Affinity Trust

The Views

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The Views provides care and support for up to six people with a learning disability. At the time of our inspection, three people were using the service.

We carried out an unannounced comprehensive inspection of the service on 30 June 2017. At this inspection, we found that the service had maintained its 'Good' rating.

At the last inspection of 28 October and 6 November 2014, we found that the systems in place to monitor the quality of care and to gather relatives and health and care professionals' views about the service were not effective.

At our inspection of 30 June 2017, we found that appropriate arrangements were in place to check the quality and safety of the service. Systems to gather relatives and health and social care professionals' views about the service were effective.

The registered manager and provider carried out regular checks and audits on the quality and safety of the service. The service worked in close partnership with other agencies to deliver people's care and support in line with current practice and legislation.

People received safe care at the service. Staff knew how to protect people from abuse and understood their responsibility to report any concerns. Staff identified risks to people's health and well-being and had sufficient information about how to support them safely. People took their prescribed medicines safely. Enough numbers of staff deployed at the service met people's needs in a safe manner.

People had their care delivered by trained staff with the necessary skills required to undertake their role effectively. Staff received support in their role and attended training and supervisions to improve on their work practice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff understood and applied the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards when they delivered people's care.

Healthy meals and appropriate food provided at the service met people's dietary needs and individual preferences. People had access to healthcare services when needed and staff supported them to maintain good health.

People's care was respectful, kind and compassionate. Staff respected people's privacy and promoted their right to confidentiality and to be treated with dignity.

Staff assessed people's needs and developed support plans from the information gathered about how to provide care responsive to people's needs. People received personalised care and support as planned. Staff sought and received people's consent before they provided care.

People were supported to make a complaint and to raise any concerns about their care. Staff encouraged people to share their views about the service and acted on the feedback.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service was well-led. A person-centred culture at the service ensured people remained at the focus of care provided.

The registered manager was approachable and supportive and valued the care workers and their ideas to improve the service.

People, relatives and health and social care professionals' had an opportunity to contribute their views about the service and their feedback was acted on.

Appropriate systems were in place to monitor the quality and safety of the service. Audits were carried out on the quality of care to improve the service.

The Views

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 checked 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.

This comprehensive inspection took place on 30 June 2017 and it was unannounced. The inspection was carried out by one inspector.

Prior the inspection, we reviewed the information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan the inspection.

People using the service had complex needs and were unable to communicate with us verbally about their day to day lives and the care they received. We undertook general and formal observations of how care workers treated and supported people throughout the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection, we spoke with three members of the care team. The registered manager was not on duty on the day of the inspection. A registered manager of a similar service run by the same provider of The Views provided cover on the day of our inspection.

We looked at three people's care records including their medicines administration records. We reviewed five care workers' records that included recruitment, training, supervision, appraisals and duty rotas. We looked at management records for the service including incident reports, safeguarding concerns, complaints and audits monitoring the quality of the service. We checked feedback the service had received from people, their relatives and healthcare professionals.

After the inspection, we spoke with two relatives and the registered manager about how they managed the

service. We received feedback from three health and social care professionals involved with people's care.

Good

Is the service safe?

Our findings

People were safeguarded from the risk of potential abuse. Care workers understood their role to look out for signs of abuse and their responsibility to report any concerns. Safeguarding adults training ensured care workers knew the signs and symptoms people displayed if they were at risk of abuse. Care workers were aware of when and how to contact the local authority safeguarding team or the Care Quality Commission to report concerns about abuse. Safeguarding procedures were available to care workers and displayed at the service for guidance. Care workers knew how to 'whistle-blow' at the service and to external agencies about poor practice or any concerns that were not resolved.

Care workers continued to protect people from the risks identified to each person's health. Support plans contained detailed guidance about how care workers were to provide safe care without restricting people's right to control how they lived their lives. A physiotherapist had provided guidance to care workers about how to transfer a person safely when using a sling and a hoist. Care workers followed guidance provided by a healthcare professional about how to manage risks such as infection or bleeding related to people who used PEG feeding. PEG (Percutaneous endoscopic gastrostomy) feeding involves placing of a flexible feeding tube through the abdominal wall and into the stomach to allow for direct insertion of nutrition, fluids and/or medicines. Care workers supported people to access the community and to take part in meal preparation safely. People had their finances appropriately accounted for through a recording of withdrawals and expenses and the keeping of receipts as proof of purchases made on behalf of people.

Sufficient numbers of care workers continually deployed at the service ensured people received safe care. Adequate staffing levels allowed care workers to support people to attend appointments, access the community and to undertake activities. Duty rotas showed adequate cover for absences and care workers requests for additional support. People received support from suitable care workers because they underwent appropriate recruitment checks before they started to provide care.

