

Quality Care (EM) Limited

Derwent View

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 8 November 2016 and was unannounced. At our previous inspection during May 2014 the provider was meeting all the regulations we checked.

Derwent View provides residential care for up to 19 people with Learning disabilities and autism spectrum disorders. People lived in small groups according to their needs. There were three bungalows comprising of six bedded residential units. The bungalows were named Meden, Trent and Dove. There was also a ground floor flat which accommodated one person. The service was providing support for 19 people at the time of our inspection.

There was a registered manager in post. 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.

People told us they felt safe with the care provided by staff. Staff we spoke with understood their responsibility in protecting people from the risk of harm. Recruitment procedures ensured suitable staff were employed to work with people who used the service. Staff told us they had received training and an induction that had helped them to understand and support people.

Risk assessments and care plans had been developed where possible with the involvement of people and their representatives. Staff had the relevant information on how to minimise identified risks to ensure people were supported in a safe way. People received their medicines as prescribed and safe systems were in place to manage people's medicines.

The provider understood their responsibility to comply with the requirements of the Mental Capacity Act (MCA) 2005. Some people were subject to restrictions and the provider had identified where their support needed to be reviewed. This provided assurance the principles of the MCA 2005 were followed.

People received appropriate support to manage their dietary needs. This was done in a way that met with their needs and choices. People were referred to health professionals when required to maintain their health and wellbeing.

Staff supported people in a caring way and respected their privacy and supported them to maintain their dignity. The delivery of care was tailored to meet people's individual needs and preferences.

We saw staff positively engaging with people who used the service. People were supported to maintain relationships which were important to them. People were able to access local community facilities such as visiting the cinema and supported by staff to pursue their individual hobbies and interests.

The provider's complaints policy and procedure were accessible to people who used the service and their representatives.

There were processes in place for people and their relatives to express their views and opinions about the service provided. There were systems in place to monitor the quality of the service to enable the manager and provider to drive improvement.

Staff felt supported by the management team. The registered manager was viewed as being approachable and involved in the day to day management of the service. The leadership and management of the service and its governance systems ensured consistency in the care being provided.

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.

People were supported by staff who knew how to recognise signs of abuse or harm, and how to act on these. People's freedom was encouraged whilst ensuring their safety. People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Policies and procedures were in place to support the principles of the Mental Capacity Act 2005. People enjoyed their meals and received sufficient nutrition. People were referred to the relevant health care professionals when required, which promoted their health and wellbeing. Staff were trained to meet people's needs effectively.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff. People and their relatives were involved in planning for their care. People's independence was promoted and respected. People were treated with dignity and respect and they had their right to privacy recognised by staff.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care from staff who knew each person, about their life and what mattered to them. People were encouraged to socialise, pursue their interests and hobbies. The provider's complaints policy and procedure was accessible to people who lived at the home and their relatives.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager in post, who had an open and inclusive management style. People and their representatives found staff were approachable and helpful. People and their representatives were encouraged to give their views about the service.

Derwent View

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 November 2016 and was unannounced.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning we reviewed the information in the PIR. We also reviewed the information we held about the service, which included notifications. Notifications are changes, events or incidents that the registered provider must inform CQC about.

We spoke with four people who used the service and one relative. We also spoke with another person's relative via telephone. We spoke with the registered manager, the registered provider, three team leaders and two support workers.

We reviewed records which included three people's care records to see how their care and treatment was planned and delivered. We reviewed two staff employment records and other records which related to the management of the service such as quality assurance, staff training records and policies and procedures.

Is the service safe?

Our findings

We asked people who used the service, if they felt safe as a result of the support they received. Not all of the people we spoke with were fully able to communicate their views to us. Two people were able to tell us they felt safe at Derwent View. Relatives felt confident people were safe and well looked after at Derwent View. One person's relative said, "I had no worries whatsoever about leaving [name], the staff here are fantastic." We saw people appeared to be relaxed in the presence of care staff.

