Bere Peninsula Care Limited

West 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

Overall summary

We carried out an unannounced comprehensive inspection on 8 and 10 June 2015.

We last inspected the home and community service in December 2013 and found no breaches in the regulations we looked at.

West View is a privately owned care home that provides care and accommodation for a maximum of 28 older people. Any nursing need is met through the district nursing service. Personal care is provided by an arm of the organisation called West View Care and Support Services. Some people receiving that personal care rent property within the West View home premises and have a separate agreement to receive their personal care from West View Care and Support Services. At the time of the inspection 24 people lived at the home. Six people received personal care from West View Care and Support Services within West View premises and nine people received personal care in the wider community.

Summary of findings

West View care home and community service had a registered manager who is also the provider. 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 using the service, their families, staff and health care professionals told us how pleased they were with the service. A district nurse who visited the home described the care as "Excellent and outstanding." A GP visiting the home said, "They appear very caring and treat clients as human beings. There is a feeling of warmth and care here." A person receiving care in the community called the care "Superb", adding how well their independence was promoted but the help was there when needed.

The registered manager/provider and staff worked hard to find ways to improve people's lives based on people's views and observation. Those improvements had included WIFI, a pager system to remove noise from call bells, a hair salon, additional staff over the tea time period and a second vehicle for people's use. A project to promote person centred care had led to 'one page profiles' for people and staff members, so that both could benefit from shared interests.

People were protected through the staffing arrangements; the numbers and deployment of staff, staff recruitment, training, supervision and support. Staff said, "Both the (registered manager/provider) and (the care manager) are very approachable. They have a vision for the home that clients are enabled and empowered to live the life they want here. It inspires all of us."

People were fully involved in decisions about their care and the staff understood legal requirements to make sure people's rights were protected.

People enjoyed the food in the home and received a nutritious diet suited to their needs. People's medicines were handled in a safe way on their behalf. Activities within the home, and shared with some people receiving care in the community, were varied and catered for group and individual interests. Frail people received regular attention from staff who clearly had their best interests at heart. Staff engagement with people was positive and made them feel included and cared for, as evidenced by recognition and smiles.

Safety was promoted through resourcing, servicing and maintenance of equipment, the assessment and management of risk and a quick response to any issues.

The service was innovative, inclusive and based on a vision and values which was promoted by an efficient and committed staff team.

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?

Good

The service was safe.

The home had systems to protect people from abuse and staff protected the people in their care. The registered provider put the wellbeing of people using the service as the priority.

There were sufficient numbers of skilled and experienced staff to ensure people's individual needs were met. Recruitment practice reduced the possibility of staff being unsuitable to work at the home.

Medicines were handled in a safe way which promoted people's health and welfare.

The home was well maintained.

Is the service effective?

Good

The service was effective.

People's care and treatment needs were met by staff that were trained, supervised and supported in their role. Best practice was promoted through learning about people's health care needs from experts, regular training and support.

People were fully involved in decisions about their care and the staff worked to promote people's rights and meet legal requirements.

People were supported to receive a healthy and well balanced diet and dietary concerns were followed up effectively.

Is the service caring?

Good

The service was caring.

There was a strong, visible person-centred culture. People felt valued and respected. They were treated with dignity and compassion.

The importance of understanding people and including them in the way their care was delivered was explored through innovative ways, such as 'one page' profiles for both people and staff members so that interests could be shared.

Each person, in the home and community, received individual attention from staff members who showed they cared for the people they supported.

A GP praised the mature attitude of staff when providing end of life care.

Is the service responsive?

Good

The service was responsive.

People's views were listened and responded to and staff knew people well enough to anticipate their needs and wishes.

The importance of activities to promote well-being was understood and an integral part of the holistic care provided.

Summary of findings

People's care plans provided a detailed account of how staff should support them so their care was delivered in a consistent and safe way.

There were no complaints but people felt any issue raised would be dealt with effectively.

Is the service well-led?

Good

The service was well led.

A strong ethos and culture of respect at the home was led from the top based on a shared vision and values.

Standards were kept under regular review with continuous improvement an important element of the leadership. Where an improvement could be made this was promptly followed up.

Staff had respect for the home's management and enjoyed working at West View and the community service.

There were strong links between the home and the local community.

West 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 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 took place on 8 and 10 June 2015. The inspection involved one inspector.

