

Bexley Independent Living Services Limited

Mountview

Inspection report

118 Upton Road
Bexleyheath
Kent
DA6 8LX
Tel: 02083060269

Date of inspection visit: 21 December 2015
Date of publication: 27/01/2016

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 21 December 2015 and was unannounced. At our previous inspection in November 2013, we found the provider was meeting the regulations in relation to the outcomes we inspected. Mountview is a small residential care home that accommodates up to eight people with learning and physical disabilities.

There were appropriate policies and procedures in place that ensured people were kept safe from harm. Staff received training in safeguarding adults and was aware of the potential types of abuse that could occur and the actions they should take if they had any concerns.

Incidents and accidents involving the safety of people using the service were recorded and acted upon and there were arrangements in place to manage foreseeable emergencies. Assessments were conducted to assess levels of risk to people's physical and mental health and care plans contained guidance for staff that would protect people from harm by minimising risks.

There were sufficient numbers of staff on duty to ensure people were kept safe and their needs were met in a timely manner. There were safe recruitment practices in place and appropriate recruitment checks were

Summary of findings

conducted before staff started work so that people were cared for and supported by staff that were suitable for their role. Medicines were stored, managed and administered safely.

People were supported by staff that had appropriate skills and knowledge to meet their needs. Staff were supported through regular supervision, appraisals of their performance and by receiving appropriate training.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

People were supported to eat and drink suitable healthy foods and sufficient amounts to meet their needs and ensure well-being. People were supported to maintain good physical and mental health and had access to health and social care professionals when required.

Staff spoke with people in a friendly and respectful manner and care plans contained guidance for staff on how best to communicate with people. People were supported to maintain relationships with relatives and friends. People were provided with appropriate information that met their needs and were supported to understand the care and support choices available to them.

People received care and treatment in accordance with their identified needs and wishes. Care plans detailed people's physical and mental health care needs, risks and preferences and demonstrated people's involvement in the assessment and care planning process.

People's diverse needs, independence and human rights were supported, promoted and respected. People were supported to seek employment, education and to engage in a range of activities that met their needs and reflected their interests. People and relatives told us they knew who to speak with if they had any concerns.

There was registered manager in place. 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. There were systems in place to evaluate and monitor the quality of the service provided. The provider took account of the views of people using the service through annual resident surveys.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were safeguarding policies and procedures in place that ensured people were kept safe from harm.

Incidents and accidents involving the safety of people using the service were recorded and acted upon and there were arrangements in place to deal with foreseeable emergencies.

Assessments were conducted to assess levels of risk to people's physical and mental health.

There were sufficient numbers of staff on duty to ensure people were kept safe and there were safe recruitment practices in place.

Medicines were stored, managed and administered safely.

Good



Is the service effective?

The service was effective.

Staff were supported through regular supervision, appraisals of their performance and by receiving appropriate training.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

People were supported to eat and drink suitable healthy foods and sufficient amounts to meet their needs and ensure well-being.

People were supported to maintain good physical and mental health and had access to health and social care professionals when required.

Good



Is the service caring?

The service was caring.

Staff spoke with people in a friendly and respectful manner and care plans contained guidance for staff on how best to communicate with people.

People were supported to maintain relationships with relatives and friends. People were provided with appropriate information that met their needs and were supported to understand the care and support choices available to them.

Good



Is the service responsive?

The service was responsive.

People received care and treatment in accordance with their identified needs and wishes.

Care plans detailed people's physical and mental health care needs, risks and preferences and demonstrated people's involvement in the assessment and care planning process.

Good



Summary of findings

People's diverse needs, independence and human rights were supported, promoted and respected.

People were supported to seek employment, education and to engage in a range of activities that met their needs and reflected their interests.

People and relatives told us they knew who to speak with if they had any concerns.

Is the service well-led?

The service was well-led.

There was a registered manager in post and they were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2008.

There were systems in place to evaluate and monitor the quality of the service provided.

The provider took account of the views of people using the service through annual resident surveys.

Good



Mountview

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 is 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.