People received the support they required to take their prescribed medicines when needed. Medicine reviews ensured people received effective treatment. Health professionals were involved when care workers had concerns about people's medicines. Medicines administration records were accurately completed and audited regularly to identify and resolve any errors. Management processes remained effective for the safe administration, recording, storage, ordering and disposal of medicines. Care workers were trained and assessed as competent to manage people's medicines. Care workers had access to an up to date medicines policy and procedure to refer to when needed.

People received care in an environment kept free from the risk of infection. Care workers knew the action to take in the event of an outbreak of infection. Good hand hygiene practices and the appropriate use of personal protective equipment ensured care workers minimised the spread of infection in the home. Care workers cleaned the premises daily and the registered manager monitored the cleaning schedules to ensure the service maintained good standards of cleanliness. Appropriate arrangements were in place for the safe disposal of clinical waste and domestic rubbish.

Good

Is the service effective?

Our findings

Care workers were trained and skilled to provide effective care. A healthcare professional commented that care workers 'were helpful and knowledgeable' about people's needs. Care workers underwent training and a review of their performance in regular supervisions and an annual appraisal. Plans were in place for care workers to develop in their careers and to address any skills and knowledge gaps. The registered manager provided advice and guidance to support care workers in their role. Care workers received the provider's mandatory training in safeguarding, mental capacity, infection control and managing of medicines. New care workers received an induction to enable them to understand people's needs and the support each person required before they worked on their own.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People received care in accordance with the requirements of the MCA and DoLS. Care workers sought people's consent before providing care and treatment. People had choice over how they wanted to spend their day and care workers supported them to choose, for example by showing them photographs of places they could visit. Best interests meetings showed people received the support they required to decide where they lived and how they wanted their care delivered. One person had an Independent Mental Capacity Advocate who visited them to ensure care was provided in line with their preferences. At the time of the inspection three people had DoLS authorisations in place in relation to receiving support with their medicines and residing at The Views.

People received food which met their dietary needs and preferences. Care workers involved people in designing the menu planner and kept records about each person's food likes, dislikes and allergies. A person had received support from a Speech and Language Therapist (SALT) because of a risk of choking. Care workers followed guidance provided such as cutting up the person's food and encouraging them to eat slowly. Care workers had attended a PEG feed specialist training when a person's eating and drinking pattern changed to ensure they could provide effective support with their nutritional needs. People took part in meal preparation as far as practically possible, for example putting some cereal and milk for breakfast in a bowl. We saw care workers supported a person to bake a cake in the kitchen and they were happy with this arrangement. Care workers monitored people's weight to ensure they maintained good health.

People continued to have access to healthcare services to maintain their well-being. Care workers monitored people's health and supported them to visit the GP when they were unwell and to attend hospital appointments for specialist treatment. Care workers recorded and followed guidance provided by healthcare professionals and ensured people attended follow up visits. Visits from healthcare professionals such as Speech and Language Therapists, dentists, podiatrists and opticians showed that care workers supported people to access appropriate care for their needs in a timely manner. People had an annual review of their health to ensure no underlying conditions went undetected.

Adaptations to the service allowed people with a physical disability to have access to all areas of the home and to continue to live at the service. Wide corridors and large open spaces enabled people who used wheelchairs to move freely. Bedroom sizes were large enough to allow the use of equipment such as a hoist to transfer people from the chair to a bed. Modified bathrooms allowed easy and safe access to people with reduced mobility. A person used a recliner chair to help with postural support when sitting or lying down. Another person used a tactile mirror to help them see people and objects around them and to locate where they were in the home.

Good

Is the service caring?

Our findings

People enjoyed positive caring relationships with the care workers who provided their care. People received their care from care workers who were kind and caring. Care workers knew each person well and were able to describe what mattered to people and their individual needs. Records confirmed people's interests, likes and preferences as described by care workers. Care workers were respectful to people and showed empathy when responding to what they were saying. We observed interactions between people and care workers were pleasant. For example, a person who was happy to see a care worker wheeled themselves to greet them with outstretched arms and a smile on their face.

Care workers continued to involve people in making decisions about their care and treatment. People were encouraged to choose how they liked to spend their time at the service or in the community. Care workers knew people's preferences and interests and supported them in line with these. Care records showed care workers involved people in the review of their care and supported them to make choices about their day to day lives. Records showed one person enjoyed fishing and another swimming, that people were able to indicate to care workers when they wanted to undertake these activities and that they were supported as they wished. During our inspection, we observed care workers asking people what they wanted to do and they went out for a picnic whilst another went on a bus ride.