Staff we spoke with understood their responsibilities to keep people safe and protect them from harm. They told us what actions they would take if they had concerns for the safety of people who used the service. Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. We saw that staff had undertaken training to support their knowledge and understanding of how to keep people safe. Staff told us if they had any concerns they would raise these with the registered manager or registered provider. We saw there had been incidents around safeguarding; the provider had taken action to address these. These incidents had been reported by the provider to the relevant agencies. This showed that people who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

In the interactions we observed between staff and people using the service, we saw that the staff were attentive regarding people's safety. All the communal areas were free from any hazards, so that people could move around safely. A member of staff moved a laundry basket to one side to ensure safe access was maintained for people. We also saw a person became anxious as they were not familiar with the inspection team. Staff were heard reassuring this person and in order to reduce the person's anxiety we left the bungalow.

We looked at how specific risks to individuals who used the service were managed. We saw that there were individual risk assessments in place in relation to areas such as eating and drinking and travelling in a car. The assessments included the actions needed to reduce risks. For example a seating plan was in place when a person was travelling in a car, to help reduce any altercation with other people in the car. Staff told us they found risk assessments were informative and provided them with appropriate guidance to support people safely. Staff we spoke with were aware of people's individual's risks. We were told a person accessed the local community independently in order to ensure their safety they informed staff when they went out and when they would return.

People's behavioural support plans included personalised information about any triggers for behaviours that challenged staff and anxiety experienced by people. For example staff used distraction techniques when a person became anxious, such as redirecting the person to another activity. Staff told us they had skills and confidence in managing any behaviours that challenged the service. They also told us they had completed training in this area. This helped to keep people safe.

We saw that plans were in place to respond to emergencies. People had individual personal evacuation plans in place in the event of a fire or any other incident which required the service to be evacuated. This

was to help ensure people received the appropriate level of support in an emergency to keep them safe.

During the inspection visit we observed that there were sufficient staff available to support people at the service and to access community facilities. The registered manager told us that staffing levels were determined according to the needs of each person and the activity they were undertaking. The registered manager told us to ensure continuity of care they did not use agency staff. To accommodate for unexpected absence's the registered manager told us that existing staff worked additional hours. Staff we spoke with confirmed and felt that staffing levels were sufficient to meet people's needs.

The provider had effective recruitment processes. At the inspection we saw the provider had clear recruitment and disciplinary processes in place. Staff we spoke with told us that recruitment processes were thorough and that all the required pre-employment checks were completed prior to them commencing employment. Recruitment records we looked at had the required documentation in place. This included checking staff with the Disclosure and Barring Service (DBS) and proof of identification. The DBS check supports employers to make safer recruitment decisions and prevents unsuitable people from working with people using the service. This meant the provider checked staff's suitability to work with people at the service before they started work.

We looked at how staff supported people to take their medicines. People's medicines were managed safely. We saw people were supported by staff trained to administer medicines. We looked at the medicine administration records which had been completed accurately. People's medicines were stored securely. This ensured that a clear audit trail was in place to monitor when people had taken their prescribed medicines.

People were cared for in a clean environment. Staff had suitable housekeeping cleaning materials and equipment. We saw staff washed their hands before and after providing personal care. They also used personal protective equipment such as aprons and gloves.

Is the service effective?

Our findings

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. The registered manager told us that staff completed the care certificate during their induction period. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. A staff member confirmed they had completed the care certificate and felt the induction was informative and useful. We saw that staff had completed training in a range of courses relevant to their role. Staff felt that they had the necessary skills and training to meet people's needs and promote their wellbeing and independence. One member of staff told us, "The training provided is fantastic." Another member of staff said, "The training has been really very good, it's made me confident in my role. I have completed training in areas such as learning disabilities and autism."

