach. This enabled people to work towards the attainment of their goals and aspirations.
- People's personal histories were a central part of their assessment and support plans. This enabled staff to cultivate positive and supportive relationships, based on knowledge and understanding of people's experiences.
- People were very keen to share their positive views about the staff, and reflected upon the positive and supportive relationships, and the positive impact this had had on them. One person told us, "The staff help me so much, they're my friends and look out for me. They're always there if I need them."
- Family members spoke very positively about the supportive and caring nature of staff, and the impact of knowledgeable and caring staff had had on their family member. A family member told us, "This has been a really good move for him, he's much more settled." A second family member said, "[Relative] has settled at Church View, he's a different person." A third family member told us, "Staff all very friendly, staff and residents are welcoming when you visit."
- The family atmosphere created at Church View, meant individuals who had moved out of the home, continued to keep in contact with those living and working at the home.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in meetings to discuss their views and to make day to day decisions about their care and support. The values of choice and respect were embedded into staff's everyday practice.
- People in some instances had accessed independent advocates to support them in making decisions about their care and support. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.
- We observed lots of high-quality interactions between people using the service and staff, which evidenced a positive and inclusive environment based on mutual trust, respect and warmth.
- People were fully involved in the development and review of their support plans, which included the setting of goals. Staff worked with people to fully explore their potential by accessing external resources and developing links within the local community.
- Family members spoke of their relatives and their involvement in the development and reviewing of support plans, and how staff responded to ideas and suggestions. A family member told us, "[Relative] and me, [registered manager] discussed the support plan, and they listened to what I had to say, and took all the information on board."

Respecting and promoting people's privacy, dignity and independence

- People's individuality, and diversity continued to be celebrated, respected and recognised by staff. Staff worked with enthusiasm and commitment to provide people with the skills and opportunities to maximise their potential and independence.
- People's success was celebrated, and family members spoke favourably of the positive impact moving to Church View had had on their relative's confidence and skills. One family member told us, how since moving to the home their relative had begun to go out, sometimes more than once in one day, which previously they had been unable to do due to their high level of anxiety.
- People were encouraged to maintain and develop contact with family members and friends. A family member spoke of the warmth and homely atmosphere, at Church View. They said that when they returned to the home with their relative, both the other residents and staff warmly greeted them and their relative at the front door, asking their relative what they had done over the weekend and whether they had had a good time. They said, "For [relative] it really is returning home."
- Information about dignity was available in easy read format on the notice board. People fully understood the principles of dignity and respect for each other. For example, one person in the resident meeting made a point of ensuring another person had the opportunity to speak and share their views.
- People throughout our inspection, offered and made us drinks. They very much saw Church View as their home, and as visitors offered us hospitality and welcomed us into their home.
- Staff clearly considered Church View as the resident's home and respected this both in actions as well as in word. For example, when the registered manager arrived at work, they rang the doorbell, and waited for someone to let them in.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has deteriorated to good. 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's support continued to be extremely personalised and responsive, staff were committed to enabling people to maximise their potential, and achieve the best possible outcomes for themselves. This was achieved by staff working in partnership with people.
- People spoke with enthusiasm to us about their achievements, which included attending college and voluntary work, and how this had given them confidence to plan for the future, and think about other opportunities.
- People's support plans were highly person centred and focused on maximising people's potential, encouraging independence and to lead a full a life as possible and gaining experiences. A family member told us, "[Relative] does more than previously, he's enrolled on a cookery course, has visited Loughborough and Nottingham by train. Cycles in Victoria Park and is taking part in craft work. I know it's not long that he's been there, but I really do think it's a wonderful place."
- People were encouraged to develop and maintain relationships. One person shared with us details of their personal relationships, and how staff provided guidance about planning for the future.

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

- People's individuality was fully understood by staff, who used their knowledge of people to suggest potential activities and ideas for them to explore. For example, encouraging people to engage in college courses in a range of subjects. One person told us their keyworker was exploring venues where they could weight train.
- People were encouraged and supported to participate in local events and social gatherings. One person told us they went to Church each week, whilst a second person spoke about visiting their family members for the weekend, and told us how they went on holiday with their family as well.
- People at the resident meeting shared ideas for day trips, and throughout our visit people shared with us a range of ideas for holidays, which included trips overseas to a number of different locations.
- People used a range of hand-held devices, including mobile phones and tablets to listen to music, watch films and to contact people to maintain important relationships.