We reviewed information we had about the service such as previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. A Provider Information Return (PIR) gave some key information about the service, what the service does well and improvements they plan to make.

A number of people living at the service were unable to communicate their experience of living at the home in detail as they were living with dementia. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people, who could not talk with us.

We spoke to four people who lived in West View and two people's family. We visited two people receiving a service in the community and spoke to one person's friend. We spoke with 13 staff, which included care and support staff and the registered manager. We looked in detail at the care provided to four people, which included looking at their care records. We looked at two staff recruitment records and at staff training records. We also looked at a range of quality monitoring information such as minutes from meetings. We asked a member of the community nursing team and a GP their opinion of the care provided.

Good

Is the service safe?

Our findings

People were protected from abuse and harm. Each person had received a guide to the home and community service which included the types of abuse and what to do if they had concerns.

There were varying levels of staff confidence in their knowledge of the types of abuse and how to respond to any concerns. However, they knew where the policy for whistle blowing could be found and this included types of abuse and the contact details for the local authority safeguarding team. Staff had received training in the protection of people from abuse.

The registered manager demonstrated a good understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an ongoing basis for the protection of people. They gave an example of one person who's safety could not be guaranteed in the West View setting, and so moved to an environment more suited to their needs.

There were recruitment and selection processes in place. Staff files for the most recently recruited staff included completed application forms and a record that interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers, health screening and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. In one case the new staff started working in the home before their DBS was returned. The provider, and staff member confirmed that they worked under close supervision during the period before the DBS was returned.

A student volunteer working at the home confirmed a DBS check had been completed before they started there. Their college had been contacted for confirmation of who they were and that their studies were appropriate to the work. They said the boundries of their role at the home were made very clear to them during an interview before they started.

People received their medicines as prescribed. No people using the service were managing their own medicines at the time of the inspection. Medicines were kept securely in a locked room plus cupboard or trolleys. The temperature of the medicies fridge was monitored. However, there were no records of the temperature of the medicines storage room, so staff could not be sure medicines were being stored within the manufacture's guidelines. The room became quite hot whilst we were in there and the provider said they would check the temperature and take advice from the supplying pharmacy, if necessary exploring systems to maintain a cooler environment.

Medicines were recorded into the home as part of the audit system of their use. Any unused medicines were logged for their return to the pharmacy. Codes were used for unused medicines and medicine records were orderly but there were some gaps with no code or staff signature. This had the potential to affect decisions being made about an individual's medicine use.

For safety, no telephone call involving a change of medicine was taken without a second staff member confirming the information was correct and all hand written medicine entries were checked and signed by two staff members.

Staff used a monitored dosage system in which they had been trained. They said that checking the medicines into and out of the home was the audit method used for medicines management.

People were satisfied that there were enough staff to meet their needs. People were receiving care and support in a timely manner which took into account their preferences and needs. For example, people were given time to make a choice from the drinks trolley at lunch time and were not rushed or hurried when moving with assistance. There was a relaxed atmosphere throughout the home. Staff confirmed they were satisfied with the staffing arrangements, their comments including, "(The provider) is very good if there is a need for extra staff" and "Flexible. No issues." Staff meeting records included that staffing arrangements during the tea time period had been discussed. Staff told us that there was now an additional staff member during the tea time/early evening period, which made it much easier to meet people's needs at that time.

Good

Is the service safe?

The team leader for the day to day care at the home had office duties to undertake. Another team leader led the delivery of care with five care workers during the morning. In addition was a housekeeper, chef, kitchen assistant, handyman and activities worker.

People receiving their care in the community confirmed their visits were on time and they received continuity of care from the same staff members.

People receiving their care in the home and community told us they felt safe. Information was available to staff should an emergency occur and staff said there was a rota of an on-call senior staff should they need advice or help.

Risk to individuals were assessed and managed. For example, the risk from falls, pressure damage and people's home/room environment. Locked cupboards were available should a person wish to manage their own medicines in the home. People within the home were not in a locked environment but the home was secure from intruders. People in the community dictated how their security needs would be met. For example, one person had a key box installed.

Maintenance and servicing was up to date, for example, moving and handling, fire safety equipment and electrical certification. During our visits outside contractors came in to deal with a WIFI problem and to test electrical appliances. The service used local contractors and so they were readily available should a problem occur. Risks, such as Legionella were managed; the registered manager had made changes to the hot water system so no hot water needed to be stored as this reduced risk.

Good

Is the service effective?

