

Lifeways Community Care Limited

Trent View

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Trent View is a registered care home for adults with learning disabilities. At the time of our inspection the home was providing personal care to nine people. The service can support up to nine people.

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

People's risks were assessed and monitored and detailed in their care plan with guidance to support staff to help them meet their needs.

People were supported to have choice and control over how they spent their day and supported to do this by enough suitably recruited and trained staff that understood their needs. People were supported to have the medicines they needed to help maintain their health.

Staff understood how to raise any safeguarding concerns, and relatives told us they felt their family members were kept safe and were positive about the care provided.

The provider had infection and control procedures in place. Some areas of the home required refurbishment, however the Provider had plans in place to complete the required works.

Quality assurance systems were in place and we received positive feedback from people, staff and relatives about the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. This was a focussed inspection that considered risks to people and the monitoring of those risks. Based on our inspection of risk we found people had choice and independence in their lives and staff promoted and supported this through information in people's care plans and risk assessments. Care and support was person-centred and promoted people's dignity, privacy and human rights. Information was available in easy read and pictorial formats.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 20 February 2019)

Why we inspected

We received concerns in relation to the monitoring of people's risks, staffing and management. The overall rating for the service has not changed following this inspection and remains good.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Trent view on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Is the service well-led?

Good ●

The service was well-led.

Trent View

Detailed findings

Background to this inspection

The inspection

This was a focussed inspection to check on a specific concern we had about people's risks and the monitoring of them at another location under this provider.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Trent 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 did not have manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection the deputy manager was responsible for the day to day running of the service and a new registered manager was in the process of being recruited.

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 authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke briefly with two people who used the service. We spoke with three members of staff, the area manager, the deputy manager and a team leader. We reviewed three people's care records in relation to risk assessments and risk management. We also reviewed other records in regard to the management of the service and policies and procedures in relation to COVID-19.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also made phone calls and spoke with three relatives.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about risks to people being assessed and monitored. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

- People's risks were assessed and detailed in their care plan. However not all records were up to date . Risks included those associated with people's mobility, communication, eating and drinking, COVID-19 and personal hygiene. We discussed this with the deputy manager who informed us the provider was already in the process of reviewing people's care records to update them.
- People's care plans included their pre-admission risk assessments and a risk screening tool, used to identify any individual risks and needs.
- Staff were aware of people's individual needs and risks and knew how to support people. One staff member was able to explain how they supported people to keep them safe, "One person has been having mobility issues recently, so they are monitored more often, and staff are always with them."
- Risk assessments were in place in relation to health and safety and the environment and regular checks were carried out. One staff member told us the process they followed for reporting any accidents and incidents, "We complete an accident and incident form and inform the team leader on shift and manager gets informed, monitoring forms can be put in place for 24 or 48 hours and there can be hourly checks implemented."

Learning lessons when things go wrong

- People and relatives told us they felt able to raise any concerns and were confident staff and the management team would address these.
- Systems were in place when things had gone wrong. Accidents and incidents were analysed for any trends or patterns to try to prevent them occurring again in the future.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding incidents had been reported to the local safeguarding team and to the CQC in a timely way as required.
- Staff were able to tell us about the different types of abuse and what actions they would take if they were concerned about a person. One staff member told us, "We've had training in safeguarding, and I would report anything that could be a danger to the service users."

Using medicines safely

- People told us they got their medication when they needed it. One person told us, "They [staff] always get my pills for me, they are good."
- Staff had been trained in medication administration and we checked a range of medication files and found all stock levels were correct and all medication had been signed for by staff.

- Where people required medicines on an 'as and when required basis', protocols were in place to guide staff on how and when to administer them.
- The deputy manager explained the checks that were made to ensure people were receiving their medicines as prescribed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Staffing and recruitment

- From our observations during the day, there were enough staff on duty to meet people's needs. We saw staff having time to spend time with people and discuss activities for the day.
- All new staff underwent recruitment checks prior to them starting at the service. This included Disclosure and Barring Service (DBS) checks and gaining references from previous employers. This was to ensure staff had their suitability to work with vulnerable people checked.
- The deputy manager explained that agency staff were being used whilst recruitment was ongoing. We saw that agency staff were given an overview of people they would be supporting and received an induction to the service, and consistent staff had been working at the service for several months. Staff told us they wanted more permanent staff but that, "Agency staff have been coming since July, so they know people and their needs, and are brilliant with them."

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- There was no registered manager in post at the time of the inspection, and the service was being managed by the deputy manager. However, an application has been received by the CQC for the current manager to be registered.
- Regular quality assurance checks of the service were undertaken. These were in the process of being reviewed during the inspection. Following the inspection, the newly recruited manager provided evidence of the audits undertaken at the service. This included audit timescales, who was responsible for completing them and where improvements were identified actions were put in place to address any issues and make changes where necessary.
- Staff described the deputy manager as approachable and supportive. One staff member told us, "[Deputy managers name] is always there, if ever I needed anything she is there, with everything going on, she is there for the staff on top of everything else she has had to do".

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

- People, relatives and staff said that the deputy manager had been supportive since the registered manager had left. One person told us, "[deputy manager name] is lovely and they help me a lot, I can say if I'm not happy or need anything." One relative said, "We have been kept informed throughout Covid-19 and we can contact the service whenever we want to get updates."
- People were actively supported to follow their hobbies and engage in activities they enjoyed.

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 deputy manager understood their responsibility to let relevant people know if something goes wrong with people's care.
- The deputy managers understood their responsibilities for reporting events and incidents that were legally required to the CQC.
- The provider was displaying their last inspection rating on their website and in the office.

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

characteristics

- Relatives told us that they were kept informed about their family member and were invited to reviews. One relative told us, "I'm kept updated, feedback forms are sent, and I completed paper copies during COVID-19. There's an open line of communication, I have received two letters about what they are doing about the management structure and who to get in touch with. We had a person-centred review of [person name] needs recently, over video call. I have no concerns, [deputy manager] has said I can ring whenever I want to."
- Staff told us they felt supported and were listened to and supported by the deputy manager and wider management team. One staff member told us about a recent team meeting, they said, "Team meetings, are useful -we need to work as a team. We're encouraged to be open and honest -if I have something to say I will say it."

Working in partnership with others

- The deputy manager and staff worked in partnership with other professionals and agencies to ensure people received positive outcomes. We saw people's support plans were updated with any changes that had been discussed with other health or social care professionals.