Community Integrated Care

West View Short Term Break Service

Inspection report

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13 July 2018

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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 comprehensive inspection took place on 11 and 13 July 2018. As this is a small service and people are not always staying there, we gave two days' notice of our visit to ensure someone would be available. The service was rated Good following our focused inspection in August and September 2017 and there were no ongoing breaches of the regulations.

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

West View Short Term Break Service is a short stay respite care home without nursing that accommodates up to three adults with learning disabilities at any one time. Accommodation is provided in individual ensuite bedrooms, two of which are downstairs and are adapted for people with mobility needs. Some people who use the service have complex learning and physical disabilities. They may also have different ways of communicating or making their needs known. At the time of the inspection around 20 people had planned short breaks at the service over the
year. They were all funded by statutory services.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager. 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 were treated with kindness, respect and compassion. Their privacy, dignity and independence were respected.

Staff communicated with people in the way they preferred, calling them by their preferred names and being alert to signs that people were happy with whatever was going on at the time.

People were protected from abuse and neglect. Staff understood and met their responsibilities to safeguard people.

Risks to people's personal safety had been assessed and plans were in place to manage identified risks in the least restrictive way possible. People each had a personal emergency evacuation plan that set out clearly the assistance they would need from staff and emergency services personnel in event of a fire or

other emergency.

The premises and equipment were kept clean and in good order. People's individual needs were met by the adaptation, design and decoration of the premises. The ground floor and garden were wheelchair accessible. Both downstairs bedrooms had ceiling tracking hoists that extended into the ensuite shower rooms.

As far as possible people had the same room whenever they came to stay and the furniture was arranged according to the person's preference. This helped them feel comfortable and familiar with things, and also to manage visual or mobility impairments as independently as possible.

Peoples' medicines were managed and administered safely.

There were systems to ensure that lessons were learned when things went wrong.

People's assessments and care plans were reviewed and updated in consultation with them and their families prior to each stay. Assessments and care plans were comprehensive, detailed and individualised.

When people were referred to the service, information was obtained from them, their families and their professionals. They visited for meals and had trial overnight stays to help them, their representatives and the staff assess whether the service was suitable for them.

People received personalised care that was responsive to their needs. Care plans reflected people's wishes and preferred routines for their stay. Where they wished, people maintained contact with their regular day opportunities such as day centres. At other times, staff supported them to do things at West View and in the wider community.

There was a small, well-established staff team, including bank workers who regularly worked at the service and knew people well. Enough skilled staff were on duty to provide the care people needed when they were not out at day centre. When someone came to stay who needed specialist care, such as food or medicines administered directly into their stomach via a PEG tube, there was always a member of staff on duty who was competent in providing this aspect of care.

Staff were supported to gain and maintain the skills and knowledge they needed to provide people's care. They had regular supervision with their line manager.

People had the support they needed to drink enough and to maintain a balanced diet. Their dietary needs and preferences were catered for.

The registered manager and staff liaised with people's health and social care professionals so they could care for people effectively.

People, and their relatives as appropriate, were supported to express their views and to be as involved as possible in decisions about their care.

The registered manager and staff worked to the requirements of the Mental Capacity Act 2005. People and their families were involved in mental capacity assessments and best interests decisions.

Information about how to raise a complaint was made known to people and their families.

The culture of the service was positive, person-centred, open and inclusive, with a well-established and motivated staff team.

The registered manager and staff had a shared understanding of challenges, achievements, concerns and risks affecting the service. Staff had regular supportive discussions with their line manager to discuss their work, receive feedback, discuss their development needs and review goals.

Organisational values were clearly communicated to staff through the supervision process and through communications from senior management, such as the staff newsletter.

Quality assurance processes were in place to drive continuous improvement. Significant events, such as accidents, incidents, safeguarding and complaints, were monitored by the service and by the provider for developing trends. There was a programme of quality checks and audits. Results fed into the service's continuous improvement plan. The registered manager and their manager ensured the appropriate actions were taken.

People's views and experiences were gathered and acted on to bring about improvements.

The service worked in partnership with other agencies to ensure they provided the care and support people needed.

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 protected from avoidable harm and abuse.

There were always enough appropriately-skilled staff on duty.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and competence necessary to support people effectively.

The premises were set out in a way that was accessible and helped to promote independence. Areas were adapted for people who used wheelchairs.

People, including those with complex needs, were protected from the risk of poor nutrition, dehydration and swallowing problems.

Is the service caring?

Good

The service was caring.

People were treated with dignity, respect and kindness.

People received consistent, timely care and support from familiar staff who understood their needs.