Our findings

People were very complimentary about the staff who were described as very friendly, one person saying "Second to none" . A person receiving care in their own home said, "Superb. They are all very conscientious in every respect."

People's specific health needs were understood and met by staff at the home and in the community. For example, recognising when expert advice would be of benefit, such as liaising with specialists in multiple sclerosis and physiotherapy.

People's weight, and other checks, were undertaken routinely at the home to identify concerns which might require expert advice. Records showed how GP, district nurse, foot, eye and dental expertise was sought to promote people's health. Community staff had ensured a person's GP was promptly informed when the person's health deteriorated.

Staff for the home and community service received regular training. This included fire safety, infection control, moving people safely, first aid, health and safety, person centred care and food hygiene. Staff had received training about conditions that affected people using the service, such as dementia, diabetes and multiple sclerosis. Staff told us they were encouraged to complete qualifications in care and improve their skills.

Newly appointed staff received a nationally recognised induction. This now included the Care Certificate, recommended since April 2015 for staff who do not have experience of care work. This meant that staff had started the process of understanding the necessary skills to perform their role appropriately and to meet the needs of the people receiving the service. Staff said of their training, "No issues".

Staff received formal supervision of their work. This provides an opportunity for staff to discuss work and training issues with their manager. It also provides the manager with an opportunity to feedback to staff issues around their performance. The registered manager said he supervised the team leaders and they supervised the members of their respective teams. Staff talked of feeling very supported and knowing where to take any questions or issues. Records of team leader and care worker's meetings showed how the effectiveness of the service was discussed. Discussion included, pad disposal, mealtimes, communication and menu planning.

People who were able to describe their experience of receiving the service, told us that no care was delivered without their consent. One person confirmed that their care plan was a true record of their needs and wishes but added that they might ask staff to change the care routine provided if this suited them better that day.

There were varying levels of staff understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and how they applied this in practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty when living in a care home environment. It does not apply to people's own home so did not apply to people receiving care in the community.

When people were assessed as not having the capacity to make a decision, a best interest decision was made involving people who know the person well and other professionals, where relevant.

Some senior staff had received MCA and DoLS training and there were plans to cascade this to more junior staff members. Complex decisions had been made following capacity assessment by a consultant psychiatrist. A team leader assessed a person's capacity to consent to the use of a staff call devise, during the inspection. People had Lasting Power of Attorneys or Court of Protection deputyships; these were documented in people's care files. However, the registered manager was unable to demonstrate that copies had been taken for staff reference.

The home was not a locked environment and staff understood they had no right to prevent people from leaving. There were no current DoLS authorisations but there had been in the past. Staff had sought expert advice about applying for an authorisation for one person currently living at the home.. They felt the person would not be safe if they wanted to walk out of the home without a staff member with them and this would constitute continuous supervision and control of their movements. Staff had taken action to work within the law.

Good

Is the service effective?

People were complimentary about the food they received at the home and a family member said “Mum likes the food”. There was soup with lunch each day and people were offered a daily sherry, sweet or dry and a variety of fresh or diluted juice with their lunch from a trolley, so they could make the choice at the time.

People were consulted each day and made a choice from a menu which was varied and also took into account particular likes and dislikes. For example, one person wanted cheese salad with no tomatoes. Another person wanted one egg mayonnaise sandwich. The cook said that although there was a four week menu it could be altered, for example, so as not to provide a hot meal on a hot day.

Staff made a timely record of the amount people ate at lunch and any concerns were followed up. For example, some people received build up drinks or had additions, such as cream to their potato to maintain their weight. Some people required softened foods and these were presented in an attractive way. One person required a particular knife and fork to be able to manage their meal independently. People who required assistance to eat received this in a relaxed and unhurried manner. Some people, receiving personal care in their own homes, joined people who lived in West View for meals.

Good

Is the service caring?

Our findings

Staff engagement we observed was a positive experience for people they engaged with. Staff described a concern and compassion for people's wellbeing. Staff engaged with people in a caring manner, for example, sitting chatting with people and supporting them with what they wanted to do. In particular, staff made sure time was spent with the most frail people at the home, who were unable to hold a conversation but were smiling and responding to the attention they received. People within the home and in the community were valued and made to feel important, as evidenced by people's response to staff spending individual time with them and the comments we received.