There was a system in place for supporting and supervising staff. Staff told us they felt supported by the registered manager and the team leaders. Staff confirmed they received regular supervision. Supervisions are regular meetings with a manager to discuss any issues and receive feedback on a member of staff's performance. Staff told us they were supported by the registered manager and team leaders. A staff member said, "I have supervision with the team leader. It is a chance for the team leader to tell you how you are getting on and an opportunity for me to discuss anything such as training." Another staff member told us the staff worked well together and were supportive.

Relatives we spoke with felt that staff effectively met their family member's needs. They told us they had been actively involved in decision making relating to their family members care needs. Also changes in their family members health needs were brought to their attention.

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 people lack mental capacity to take particular decisions, any decisions 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager confirmed two people they supported lacked capacity to make their own decisions. We saw that where people lacked capacity, assessments were in place that identified people's capacity to make decisions. Most staff we spoke with told us they had received training on the MCA. One member of staff told us they were waiting to attend training in this area. Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions. We saw staff gained people's verbal consent before assisting them with any care tasks and supported people to make decisions, such as making choices of food and drink and participating in activities. This demonstrated staff respected people's rights to make their own decisions when possible.

Some people living at the service were assessed as being deprived of their liberty. At the time of our

inspection six people had DoLS authorisations that had been approved. A DoLS provides a process by which a provider must seek authorisation to restrict a person's freedoms for the purposes of their care and treatment.

We looked at how people were supported with eating and drinking and how a balanced diet was maintained. People were supported to maintain their nutritional health and were supported to follow a healthy balanced diet. We saw information in people's care plans regarding support they required during meal times, such as cutting food into bite sized pieces. We observed people and staff during the lunchtime meal and saw that people were supported to eat and drink where necessary. Staff told us they supported people to eat healthily. We saw in one person's care plan that their weight was monitored as it fluctuated, which staff were aware of. This showed people were supported to eat healthy meals and to maintain a diet that effectively met their needs.

People's health care needs were documented as part of their care plan. Health care plans were in place regarding the level of support people required to attend appointments, such as dentist, chiropodist and doctors. We saw external health and social care professionals were involved in people's care and people saw a range of other health professionals as appropriate. Staff we spoke with understood people's specific health care needs. Staff confirmed that if they had any concerns about people's health they would inform the registered manager or a team leader. People had 'Hospital Passports' in place. These documents provided hospital staff with important information such as the person's communication needs, physical and mental health needs and routines. This demonstrated people received effective care and support for their health and care needs.

Is the service caring?

Our findings

Relatives spoke positively about the care and compassion of the staff. One relative said "The staff are wonderful, they really go out of their way to try to and understand why [name] may behave a certain way."

There was a relaxed atmosphere across the service. We observed a positive and caring relationship between people who used the service and staff. The staff were kind and caring towards people. A staff member said, "People are given the best care possible." Our observations showed staff were patient and listened attentively to what people had to say.

Staff knew people's individual communication skills, abilities and preferences. They used a variety of methods to communicate effectively with people, this included using simplified sign language and gestures. Communication boards were also used for people who had limited verbal communication. Communication boards contain pictures and symbols which allow individuals with limited or no verbal communication skills to point to the pictures to express themselves. For example a person used the board to tell us they were going out for a walk, they pointed at shoes and people outside. We heard staff call people by their preferred names.

Staff we spoke with had a good understanding of people's needs and were able to tell us how they cared for people in a dignified way. They were able to describe to us how they respected people's privacy and dignity when providing personal care to them. A staff member said, "It's very important to respect people's privacy and dignity. We always take people to their bedroom or bathroom when they require any level of personal care."

Staff understood people's needs and treated people with respect and in a kind and caring way. Staff told us that they supported people to maintain as much independence as possible. One person told us about going to the local shops independently. In one of the bungalows we saw a person making a sandwich, whilst a member of staff observed them. The member of staff intervened when the person indicated that the piece of cheese was too large for the sandwich. We saw staff taking an interest in people's well-being by the way they spoke with people about their support. We heard staff checking what people's choices and preferences were in a way that was positive and promoted independence.