The inspection was carried out by an inspector and a specialist advisor on 21 December 2015 and was unannounced. There were six people using the service on the day of our inspection. Prior to the inspection we reviewed the information we held about the service and

the provider. This included notifications received from the provider about deaths, accidents and safeguarding concerns. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for monitoring the quality of the service to seek their views. We used this information to help inform our inspection.

We spoke with three people using the service, one visiting relative and three members of staff including the registered manager. We spent time observing the care and support provided to people, looked at three people's care plans and records, three staff files and records relating to the management of the service.

Is the service safe?

Our findings

People who were able to talk to us told us that they felt safe living in the home and staff were kind and caring. One person told us, “The staff are great and I like them very much.” Another person said, “I feel very safe. They [staff] are kind.” Other people who were unable to talk to us appeared safe, well and relaxed in the company of staff and other people using the service.

There were up to date safeguarding adult’s policies and procedures in place to protect people from possible harm. We saw there was a copy of the “London Multi Agencies Procedures on Safeguarding Adults from Abuse” for staff reference and the local authorities safeguarding procedure. Contact information for the local authority safeguarding teams was displayed in the staff office for staff use if required. There was information displayed within the home for people to access about safeguarding issues and who to contact if people had any concerns including an easy read version to meet people’s needs. We saw that safeguarding information was also contained within people’s care plans for their reference.

Staff received appropriate training in safeguarding adults and was aware of the potential types of abuse that could occur and the actions they should take if they had any concerns. Staff demonstrated that they were aware of the signs of possible abuse and knew what action to take, should they have concerns that someone was at risk. Staff told us that they felt confident in reporting any suspicions they might have and were also aware of the provider’s whistle-blowing procedure and how to use it.

Incidents and accidents involving the safety of people using the service were recorded and acted upon appropriately. We saw evidence to show that staff had correctly identified concerns and took appropriate actions to address concerns, therefore minimising further risk of possible harm. Where appropriate, accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals when required.

There were arrangements in place to deal with foreseeable emergencies and people had individualised evacuation plans in place which detailed the support they required to evacuate the home in the event of a fire. Staff we spoke with knew what to do in the event of a fire and who to contact. Staff told us that all staff had received fire safety

training and records we looked at confirmed this. There were systems in place to monitor the safety of the premises and equipment used within the home. We saw equipment was routinely serviced and maintained and regular routine maintenance and safety checks were carried out on gas and electrical appliances. The home environment was clean, free from odours and was appropriately maintained.

Appropriate arrangements were in place to monitor and reduce risks. Assessments were conducted to assess levels of risk to people’s physical and mental health and care plans contained guidance to provide staff with information that would protect people from harm by minimising risks. Risk assessments were detailed and responsive to individual’s needs. For example one person had a risk assessment in place for their seating position when sitting on the lounge sofa. There was a detailed risk assessment in their care plan which directed staff on how the person should be transferred and guidance for staff on their correct posture when seated to prevent the risk of falling. Another care plan contained a risk assessment for managing a person’s medical condition which informed staff on the signs of concern, the recovery period and directed staff on the actions to take in an emergency. There was also a document to record actions taken by staff and any medical attention sought.

During our inspection we observed there were sufficient numbers of staff on duty to ensure people were kept safe and their needs were met in a timely manner. Staff confirmed that there were enough staff rostered on duty to ensure people were safe and staffing rota’s we looked at confirmed this. Staff told us that staffing levels were managed according to people’s needs and if people required extra support for arranged activities or events additional staff cover was sought.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work so that people were cared for and supported by staff that were suitable for their role. Staff told us that pre-employment checks were carried out before they started work and records we looked at confirmed checks were conducted such as employment references, job applications, fitness to work, proof of identification and criminal records checks.

Medicines were managed and administered safely. People’s medicines were stored and administered to people using a monitored dosage system supplied by a local pharmacist.

Is the service safe?

This ensured that people received their medicines at appropriate times and to help reduce the risk of errors. We looked at the medicines folder which was easy to follow and included individual medicine administration records (MAR) for each person using the service. All MAR's we looked at had been completed correctly with no omissions recorded. We found people's photographs, guidance for staff on how people took their medicines and people's known allergies were also recorded on MAR's to ensure safe administration. The medicines folder also included the names, signatures and initials of those staff that were trained to administer medicines. Training records confirmed that staff had received appropriate medicines training.