Staff readily provided information for people, telling them what was happening and why. Where people were more able to be involved in decision making their involvement was promoted. For example, people in the home were able to choose from a variety of drinks from the trolley to have with their meal. One very frail person chose which object of comfort they wanted and we observed them giving it a lot of their attention. One person in the community said the staff were "superb" and another had been "won over" by the staff although initially they were reluctant to receive the service.

Staff knew the people they supported very well. People had completed profiles with detail including their likes, dislikes and what was important to them. That information was matched to staff profiles so that interests could be shared. Staff talked about person centred care and people's wellbeing saying, "You get to know their past, understanding memory triggers". The service catered for the local community in a joined up way which gave continuity, with care in people's own home, day care and residential care available. People using the service and staff had local connections helping people to feel they belonged.

People made their views known through meetings, discussions about their care plan and feedback surveys. The registered manager said he tried to speak with everybody regularly and people had regular discussions with him about things that mattered to them. For example, one person's WIFI was faulty which affected their enjoyment. Within a couple of hours an engineer had come and fixed the fault for them.

There were many visitors to the home. They said they could visit without restriction and were always welcomed. Family were supported to be involved with people's care if they wanted this. One person assisted their family member to drink a sherry and eat their lunch. The atmosphere during that lunch period was friendly and people unable to communicate verbally were observed smiling and responding to the social and inclusive atmosphere. People's families were welcome to share a meal at the home.

People received their personal care in private. They told us staff were polite and respectful as they supported them. For example, staff were heard discreetly offering people the use of clothes protectors at lunch time. People's independence was promoted one person saying, "They support my independence but provide help as soon as I need it. They never interfere."

A staff member told us that when people died they always had their own grieving to do. People received end of life care in the home with dignity and compassion. A district nurse said, "The care in general is fantastic. The staff genuinely care." A GP said, "They appear very caring and treat clients as human beings. There is a feeling of warmth and care here." They added that staff knew how to provide the level of care the person required as their health declined and end of life care was based around people's wishes. They felt staff were "very mature" in their understanding of end of life care.

A folder called "Personal profiles – much missed" contained the personal profiles, photos and funeral orders of service as reminiscence for the people at the home who had known them. Some ex-resident relatives continued to visit the home and were invited to functions such as the summer fete.

The records of a person whose end of life care was delivered at West View showed that their changing needs had led to a change in their plan of care to reflect those needs. This helped staff provide the care as the person wanted and promoted their comfort and dignity. The family member of a person who received end of life care at West View described the care as "absolutely fantastic and dignified." The family had stopped overnight, had free access to any food and drink they wanted and said staff kept "checking we were alright". They described how well

Good

Is the service caring?

the staff knew their mother and how much staff were supporting the family at that time. Following the death the family found a flower in their mother's hand when they came to say their goodbye.

Good

Is the service responsive?

Our findings

People expressed satisfaction with the service they received. Comments included, “All friendly” and “Who could wish for anything else?” A GP with knowledge of the home said, “They listen to relatives and clients”. They said communication was good and the standard of care was consistent.

The registered manager described the importance of adequate assessment of people’s needs before they were offered accommodation at the home. An emphasis was put on people “fitting in” so that needs of people already resident were taken into account. For example, it was considered important that the home environment was not a locked space. This precluded people who would be unsafe if they wandered away from the home.

Each person had a care plan. Care plans are a tool used to inform and direct staff about people's health and social care needs. One person receiving their care in the community confirmed their plan was an accurate record of their needs and how they wished their care to be delivered. The importance of care planning was discussed in a team leader meeting May 2015 where staff were reminded the plans should ‘always be drawn up and agreed with the resident or their next of kin’ and regularly reviewed. Care plans were sufficiently detailed to inform staff how to deliver the care people needed and had been reviewed routinely or when a person’s need had changed, for example, when their health deteriorated.

Activities within the home were based around group and individual needs and were a regular and important part of the care provided to people living there and some who received care in the community. Those needs were identified from the profiles people had produced about their interests, likes, dislikes and what was important to them and their care planning.

During our inspection people who were residents and some people receiving community care, had a trip out to Dartmoor National Park. We heard group discussions based on reminiscence. People fed back at a residents meeting that they ‘really enjoyed Bingo, snakes and ladders, dominoes, quizzes, horse racing ‘Rowena with her hats’ and Paul’s 'sing-alongs'. Many people took a daily newspaper and people within the home engaged with television programmes.