The registered manager told us depending on people's individual needs and where they could assist safely they were involved in household chores. One person we spoke with told us they did their own washing. When we arrived at the service, we saw some people being supported by staff taking their washing to the laundry room. We were told by the registered manager that a person enjoyed dusting and staff supported them with this. This showed that people viewed Derwent View as their home and were involved in the day to day running of it.

Care plans were written to promote people's independence, privacy and dignity. There was clear information about the person in their support plan regarding what they liked and how best to support them. Care plans contained information such as behaviour support, communication preferences and people's life

history. A relative told us they were kept informed of any changes to their family members care needs.

The registered manager told us that advocacy services were available to support people in the decision making process. Advocacy is about enabling people who have difficulty speaking out to speak up and make their own, informed, independent choices about decisions that affect their lives. Where an assessment identified a person did not have capacity to make a decision an advocate was appointed to ensure any decisions made were in the person's best interest. This meant that the people were being supported in making decisions about their care when they required support to do so.

The PIR stated people had extensive involvement with their families. We saw people were supported to maintain relationships which were important to them. During the inspection visit a person had staff support to visit a family member. A relative said, "Other family members love to come and see [name]." Information in people's care plans demonstrated that people were supported to maintain contact with their family and friends, which included visits and telephone calls. This showed that people were supported to maintain contact with people who were important to them.

People's bedrooms were personalised and decorated to their own preference. People had photographs and memorabilia in their rooms which were important to them. For example one person had photographs of all the staff that supported them, providing them with the reassurance the staff were still at the service.

Is the service responsive?

Our findings

The service was responsive to people's individual interests and preferences. People were supported to pursue hobbies and interests they enjoyed and accessed the local community. People told us about their interests and hobbies and what they enjoyed doing. One person told us they liked aeroplanes and how staff had taken them to the airport to watch aeroplanes. Another person showed us their dance certificates and danced with staff. Staff told us people were taken out to go shopping, for walks and for lunch on a regular basis. During the inspection visit we observed people being supported in the community, for example one person went to the city centre with staff and another person was supported to visit their family member. The registered manager told us they also supported people to go on annual holidays, which they arranged in consultation with people.

A relative told us how they had not been able to visit their family member. They told us staff had responded to this situation by driving their family member to visit them. The relative also told us during the festive season staff took them and their family member out.

The PIR sent to us by the provider before our inspection visit confirmed that people using the service had personalised care plans in place. People's care records showed that pre admission assessments had been completed before they used the service. This had been done by gathering information from people, relatives and other professionals. Care plans were person centred and individualised. Areas of need had been identified and associated risk assessments carried out. Staff we spoke with were knowledgeable about people's needs, preferences and routines. They were able to describe to us how they met people's care needs. Care plans were regularly reviewed and updated to ensure they remained person-centred and accurately reflected any changes to the individual's needs. This showed that the support people received was personalised to meet their individual care needs.

Staff told us a handover took place at the start of each shift, so staff could be updated about people's needs and if any changes in their care had been identified. Staff felt this gave them an opportunity to share significant information about people's needs with the staff coming on shift. This ensured staff were kept informed of any changes in people's needs and the support they required.

The provider had systems in place for handling and managing complaints. The registered manager told us they had not received any complaints in the last 12 months. Staff we spoke with knew how to respond to complaints. They told us if anyone raised a concern with them, they would share this with the registered manager or the team leaders. We saw there was a copy of the complaints procedure on display at the service. The procedure did not contain details of the Local Government Ombudsman (LGO) where the complainant could escalate their complaint if in an event they were dissatisfied with the outcome of their complaint by the provider. We discussed this with the registered manager who told us they would update the complaints procedure to contain the details of the LGO.

The service also collated compliments and thank you cards when received from relatives and family members. A thank you card from a relative read, "The staff are like family to us."

Is the service well-led?

