

East Riding of Yorkshire Council

Town 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 ●

Summary of findings

Overall summary

The inspection visit took place on 06 June 2017 and was unannounced.

Town View is a purpose built care service run by the East Riding of Yorkshire Council. It is registered to provide respite services for up to 14 people who are over 18 years old and require support with learning and physical disabilities. The service has two floors with seven bedrooms on each floor and other facilities provided mainly on the ground floor. There is also a courtyard and garden area. A total of 88 people were registered to use the service. At the time of the visit there were three people staying in the service.

At the last inspection in November 2014 the service was rated 'Good'. At this inspection we found the service remained 'Good'.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take appropriate action when required. Recruitment checks were carried out to ensure suitable people were employed to work at the service. Our observations and discussions with staff and relatives of people who stayed at the service confirmed sufficient staff were on duty.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

Risk assessments had been developed to minimise the potential risk of harm to people who stayed at the service. These had been kept under review and were relevant to the care and support people required.

Care plans were in place detailing how people wished to be supported. People who received support, or where appropriate their relatives, were involved in decisions and consented to their care. People's independence and choice was promoted.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required.

We observed regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. Comments from people who stayed at the service were all positive about the quality of meals provided. One person said, "The food here is the best."

We found people had access to healthcare professionals and their healthcare needs were met.

Relatives of people who used the service told us people were encouraged to participate in activities of their choice and a range of activities that had been organised.

People who used the service and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise concerns.

The registered manager used a variety of methods to assess and monitor the quality of Town View. These included external audits, regular internal audits of the service, surveys and staff and relatives meetings to seek the views of people about the quality of care being provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Town 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.

This inspection visit took place on 06 June 2017 and was unannounced.

The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection visit we reviewed the information we held on Town View. This included notifications we had received from the provider about incidents that affect the health, safety and welfare of people who used the service. We also reviewed the Provider Information Return (PIR) we received prior to our inspection. This 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. This provided us with information and numerical data about the operation of the service.

We spoke with a range of people about the service including three people who were using the service at the time of the inspection, four people who had previously used the service, three relatives and three staff members. In addition we also spoke with two technical assistants and the registered manager. Technical assistants are part of the quality assurance team employed to monitor the quality of the service and to ensure compliance.

We looked at care records of four people who used the service, training and three recruitment records of staff members and records relating to the management of the service. We also contacted the safeguarding department at the local authority. This helped us to gain a balanced overview of what people experienced living at Town View.

Is the service safe?

Our findings

Two people who stayed at the service told us they felt safe in the service and with the way staff supported them. Comments from individuals who used the service included, "Yes I feel safe and happy.", "When I come to stay at Town View I am allowed the key to my bedroom but not the key to the cupboard for my medication." One relative said, "Yes [relative] is very safe; the staff looked after her very well and there is always enough staff on duty."

We observed that all the people who were at Town View during the inspection were supervised at all times in line with their care plans to maintain their safety.

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. These had been reviewed since the last inspection and training continued to be updated for staff. In addition staff had been recruited safely, appropriately trained and supported by the management team.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. Where potential risks had been identified the action taken by the service had been recorded. We reviewed how a safeguarding incident which had occurred in the service was dealt with. We found safeguarding procedures carried out and protection measures were robust and took into consideration wishes and feelings of people and their relatives.

The service monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed. During our inspection visit staffing levels were observed to be sufficient to meet the needs of people who were staying at the service. Comments from staff included, "Staffing levels are fine. If there is someone who needs one to one support we get that supported dedicated to them." The registered manager informed us that the staffing arrangements allowed them to bring in additional care staff as required and in response to the needs of the people in their care at any given time. This would ensure that people's needs would be met in a timely manner.

We looked at how medicines were recorded and administered. Staff had ensured that people brought their medicines with them when they came to stay at the service. There was secure storage in each bedroom for keeping people's medicines safe. There were thermometers held in each medicines storage area to help staff check the temperature to make sure this was correct and medication was not compromised. Temperatures for the medicines fridge had been recorded and audited regularly. This was an improvement from our last inspection. The relatives we spoke with told us they were happy with the support provided to people to receive their medicines. They were reminded to bring all medicines when people came to stay at the service.

We looked at medication administration records for two people. Records showed medicines had been signed for. We checked this against individual medicine packs which confirmed all administered medicines could be accounted for. This meant people had received their medicines as prescribed and at the right time.

The registered manager had internal and external audits in place to monitor medicines procedures.

The building was clean and free from unpleasant odours with hand sanitising gel and hand washing facilities available around the premises. There was a dedicated team of domestic staff who kept the service clean. We observed staff making appropriate use of personal protective equipment such as disposable gloves. We found equipment had been serviced and maintained as required. For example, records confirmed bath hoists and other electrical equipment complied with statutory requirements and were safe for use. Regular checks were also made to ensure fire safety equipment was working and water temperatures were safe in line with health and safety guidelines. This helped to ensure people were staying in a safe environment.