Medicines were kept and stored securely. Medicines were locked in a secure medicine trolley located in the staff office. Medicines that required refrigeration were stored

appropriately in a locked refrigerator. We noted all medicines were in date and daily recordings of the refrigerator's temperature had been taken and logged by staff to ensure medicines were fit for use. There were safe systems for storing, administering and monitoring of controlled drugs and arrangements were in place for their use. These were recorded in a register and stored in a secure controlled drugs cupboard. Medicines were disposed of appropriately and a returns book for unused medicines was kept. There was a comprehensive medicines policy in place which had been reviewed recently. This meant that staff had up to date information to assist them in carrying out their duties safely in regard to medicines and administration procedures. There were monthly medicines audits completed by the deputy manager to ensure all medicines procedures were followed correctly and safely.

Is the service effective?

Our findings

People were supported by staff that had appropriate skills and knowledge to meet their needs. One person told us, “They [staff] are very good at their jobs.” A visiting relative said, “Staff are all very good. They know how to do their jobs and they care for all the people very well.” Staff completed an induction when they started to work at the home. Staff told us they had an induction into the home which consisted of shadowing experienced members of staff as well as mandatory training including manual handling, infection control and health and safety. Certificates confirming staff’s completion of their induction period were retained on staff files.

Staff were supported through regular supervision and appraisals of their performance and records we looked at confirmed this. Supervision sessions covered areas such as staff training needs, service user’s care and welfare, staff performance and any other individual issues. Supervision records showed that both parties had agreed the content and supervision was provided every two months. Staff said they felt well supported to carry out their roles. One staff member told us, “We are a small team and work together really well. The manager is also very supportive.”

Staff told us they received regular training appropriate to their roles and to meet the needs of people using the service. One staff member told us “The training is very good and appropriate to the people we support.” There was a range of mandatory training provided that was regularly refreshed to ensure staff were up to date with best practice. Mandatory training included areas such as moving and handling, mental capacity, safeguarding and first aid. Other specialist training areas included epilepsy, pressure ulcers, challenging break away techniques and diabetes. Staff also had the opportunity to complete accredited qualifications such as national vocational qualifications in health and social care. The deputy manager told us they had also been provided with specialist training such as qualifications in learning disabilities, team building training and communication.

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.

Staff demonstrated good knowledge and understanding of the MCA and the Deprivation of Liberty Safeguards (DoLS) including people’s right to make informed decisions independently but where necessary to act in someone’s best interests. Staff understood the importance of seeking consent before they offered support and when supporting people who could not verbally communicate, staff looked for signs from people’s body language and behaviour to confirm they were happy with the support being offered. Records confirmed that staff had received training on the MCA and DoLS. The registered manager and deputy manager understood the process for requesting a DoLS authorisation and we saw appropriate referrals had been made, and authorisations were in place to ensure people’s freedom was not unduly restricted.

People were supported to eat and drink suitable healthy foods and sufficient amounts to meet their needs and ensure their well-being. People spoke positively about the food. One person told us, “I love the dinners we have.” Another person said, “We can choose what we want and the staff cook it for us.” On the day of our inspection we observed that staff were preparing a Christmas roast dinner for people when they came back from attending their activity clubs. One staff member told us, “We all decided to cook the Christmas dinner today as this is the last day that everyone will be together before Christmas. Some people spend the holiday period with family and friends.” We observed that the dining table was decoratively laid with Christmas crackers and gifts that people had wrapped to share with others.

Weekly menus were discussed and planned with people to ensure they took account of people’s preferences, dietary requirements and cultural needs and wishes. People were offered menu choices and we saw picture cards of various foods and menu options available for people who were unable to verbally express their choice and to aid comprehension. Staff were knowledgeable about people’s nutritional needs such as reduced sugar foods for people with diabetes, soft or moist diets to reduce the risk of choking and smaller plates to reduce portion sizes where people were at risk of increased weight.

Is the service effective?

People's care plans documented and monitored any risk relating to people's nutritional needs and health. Care plans documented guidance for staff on people's diet and nutrition which included weight records, Malnutrition Universal Screening Tool (MUST), known food allergies, food and fluid charts and diabetic nutritional records where appropriate. Peoples care plans demonstrated the provider worked closely with dietitians, nurses and speech and language therapists to ensure people received the appropriate care and support to meet their needs.