Staff were discreet and respected people's privacy.

Is the service responsive?

Good

The service was responsive.

People and their families and carers were involved in developing their care plans.

People's care and support was individualised. People took part in activities of their choice.

People or their families know how to give feedback about their experience of care, including how to raise a complaint.

Is the service well-led?

Good

The service was well led.

Managers were available, consistent, and led by example. Staff felt respected, valued and supported.

The service involved people, their family, friends and other supporters in a meaningful way.

There was a strong focus on continuous learning. Quality assurance arrangements were robust and identified concerns and areas for improvement.

West View Short Term Break Service

Detailed findings

Background to this inspection

We carried out this routine 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.

We undertook the inspection on 11 and 13 July 2018. As this is a small service and people are not always staying there or are out for the day, we gave two days' notice of our visit to ensure someone would be there. We had initially arrived on 9 July to find that no-one was there and when we rang the service later, were told that no-one would be staying until 11 July.

The inspection was conducted by an adult social care inspector. We met two people who were staying at the service and a relative. We observed staff supporting people in communal areas. We spoke with two support workers, the registered manager and the regional manager.
We looked at three people's care, support and medicines records, and records relating to how the service was managed. These included two staff files, meeting minutes, audits and quality assurance records.

Before the inspection, we obtained feedback from three local authority commissioning and safeguarding adults staff who knew of or had contact with the service. We also reviewed information we held about the service. This included notifications of significant events and a Provider Information Return (PIR). A PIR 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.

Good

Is the service safe?

Our findings

People were protected from abuse and neglect. Staff had the knowledge and confidence to identify safeguarding concerns. They understood their responsibility for reporting concerns in line with the provider's procedures for safeguarding adults. They were also aware of statutory organisations with a role in safeguarding adults. Information about staying safe from abuse was displayed for people, visitors and staff. Any cash people brought with them was logged. Staff recorded any subsequent payments, which were supported by receipts. There were frequent checks to ensure all cash held on people's behalf was accounted for.

People were protected against hazards such as slips, trips and falls. Risks to people's personal safety had been assessed and plans were in place to minimise identified risks. People's individualised risk assessments covered matters such as moving and handling, mobilising, falls, skin integrity, the use of bedrails, self-medication, choking and risks associated with health conditions. People each had a personal emergency evacuation plan that set out clearly the assistance they would need from staff and emergency services personnel in event of a fire or other emergency.

The premises and equipment were kept in good order. Equipment such as gas appliances and hoists were regularly serviced and current certification was in place.

There was a small core of permanent staff including the registered manager and senior support workers. They were supplemented by support workers from the provider's bank staff, numbers varying according to the needs of people who were staying at the time. Bank staff worked regularly at the service and knew people who came to stay well. Agency staff were not often used as vacant shifts were usually covered by bank staff or through regular staff working overtime. The service held profiles of agency staff who worked at the service; these showed the recruitment checks undertaken by the agency, the worker's training and qualifications, and their competence in handling medicines. Staff confirmed that when someone came to stay who needed specialist care, such as food or medicines administered directly into their stomach via a PEG tube, there was always a member of staff on duty who had been trained and was competent in providing this aspect of care.

Staff confirmed there were always enough of them on duty with the right skills to meet people's care needs.

Safe recruitment practices were followed before new staff were employed to work with people. There were checks to ensure staff were of good character and suitable for their role. These included criminal records, checks with the Disclosure and Barring Service, checks of entitlement to work in the UK and obtaining references.

Peoples' medicines were managed and administered safely. A relative commented that staff managed well their family member's medicines for complex health conditions. Storage was secure. Staff had taken steps in the very warm weather to ensure medicines were stored at a low enough temperature to remain effective. Records were kept and were checked regularly against the amounts of people's medicines in stock, to

ensure medicines were correctly recorded and accounted for. Staff had regular refresher training in handling medicines and were observed annually to check they did so competently. Staff only administered certain medicines, such as epilepsy rescue medicines or medicines via a PEG tube, when they had specialist training to do so. People's medicines administration records and care and support plans, including instructions for 'as required' (PRN) medication, were reviewed and updated whenever they came to stay. PRN instructions contained clear guidance for staff about what medicines were for and how to administer them.

People were protected against acquiring infections. The premises were kept clean and smelt fresh throughout. Handwashing facilities were available around the house. Staff completed cleaning checklists in each person's room and the registered manager and senior staff regularly checked the cleanliness of each area. There was a risk assessment and management plan for reducing the risks of legionella bacteria colonising the water system. Legionella bacteria can cause serious illness.