Is the service effective?

Our findings

People received effective care because they were supported by a staff team that were trained and had a good understanding of people's needs and wishes. For example, all staff we spoke with told us they knew the people who used the service well because it was a small service. One relative said, "[Name removed] is very fussy but if she doesn't want the hot food being offered the staff will make her a sandwich and the staff promote healthy eating here."

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff who worked in this service made sure that people had choice and control over their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice. When we undertook our inspection visit three people who used the service had been assessed as lacking capacity to consent to their care and DoLS authorisation requests had been made to the local authority and approved.

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. Discussion with the registered manager confirmed they understood when an application should be made and how to submit one. We did not observe people being restricted or deprived of their liberty during our inspection.

We observed staff supported people to eat their meals. Staff offered a choice of drinks. They encouraged individuals with their meals and checked they had enough to eat. We observed staff gave people an alternative choice if they did not like the meals on offer. Comments about the food were good. One person who stayed at the service said, "The food is nice." Another person said, "I go into the kitchen and make it myself, we have different food and it's nice."

Staff recorded in care records each person's food and fluid likes and dislikes. This was good practice to provide preferred meals in order to increase their nutritional intake. There were care plans for people who were at risk of not receiving enough to eat or drink. Information in the records showed involvement from other professionals such as speech and language therapists. Where necessary people's weight was monitored and recorded.

We looked at the building and grounds and found they were appropriate for the care and support provided. We saw people who stayed at the service had access to the grounds which were enclosed and safe for people to use. In addition there were two lounges for people to make a choice on where to spend their time. One person who stayed at the service said, "I like the upstairs lounge, it is quiet." We observed people moved around the building freely with staff supervising them.

Care records we looked at contained information about other healthcare services that people who stayed at the service had access to. We noted that, in the majority of times, people had visited GPs and hospitals from

their main addresses. However arrangements were in place to support people if they needed to see health professionals while staying at the service. Staff had documented when individuals were supported to attend appointments or received visits from, for example, GPs. Documentation was updated to reflect the outcomes of professional health visits and appointments.

Is the service caring?

Our findings

During our inspection visit we observed people were relaxed, happy, smiling and comfortable. We confirmed this by talking with people. For example, comments included, "It's a lovely place and it's homely." A relative said, "We are given little booklets about things to help explain difficult things." Another relative said, "I know how to access advocacy services if I need to."

We observed staff engaged with people in a caring and relaxed way. For example, they spoke to people at the same level and used appropriate touch and humour.

Staff had a good understanding of protecting and respecting people's human rights. Some staff had received training which included guidance in equality and diversity. We discussed this with staff; they described the importance of promoting each individual's uniqueness. There was an extremely sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society.

There were arrangements to promote people's independence and autonomy. We observed people being as independent as possible, in accordance with their needs, abilities and preferences. People were encouraged to do as much as they could for themselves. For example, one part of the property had been designed to allow people to be independent with some supervision and oversight from staff. Facilities had been provided to allow people who were able to make their own meals and snacks, as well as facilities to keep and manage their own medicines. Staff explained how they promoted independence, by enabling people to do things for themselves. One staff member said, "We encourage people who have independent living skills to do as much as they can. We have rooms with low worktops to allow people who use wheelchairs to make their own snacks and drinks if they wish to."

Staff maintained people's privacy and dignity throughout our visit. For example, we saw staff knocked on people's bedroom doors before entering. Staff also addressed people in their preferred name. Care records that we saw had been written in a respectful manner.

Relatives told us the management team encouraged them to visit at any time. They said this gave them the freedom to access the service around their own busy schedules. We observed staff welcomed relatives with care and respect. For example, they had a friendly approach and one relative said, "They always make you feel welcome and offer me a drink."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered provider had information details that could be provided to people and their families if this was required. We saw evidence of one person staying at the service who was being supported by an advocate. We met with an advocate who had come to see one person who stayed at the service. They informed us staff had acted in the person's best interest and followed the care plan as agreed by the courts. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Is the service responsive?

Our findings

People who stayed at the service and relatives told us they felt the registered manager and staff were responsive and met their needs with an individual approach. Comments from people included; "I give my feedback to [name removed]", "One of the videos went funny. I went to the staff and they sorted it out." Another person who frequently stayed at the service told us I love sewing, I use a pattern and I do it by myself" and "I like to play bingo, it's nice."

We looked at care records of four people to see if their needs had been assessed and consistently met. They had been developed where possible with each person, family and professionals involved with them, identifying what support they required. Relatives told us they had been consulted about support that was provided before using the service. They told us they sat down with staff and the registered manager regularly to discuss what had gone well and what could be improved.