Recommendations and guidance made by visiting health professionals were recorded within people's care plans to ensure staff were aware of people's current needs and how to meet them accordingly.

People were supported to maintain good physical and mental health and had access to health and social care professionals when required. Care plans detailed the support people required to meet their physical and mental health needs and where concerns were noted we saw people were referred to appropriate health professionals as required.

Is the service caring?

Our findings

People and their relatives told us that staff treated them with kindness and consideration. One person said, “They [staff] are great.” Another person told us, “I like living here. They [staff] are nice.” A visiting relative spoke positively of the caring nature of the staff and how the home supported their loved one. They said, “They are very well cared for and always well presented. If there are any problems even the tiniest of things they are always addressed immediately by the staff. I am always made welcome by them and kept advised of any developments such as visits by health professionals or changes in their condition.”

Some people using the service were not able to verbally communicate their views to us about the service. We therefore observed the care and support being provided. Staff were familiar with people using the service and knew how best to support them and how to approach them respectfully. We saw that staff had good knowledge of people’s behaviour and were able to communicate effectively for example when enquiring if they wanted a drink or if they wanted to participate in an activity. The atmosphere in the home was relaxed and friendly and staff took their time and gave people encouragement whilst supporting them with daily living tasks. We observed staff sitting with people engaged in meaningful conversations referring to the day’s news or events planned that evening, such as the Christmas meal and what activities people had taken part in that day.

We observed staff speaking with people in a friendly and respectful manner. Care plans contained guidance for staff on how best to communicate with people, including how people preferred to be addressed. For example one person’s care plan contained clear guidance for staff on the best methods for effective verbal and non-verbal communication such as the use of gestures and body language. We saw information displayed in the reception area on sign language and staff told us that they operated a ‘sign of the week’ to enhance staff’s ability to use sign language and promote effective communication. We noted

that clocks and calendars throughout the home were correct and these were a good aid to support people’s orientation. Staff were familiar with people using the service and knew how best to support them.

Staff told us how they promoted people’s privacy and ensured their dignity was respected. They explained that they knocked on people’s doors before entering their rooms, ensured doors and curtains were closed when offering support with personal care and made sure information about people was kept confidential. Discussions with staff demonstrated their commitment to meeting individuals’ preferences and recognising what was important to each person.

People were supported to maintain relationships with relatives and friends. One person said, “I see my family on a regular basis and it’s nice.” Care plans documented where appropriate that relatives were involved in their family members care and were invited to review meetings and any other relevant meetings or events held. One person’s care plan documented that they were supported by staff to visit a relative, who was unable to visit them, on a weekly basis using the home’s adapted vehicle. People and their relatives were also notified about any significant events or visits from health and social care professionals and these were recorded within people’s care plans. A relative told us they were free to visit the home whenever they wanted and they were always made welcome by the staff.

People were provided with appropriate information that met their needs and were supported to understand the care and support choices available to them. People were provided with appropriate information that met their needs and care plans and assessments were completed in a pictorial format to aid understanding and participation.

Staff were knowledgeable about people’s needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes. Staff told us that they received regular training in equality and diversity and demonstrated their knowledge of the topic by the work they did around promotion, inclusion and working with people’s abilities and not focussing on their disabilities.

Is the service responsive?

Our findings

People received care and treatment in accordance with their identified needs and wishes. Detailed assessments of people's needs were completed upon admission to ensure the home and environment could meet their needs safely and appropriately. Care plans provided guidance for staff about people's varied needs and behaviours and how best to support them. For example one care plan detailed how the person liked to be supported with personal care and the position they preferred to be supported to lie in when in bed. Another person's care plan documented how best staff should support the person with their behaviour and the use of positive reinforcement strategies. Health and social care professional's advice was recorded and included in people's care plans to ensure that their needs were met and contained guidance such as managing epilepsy. Care plans also recorded people's progress that was monitored by staff and as advised by health professionals.