Our findings

Relatives we spoke with felt the service was well managed. A relative said, "It's fantastic I would not fault the service in any way." It is always clean and doesn't smell."

The registered manager had been in post since 2012. This demonstrated that there had been consistency in the management of the service. The registered manager was supported by the team leaders, care staff and the registered person. Staff told us there was effective communication between management and staff. This demonstrated there were clear lines of accountability and communication.

The management team and staff team were knowledgeable about the needs of the people who used the service. Staff felt the registered manager was approachable and understanding. Staff we spoke with demonstrated that they understood their roles and responsibilities well. They told us the registered manager was supportive. One staff member said, "The service is well managed. The communication with the manager and team leaders is very good." Another member of staff told us, "The manager is very approachable, always on hand to help out." Staff spoke positively of working at the service and with other staff. A staff member said, "It's a wonderful service, which I would recommend." This showed that the provider encouraged an open and approachable leadership style that valued and motivated staff.

Staff told us they were confident to report any concerns they may have about people's care. They were aware of the provider's whistle-blowing (WB) policy. The whistle-blowing procedure informs staff of the actions they should take if they had concerns about the welfare of any of the people who used the service. A staff member said, "I am aware of the providers WB policy and would feel confident in escalating any concerns."

We saw the provider had a range of quality monitoring arrangements in place, to monitor the quality of the service and drive improvement. These included audits such as people's care records, staffing, staff files and medicines. For example the registered manager audited the staffing ratio and recruited two additional staff. The registered person carried out an audit during May 2016. The views of people at the service, their relatives, external professionals and the views of the staff team were obtained. The outcome of the audit was positive. Where improvements were recognised the registered person put together an action plan, such as rearranging the medicines cupboards and ensuring that all portable appliance testing (PAT) had been completed. At this inspection visit we saw that PAT had been completed. The registered manager told us they had addressed all areas which required action.

The daily shift handover also included checks such as ensuring there were no gaps on the medication records, that daily logs were completed and the petty cash balanced. However we found that one medicine that had been dropped by staff was not recorded to account for the discrepancy in the medicine amount. This was not in line with the provider's policy regarding the handling of medicines, which stated all discrepancies needed to be recorded. We discussed this with the team leader who told us action would be taken to address this.

Accidents and incidents were monitored so any themes or trends could be identified and steps taken to reduce risks. During the inspection visit a positive behaviour management audit was taking place by the provider's representative. The registered manager told us the purpose of the audit was to carry out a spot check on any intervention used by staff, which needed to reflect what was specified on the care plan. This ensured staff were following guidance and instructions to safely support a person.

The registered manager told us the service was undergoing a program of refurbishment. We saw new kitchens had been fitted in the bungalows. Staff were positive about the program to refurbish peoples' bedrooms and the en-suite facilities. Staff were very keen to tell us that a person had selected the wallpaper for their bedroom, as they encouraged people to select the colours etc.

The service also published quarterly newsletter for people using the service, their families and staff. Informing people of any forthcoming events such as birthdays and staffing updates. The provider also sent out surveys to people who used the service and their representatives. For example the last survey showed that peoples representatives did not all have information on making complaints, the registered manager confirmed this was sent out.

Records and discussions with staff demonstrated regular staff meetings were held, to ensure they were kept up to date and involved in the development of the service. Staff we spoke with confirmed these were useful and were able to reflect on practice issues. A staff member said, "We have regular staff meetings we can share ideas on how to support people."

The registered manager told us they had links with community groups in the area such as local day centres and colleges. They also maintained professional contacts with relevant agencies such as the local authority, specialist health services and local medical centres. This showed the provider welcomed feedback and demonstrated a willingness to co-operate with other professionals.

The provider was clear about their responsibility in notifying the CQC of the incidents that the provider was required by law to tell us about, such as any restrictions and allegations. We received notifications from the registered manager in a timely manner and they responded to our requests for additional information when required.

People's care records were kept securely and confidentially, which ensured they were not accessible to unauthorised individuals.