Staff completed a range of assessments to check people's abilities and review their support levels. For instance, they checked individual's needs in relation to mobility, mental and physical health and medicines. Any specific requirements for each individual had been identified, for example, people who required assistance with moving, people who were at risk of choking and people who were at risk due to their vulnerability. We saw evidence showing the service had considered implementing electronic care records.

We found assessments and all associated documentation were personalised to each individual who stayed at Town View. We saw families could write their own support plans to help staff understand people's daily routines when they are at home. This helped ensure people's routines were not disrupted during their stay at Town View.

The provider had been responsive to the needs of people who accessed their services. For example Town View provided accommodation to people who had more complex needs and professionals had found difficulty in accessing alternative accommodation. They also provided support to individuals who may require emergency accommodation due to family crisis, safeguarding or placement breakdown.

The service had considered good practice guidelines when managing people's health needs. For example, we saw people had hospital passports in place. Hospital passports are documents which promote communication between health professionals and people who cannot always communicate for themselves. They contained clear direction as to how to support a person and included information about whether a person had a DoLS in place, their mobility, skin integrity, dietary needs and medicines. The passport also provided information about whether the person had a 'do not resuscitate order' (DNACPR) which is a legal form to withhold cardiopulmonary resuscitation (CPR). This meant other health professionals had information about individuals care needs to ensure the right care or treatment was provided.

People were supported to maintain local connections and important relationships. People were also actively encouraged and supported to maintain local community links. For example, we saw one person who had stayed at Town View for a longer period of time had been supported to regularly maintain contact

with their relatives and to continue accessing day care facilities in the community. The service was adjacent to a day service that was attended by some of the people who stayed at the service. This helped to maintain continuity for these individuals. We saw evidence of various activities including day trips to the beach, safari park, sporting events and trips to watch the local football team.

The service had a complaints procedure which was made available to people on their admission to the service. Copies were on view in the service and had been written in an easy read format to enable people who used the service to understand the procedures. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

We spoke with people who used the service and with relatives. They told us they knew how to make a complaint if they were unhappy. They told us they would speak with the manager who they knew would listen to them. No complaints had been received at the time of our inspection.

Is the service well-led?

Our findings

There was a registered manager employed at Town View. 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.

Staff we spoke with told us they felt the registered manager worked with them and supported them to provide quality care. We only received positive comments from staff and relatives and they included, "[Registered manager] listens to you and is approachable. Her door is always open we know we can make suggestions and feel listened to." Also, "The place is well organised and managed very well."

Staff we talked with demonstrated they had a good understanding of their roles and responsibilities. We found the service had clear lines of responsibility and accountability with a structured management team in place. The registered manager was experienced and had an extensive health and social care background. They had worked at the service for a long time. They were, knowledgeable and familiar with the needs of the people they supported. Care staff had delegated roles including medicines management, infection control and one to one observations. Each person took responsibility for their role and had been provided with oversight by the registered manager who was in turn accountable to an operations manager and head of services.

Staff and service user meetings were held on a regular basis. We confirmed this by looking at minutes taken of meetings. In addition staff and 'relative/family' surveys were carried out regularly. The quality assurance/technical assistant team analysed any comments and share them with the registered manager who had acted upon them. Feedback we saw demonstrated people felt the service was excellent. We saw people and staff were consulted on the daily running of the service and any future plans. Senior managers in the service had been involved in the running of the service had engaged with staff. For example the service managers had been invited to the annual team day and staff meetings to meet with the staff face to face. This meant demonstrated that senior leadership were engaged with the service.

The registered manager and provider had auditing systems to assess quality assurance and the maintenance of people's wellbeing. We found regular audits had been completed by the registered manager and provider. These included medicines, the environment, care records, accidents and incidents and infection control. Any issues found on audits were quickly acted upon and lessons learnt to improve the care the service provided.

There was a quality assurance support team known as technical assistants. These provided support with ensuring compliance and analysing information in the service such as accidents and incidents, as well as monitoring that the service was complying with registration requirements and quality requirements with other regulatory authorities. They also drew actions plans for the registered manager and monitored that these had been completed in a timely manner. There was a forum for sharing best practice in the service which provided an supporting environment for management, an opportunity to discuss areas of concern

and to share updates in requirements or any developments or changes in regulatory requirements.

We also noted that independent care quality inspections had been undertaken by a quality assurance officer. These helped identify areas for improvement and actions that were required. At the time of the inspection this post was vacant. The registered manager informed us that there were plans to recruit a replacement and continue with the quality assurance process.

We saw evidence to demonstrate various way that the service had adopted to keep up with best practice. This included centralising information in one place for easy access for staff and the registered manager, nominating care staff as champions in various areas of care practices for example moving and handling, safeguarding, infection control, dignity and dementia champions. These staff would attend multi-disciplinary meetings with other stakeholders such as the local Clinical Commissioning Groups and share information and best practice with other staff in the service.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners, specialist nurses, dieticians and best interest assessors. The service also worked closely with the local special schools and local adult education providers.