There were systems to ensure that lessons were learned when things went wrong. Incidents and near misses were recorded on the provider's reporting system; the registered manager confirmed there had been no accidents since the last inspection. The registered manager reviewed each record promptly to ensure any necessary action had been taken to ensure people were safe and prevent a reoccurrence. The registered manager and provider also monitored for any developing trends that might suggest further changes were necessary.

Good

Is the service effective?

Our findings

People's needs were assessed and care delivered in line with current legislation and good practice guidance. Assessments and care plans were comprehensive, detailed and individualised, covering areas such as communication, health, making choices, personal cleanliness and comfort, mobility, daily routines, and finances. People's assessments and care plans were reviewed and updated in consultation with people and their families prior to each stay.

When people were referred to the service, information was obtained from them, their families and their professionals. They visited for meals and had trial overnight stays to help them, their representatives and the staff assess whether the service was suitable for them. One of the people we met was trying the service out. The registered manager and staff realised that further information was required about how to help the person manage their anxieties about having a shower. However, by the second day of the inspection, the person had become more relaxed about this aspect of their care.

Staff were supported to gain and maintain the skills and knowledge they needed to provide people's care. A relative commented, "The staff are brilliant", in the sense that they had the skills to meet their family member's complex needs. Staff confirmed they were able to access the training they needed. This included moving and handling, health and safety, food safety, infection control, handling medicines, epilepsy awareness, administering epilepsy rescue medicines, and caring for a particular person who had a PEG tube. Staff had regular supervision with their line manager as part of provider's supervision and annual appraisal cycle.

People were supported to drink enough and to maintain a balanced diet. Care plans contained details of people's food likes and dislikes, special dietary requirements and support required to eat and drink. Guidelines for people's individual dietary needs were readily available for staff. This included safe swallow plans devised by speech and language therapists where people had swallowing difficulties that put them at risk of choking.

The registered manager and staff liaised with people's health and social care professionals so they could care for people effectively. The service had copies of people's most recent social services assessments and care plans. Staff contacted people's professionals if they had any concerns. Staff contacted people's own GPs or the 111 service if there were any health concerns during someone's stay.

People's individual needs were met by the adaptation, design and decoration of the premises. The house was decorated in a modern and homely style, with spacious rooms. The ground floor and garden were wheelchair accessible. Both downstairs bedrooms had ceiling tracking hoists that extended into the ensuite shower rooms. There was also an adapted bathroom with a lifting bath. A person who was able to, mobilised freely around the communal areas and in and out of their bedroom. Staff were on hand to ensure they remained safe.

The registered manager and staff worked within the requirements of the Mental Capacity Act 2005 (MCA).

The 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 the least restrictive possible. Where there was doubt about someone's ability to consent to aspects of their care, the person's mental capacity to give this consent was assessed. If the person was found to lack capacity a best interests decision was recorded, reflecting how the care could be provided in the least restrictive way possible. People and their families were involved in this process. Examples of mental capacity assessments and best interests decisions seen at this inspection included using bedrails to prevent falls from bed, and taking medicines.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes, including short stay homes, and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications had been made to the relevant authorising body to deprive people of their liberty whilst staying at the service.

Good

Is the service caring?

Our findings

People were treated with kindness, respect and compassion. The people we met were unable to tell us whether staff were kind to them. However, they looked comfortable and relaxed in the company of staff. A relative spoke highly of the attitude of staff towards their family member, for example saying, "They are so caring". Staff were kind and caring towards people in all of the interactions we observed. They spoke about people, to each other and to us, in a way that showed affection and respect for them. The staff team, including bank staff, was well established and staff had all got to know people who came to stay.

People, and their relatives as appropriate, were supported to express their views and to be as involved as possible in decisions about their care. A relative told us, "They keep us in contact" and said that staff "call straight away" in the event of any problems concerning their loved one. Care plans reflected people's preferences, for example what they liked to be called, foods and activities they liked and disliked, and preferred morning and evening routines. They also detailed how people communicated pleasure and unhappiness. Staff communicated with people in the way they preferred, calling them by their preferred names and being alert to signs that people were happy with whatever was going on at the time.