Care workers understood people's communication needs and acted in a way that maximised people's involvement in planning their care and support. Each person had a 'pen picture profile' which highlighted how they communicated, for example smiling when they were happy and maintaining eye contact if they were interested in an activity. Care workers were able to explain how a person expressed themselves when in pain or when they had eaten enough food such as pushing away their plate. A keyworker who was a care worker assigned to coordinate a person's care met with them regularly to understand how care was provided and what they wanted to see changed. Care plans showed people's individual needs, preferences, likes and dislikes as highlighted in their key working sessions.

People were treated with respect and their dignity and privacy promoted. One relative commented, "The amazing love and care, respect and dignity with which [person] is treated is valued." Care workers told us they understood the need to respect people's rights under the equality and diversity legislation and did not discriminate against a person because of their disability. They promoted people's dignity through supporting them to dress appropriately, by being discreet when assisting with eating and drinking and respecting their choices. We observed that care workers knocked on people's doors before entering and provided personal care behind closed doors. People's records were accessible to authorised care workers and shared with other healthcare professionals on a need to know basis. Information about people was kept in a locked office and computers were password protected. Care workers conducted handovers out of earshot and records were updated away from people and visitors to the service. We observed care worker speaking to people in a calm manner and they were respectful when they talked about people's needs.

Good

Is the service responsive?

Our findings

People's individual needs were assessed and care workers provided the support they required. One relative commented, "It is heartening to see how much [care workers] are gently expanding [person's] horizons." A healthcare professional commented that people received appropriate care to their needs at the service. Detailed care plans with a section called 'about me' were in place and identified areas each person needed support with such as managing their medicines, finances, meal preparation and going out. Support plans had clear guidance about how care workers were to provide care for example, how to hoist a person out of bed into a wheelchair and how to position them in a bath. Care workers had information about people's background, preferences, interests and medical history. This helped them to understand how to provide personalised care to each person.

People continued to receive care that was responsive to their needs. Regular reviews of people's needs and updates of care plans ensured care workers had current information about the support each person required. Care workers involved people, where appropriate, their relatives and health and social care professionals to assess and review people's care and support plans. Care records of one person showed a support plan was adapted and made responsive to their needs after a decline in their health. A person was supported to pursue their interest to experience the feeling of motion when travelling. The person had travelled on boats, trains, buses, steam engines and attained their goal to undertake a short aeroplane and helicopter flight.

People received the support they required to raise concerns or make a complaint about the service. People had access to an easy read complaints procedure. The service had not received any complaints since our last inspection. Positive comments from a relative we read included, "Highest regard for the way in which you [care workers] care and bend to [person's name] needs in a calm manner."

People received care that was coordinated well. The registered manager worked with other healthcare professionals to facilitate the appropriate delivery of health care services to people. They put in place appropriate equipment and care workers with relevant skills before a hospital discharge of a person using the service.

Good

Is the service well-led?

Our findings

At our inspection of 28 October and 6 November 2014 we found that the systems established to obtain the views of relatives and health and social care professionals, had lapsed, together with some audit processes.

At this inspection of 30 June 2017 we found that the registered manager and provider had addressed the concerns. There were appropriate arrangements in place to consistently audit the quality of the service and to obtain the views of health and social care professionals and relatives.

Quality checks on the safety of the service and care people received ensured shortfalls were identified to improve the service. Improvements were made when necessary. Regular audits of the premises, equipment such as wheelchairs and hoists and health and safety checks were up to date and had not identified any concerns. Care plans, Medicines administration records (MARs), record keeping and activities people undertook were reviewed and audited for accuracy and completeness. Latest audits of MARs did not have any errors which indicated care workers had administered people's medicines as prescribed. An external pharmacist medicine audit of 2016 identified the need for care workers to record expiry dates on homely remedies; this was implemented. An oversight of the management of the service by the provider strengthened the quality assurance systems. The registered manager worked closely with the provider to identify and put a service development plan in place.

People received person-centred care that was focussed on their individual needs. Care workers understood their responsibility to place people at the centre of all decisions about their lives by following the provider's value of, "Nothing about me without me." Care records confirmed care workers involved people, their relatives and health and social care professionals to understand how best to provide good quality care and made the required improvements. Care workers were able to share their ideas about how to improve the service. Good communication ensured information about people's needs was appropriately shared to enable care workers to provide effective care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had submitted statutory notifications to CQC as required. The registered manager understood their obligation in relation to duty of candour and encouraged care workers to learn from mistakes and to be open about how the service provided care.

The registered manager was supportive and approachable and care workers felt able to discuss any concerns about the service. Care workers said the registered manager maintained a high visibility at the service, knew each person well and was hands on which enabled them to share and adopt good practice. Regular team meetings, supervisions and daily interactions with the registered manager gave care workers an opportunity to discuss people's needs and how to improve their practice when providing care. Staff

forums provided an opportunity for care workers to contribute their ideas to the development of the service. A monthly newsletter enabled the service to share good practice and celebrate care workers achievements.