People had access to well tended gardens which included handrails for safer walking, raised beds for wheelchair access, shaded seating areas and a summer house. A few metres from West View a gym was available for use by residents and people receiving a service in the community. The home environment included a variety of individually furnished rooms for quiet or time shared with other people and a recently completed hair salon.

Staff were very responsive to people’s requests and wishes also anticipating what people needed. For example, staff continually returned to one person to encourage them with different drinks and raise their mood. Staff told us how they knew the people within the home, people’s own homes and the local community which meant there were longstanding relationships.

At a staff hand over between shifts at the home each person was discussed so the next staff team were fully aware of who was at the home and how they were that day. For example, some people required to see a GP. One of the community team staff said that the communication between community staff was very good.

People told us they had no reason to make a complaint. They said if they had they would take the complaint to the (care manager). Each person received a copy of the service user guide which gave information how a complaint could be made and a copy of the complaints policy was displayed within the home. The registered manager said there had been no recent complaints; the last one was a communication issue for which an apology was made and learning from the event was discussed in a staff meeting.

Good

Is the service well-led?

Our findings

People using the service, their family members, staff and health care professionals expressed their confidence in the way the home was run. A district nurse said of the care at the home, "Excellent. Outstanding." A GP said they enjoyed visiting the home.

The registered manager, who is also the provider, delegated responsibilities to a care manager and team leaders within the home and community service. For example, team leaders oversaw activities, housekeeping and organising the community service. The registered manager oversaw the work of the care manager and team leaders. They said this was their system for monitoring the quality of the service provided. The care manager confirmed that included in her routine checks was a monthly review of care plans to confirm that any changes in people's needs had been followed up. She said, "I chase up what is written in." We were told a new recording system was being purchased, due for installation on 3 July. This was in part due to the recent need to access historic information which had proven timely using the paper method of recording. In addition, we were told communication would be improved because management and team leaders would not need to rely "on the spoken or hand written word".

West View had only one serious accident to report to CQC during 2014/15. Following the accident staff learned that the choices the person had made with regard to the layout of their room had put them at unnecessary risk. Discussion was held with the person and their representative about de-cluttering their room, so as to reduce the possibility of further falls. The registered manager and staff team continually looked for ways to improve the service.

Where staff showed an interest or skill they were encouraged to use it to toward achieving improved outcomes for people. For example, one staff member was taking the lead on promoting person-centred care. The lead worked with "every group of staff to complete 'one page profiles'". This was to "break down the barriers between job roles". Those profiles were also recorded from people using the service the intention being that people and staff could share interests and experiences. Examples included people's love of pets and meeting faith needs. Skills were sought from outside of the service. For example, a musician who entertained at the home had established that people with memory or speech problems would engage in singing where they were otherwise unable to communicate verbally. This was being promoted by the registered manager.

Staff said they felt supported through meetings, staff bulletins which "ironed out any grey areas", their formal supervision and because their was always somebody senior to speak with. They felt the home was well-led, saying they helped each other, there was good team work and the team leaders also worked with people and so they understood and could help out. One staff member said, "Both the (registered manager/provider) and (team leader for care) are very approachable. They have a vision for the home that clients are enabled and empowered to live the life they want here. It inspires all of us."

The importance of the vision and values for the home were mentioned by staff and the registered manager throughout the inspection. The vision was: 'to help people live how they want to live'. The values were: integrity; respect; team work. This was observed in action as the staff consistently gave their attention to people's in a respectful, professional and compassionate way.

People's views were sought, listened and responded to. The registered manager said, "I try to meet everyone to check out how things are going." In addition was a yearly survey of opinion, meetings and one to one supervision with team leaders. Actions from people's and staff views had led to changes, including extra staff at tea times, a new service user guide, WIFI and a second vehicle (car) for people's convenience when attending appointments. There was a plan to redesign care plans and we were shown the template for a new assessment tool. The registered manager had noticed that people did not like the sound from call bells ringing and had purchased a wireless pager system which vibrated to inform staff they were needed but made no noise.

The service was very well resourced. Staff said any identified resource was provided and the housekeeper and cook confirmed they could always order what they felt was needed. When fittings and furnishings were replaced in the home, samples were brought so that people living there could make the choice themselves.

The registered manager/provider said they knew the quality of the service and that risk was well managed

Good

Is the service well-led?

because “we all come together as a team”. The one to one supervision of team leaders and team meetings informed him how the service was running. He said any complaint would be dealt with in the same way.