People's privacy, dignity and independence were respected. Some people had friends and relatives come to visit while they were at West View Short Term Respite service, if that was what they and their visitors wanted. As far as possible people had the same room whenever they came to stay and the furniture was arranged according to the person's preference. This helped them feel comfortable and familiar with things, and also to manage visual or mobility impairments as independently as possible. Staff were discreet when offering assistance with personal care. They knocked at people's doors and checked it was okay to enter their room before going in. Care plans set out what people could do for themselves.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Each time a person came to stay staff contacted their family or carer at least 48 hours before their stay to see if there were any changes that needed to be reflected in their care plan, medication records and risk assessment. These documents were updated accordingly. A relative told us, "They always ask if there have been any changes" and got the details if there had been. Details were also added in to care plans as staff got to know people and their families.

People were enabled to carry out person-centred activities. A relative told us that a strength of the service was that their family member was "out and about rather than staying indoors". Care plans reflected people's wishes and preferred routines for their stay at West View Short Term Break Service. Where they wished, people maintained contact with their regular day opportunities such as day centres. At other times, staff supported them to do things at West View and in the wider community, such as trips out on the bus or train, or going to the Big Night Out, a local night club event for adults with a learning disability. Someone had said they dreamed of being able to paddle in the sea. This was written into their care plan and staff supported them on a trip to the seaside, including having a paddle in the sea. The person had a visual impairment and the worker who was supporting them described the scene and what was happening throughout the trip, to help them get maximum enjoyment from the experience.

The service complied with the Accessible Information Standard. The Standard requires that services identify, record, flag, share and meet the information and communication support needs of people with a disability or sensory loss. People's information and communication support needs were flagged up in their care plans and records. Care plans gave clear details of how staff should provide this support, including setting out people's unique communication styles, what particular gestures meant. Staff understood and provided the support people needed.

Information about how to raise a complaint was displayed in written and easy-read versions. A relative told us they knew how to complain and believed that their views would be taken seriously. However, there had been no complaints on file since the last inspection.

Good

Is the service well-led?

Our findings

The culture of the service was positive, person-centred, open and inclusive, with a well-established staff team. The registered manager and staff were proud of the service. People were not able to tell us their views about how the service was run, but relatives and staff were confident in the way it was managed. A member of staff described the service as "greatly improved". They said the registered manager, who also managed a sister service in Poole, often worked alongside them and was easy to contact and talk to: "[Registered manager] is very much here. We've got her ear."

The registered manager and staff had a shared understanding of challenges, achievements, concerns and risks affecting the service. Staff had regular supportive discussions with their line manager to discuss their work, receive feedback, discuss their development needs and review goals. These 'You Can' supervision meetings took place at least every three months. Supervision notes reflected fair and frank discussion, with relevant and realistic goals for development. There were also team meetings every other month, at which staff could and did raise topics for discussion. Information about whistleblowing was readily available for staff and staff knew how to blow the whistle.

Organisational values were clearly communicated to staff through the 'You Can' supervision process and through communications from senior management, such as the staff newsletter. The provider's Chief Executive Officer had changed since the last inspection. The registered manager and her manager were enthusiastic about this change. They showed us a video clip reflecting how services and staff were actively encouraged to take positive risks, supporting people to achieve ambitions. Some of the provider's support workers locally had been nominated as 'Game Changers', that is, staff representatives for the area who have monthly meetings with regional management, with representation at corporate level. This had resulted in pay increases for senior support workers, who had been unhappy with the erosion of the differential between their pay and that of support workers.

Quality assurance processes were in place to drive continuous improvement. Significant events, such as accidents, incidents, safeguarding and complaints, were monitored by the service and by the provider for developing trends. There was a programme of quality checks, including audits within the service overseen by the registered manager and monthly oversight and checks by the regional manager. Staff undertook a range of frequent checks, including medicines, finances and bath and shower water temperatures. The manager's audits were set out in the continuous improvement timetable set out by the provider, and included matters such as spot checks on staff working practices, health and safety, staff training and completeness of care records and staff files. The regional manager checked these audits during their monthly visit. The actions from the registered manager's and regional manager's audits, and other provider monitoring, fed into the service's continuous improvement plan. Actions were reviewed by the registered manager and regional manager to ensure they had been completed within the specified timeframe.

People's views and experiences were gathered and acted on to bring about improvements. The registered manager and staff talked to people about how they had found their stay, and this formed part of the review of each person's stay. However, not all people who used the service were able to give such feedback. People

and their families were contacted for feedback following their stays. This feedback had all been positive.

The service worked in partnership with other agencies to ensure they provided the care and support people needed. For example, for a person who had a PEG tube, staff had regular training and checks from the company that provided the person's equipment. This helped staff to care for the person effectively and with confidence.

The registered manager understood and worked in line with regulatory requirements. They had made statutory notifications as required by the regulations. The current Good rating was displayed prominently in the downstairs hallway, as well as being reflected on the provider's website.