Care plans detailed people's physical and mental health care needs, risks and preferences and demonstrated people's involvement in the assessment and care planning process. Where people were not able to be fully involved in the planning of their care, relatives and professionals, where appropriate, contributed to the planning of people's care. We saw that people's care needs had been identified from information gathered about them and consideration was given in relation to people's past history, preferences and choices. Care plans demonstrated people's care needs were regularly assessed and reviewed in line with the provider's policy. Daily records were kept by staff about people's day to day wellbeing and activities they participated in to ensure that people's planned care met their needs.

People's diverse needs, independence and human rights were supported, promoted and respected. People had access to specialist equipment that enabled greater

independence and promoted dignity whilst ensuring their physical and emotional needs were met. Care plans contained detailed guidance for staff on the use of specialist equipment and we saw equipment was subject to regular checks by staff and routine servicing when required.

People were supported to seek employment, education and to engage in a range of activities that met their needs and reflected their interests. The home had access to a vehicle that was owned by the provider and enabled people to go out with support from staff. People had individual pictorial activity programmes contained in their care plans which detailed their weekly schedules and activities. Activities included trips out for lunch, visits to family and friends, shopping trips, attending local community clubs and social events and visits to local attractions. Staff told us that people frequently took holidays of their choice and this was something they really enjoyed. We saw pictures in people's care plans of the holidays they had taken and activities they participated in.

People had the opportunity to discuss things that were important to them at resident meetings which were held on a six weekly basis. Minutes of meeting held showed details of the attendees and recorded issues discussed such as activities, menus and developments such as the refurbishment plan for the kitchen. We saw there was also a suggestion box in place providing people with the opportunity to feedback about the service or make any suggestions.

People and relatives told us they knew who to speak with if they had any concerns. There was a complaints policy and procedure in place which was on display for people and visitors to refer to. Complaints records showed that where appropriate action had been taken to address any reported concerns. The manager told us that all complaints made about the home were reviewed with staff which provided them with a learning exercise.

Is the service well-led?

Our findings

There were systems in place to evaluate and monitor the quality of the service provided. Staff spoke positively about the registered manager and the support they received to ensure the home was managed well. They told us that the registered manager promoted an open culture which encouraged feedback to help drive improvements. They said the registered manager was always available to them and helped them in meeting people's needs. During the inspection we observed positive team work within the staff group helping each other to ensure people's needs were met. Staff communication was good and we observed staff frequently discussing and sharing what they were doing and how they were preparing to support people upon their return from daily activities they had attended. Staff told us they enjoyed their job and thought the staff team worked well together. One member of staff said, "We are a small team, more like family. We all work well together and treat everyone equally." Another staff member said, "I feel listened to and there is nothing that I cannot say to the manager. If I make a suggestion, they listen and where possible these are actioned."

There was a registered manager in post and they knew the service and people's needs well. They were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2008. Notifications were submitted to the CQC as required and they demonstrated good knowledge of people's needs and the needs of the staff team. Daily staff handover meetings were held which provided staff with the opportunity to discuss people's daily needs and activities attended and any issues or concerns. There was also a daily communication book for staff reference which

documented people's daily needs such as their lunch requirements or any equipment that was needed. Staff team meetings were held on a quarterly basis and minutes of meetings held showed a good attendance from all staff. Meeting items for discussion included developments to the environment of the home, security, recycling, people's care needs and staff training.

There was a range of quality assurance and governance systems in place to monitor the quality of the service provided. The registered manager showed us audits and checks that were conducted in the home on a regular basis. These included environmental and maintenance, health and safety, care plans and records and administration of medicines amongst many others. Audits we looked at were up to date and records of actions taken to address any highlighted concerns were completed.

The provider took account of the views of people using the service through annual resident surveys. We looked at the results for the resident's survey that was conducted in August 2015. Responses were very positive with comments such as "I am very happy with the care my loved one receives", and "The staff are kind and caring." The survey covered all aspects of the service including staffing, cleanliness, repairs and attitudes. An analysis of the survey results was undertaken and highlighted areas that required improvement. We saw that where an area for improvement had been recommended an action plan was developed to ensure improvements were addressed. For example measures were put into place to ensure that people were notified promptly when dinner menus were changed. A staff survey had also been conducted in September 2015 which also showed positive comments. Areas covered in the staff survey included training, management support and staff meetings.