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.

- People's communication needs were fully reflected within their support plan, and was central to the success of positive behaviour support, as staff had to be aware of people's body language, and gestures as well as verbal communication to identify potential indicators of anxiety.
- Key information was available in easy read, which included peoples records and key policies and procedures for example, safeguarding and the action to take in the event of a fire.
- Staff were in the process of taking photographs to support a person's communication, this was confirmed by a family member.

Improving care quality in response to complaints or concerns

- People had confidence that any concerns they had would be dealt with, and it was evident that people had developed trusting and supportive relationships with staff. People told us if they were worried about anything they would talk to their keyworker, people were able to name the registered manager and their keyworker.
- People's concerns and the action taken had been documented. Concerns raised by people included one person saying they were too hot at night, the action taken was the purchasing of a fan for the person's bedroom. A second person said they were cold during the night, the action taken was the purchasing of additional bedding.

Is the service well-led?

Our findings

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 outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- Effective systems were used for people to feedback on all aspects of the service they received. This was achieved through regular resident meetings, people's individual meetings with their key worker to review their risk assessments and support plans, their participation in reviews with commissioners and daily interactions with staff.
- Effective systems were used for people to feedback on their personal circumstances. This was achieved through one to one meetings with their keyworker. These meetings were used to review their support plan, and review their agreed goals and aspirations, and to set new challenges for themselves.
- People were involved in meetings with commissioners, supported by staff and in some instances family members, to review their overall care needs to ensure the support being provided by staff at Church View continued to meet their needs.
- People were encouraged to actively participate in residents' meetings, where people's views about the issues which affected them as a group were discussed, which included day trips, menu planning and the importance of respecting people.
- The registered manager had an open-door policy and throughout the day people spent time in the office, sitting, talking and joking with the registered manager, and talking with them about day to day issues, and about topics and issues that were important to them.
- Family members spoke very positively of the registered manager, their approach towards their relative, and the knowledge and understanding demonstrated. One family member told us, "[Registered manager] is very approachable, and fully understands [relatives]. [Registered manager] speaks with my relative as an adult and provides them with information and the potential consequences about any decisions my [relative] makes, both the positive and negative."

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

- People continued to be at the heart of the service, with staff ensuring people resided in a home which was empowering, promoting rights and choices, celebrating individuality and by the nurturing of a warm and friendly environment for people to excel and be comfortable with.
- Staff fully embraced and understood their role as enablers, providing a safe and supportive environment. This had included the provision of ongoing support and encouragement to enable three people to enhance independent living skills. This had enabled them to move out of Church View into a supported living environment.

- Family members highly praised the registered manager and staff for their approach towards their relatives. One family member said, "Staff stretch [resident] to develop skills, so that they work out of their comfort zone."
- People and staff were involved and consulted about accidents and incidents, and were involved in reviewing and developing risk assessments and support plans to ensure they were safe, without restricting people's development and independence.

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 understood, and acted on, their duty of candour responsibility.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns were not acted upon.

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

- Governance continued to be embedded into the running of the service. There was a strong framework of accountability to monitor performance and risk. Performance managed processes were effective and reflected good practice. The registered manager submitted a monthly report to the nominated individual. (the nominated individual is responsible for supervising the management of the service on behalf of the provider). This meant the service was able to identify areas for continued development.
- The nominated individual had a key role in the governance of the service. They regularly met, supervised and appraised the registered manager, and independently undertook audits to ensure the service was delivering high quality outcomes for people. The registered manager's appraisals were directly linked to the goals for development of the service.
- Regular audits, in a range of topics which included health and safety, medicine management, and records relating to staff and people were regularly checked. These audits underpinned the governance of the service, and were undertaken by staff and the registered manager, and were kept under review and monitored.

Continuous learning and improving care; Working in partnership with others

- The registered manager within their appraisal had identified opportunities for further professional development, which were linked to the development of the service, and the setting of achievable goals.
- The provider promoted continuous learning and development through regular staff meetings, and the regular supervision and appraisal of the registered manager and staff.
 - Team meetings and staff supervisions were used to reflect on incidents, and update staff with key organisational changes. They provided a forum for staff to share information about people to improve people's quality of care.
- The registered manager and staff worked collaboratively with health and social care professionals, and commissioners of services to achieve the best outcomes for people.