

Selborne Care Limited

The D O V E Project

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

We carried out this unannounced inspection on 7 and 8 May 2018. The service was last inspected in February 2016 and was found to be meeting the regulations. The service was rated as Good at that time. The service continues to be rated as Good.

The DOVE project is a domiciliary care agency that provides personal care and support to people with a learning disability or a mental health condition in their own homes. At the time of our inspection the service was providing a 24 hour supported living service and personal care to three people. A supported living service is one where people live in their own home and receive care and support to enable them to live independently without total reliance on parents or guardians. People have tenancy agreements with a landlord and receive their care and support from a domiciliary care agency. As the housing and care arrangements are separate, people can choose to change their care provider and remain living in the same house.

The service is required to have a registered manager and at the time of our inspection a registered manager was not in post. However, the manager who was in overall charge of the day-to-day running of the service had started the process to make an application to the Care Quality Commission (CQC) to become the 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.

There was a positive culture in the service, the management team provided strong leadership and led by example. Management were visible and known to staff and all the people using the service. Staff were consistently positive about the local management of the service. Comments included, "There is a lovely person centred management approach to working with staff and clients. I don't feel afraid to take any issues or problems to them. There are no reprisals. This company at local level are amazing at valuing their staff."

Staff told us they were well supported and confident in their abilities to fulfil their roles and responsibilities. Staff roles and responsibilities were clearly defined and understood by all. Staff commented, "In the short time I've been working with Dove I have received all necessary training and been correctly inducted and shown the ropes with every client I support. One of the best companies I have worked for."

People using the service had limited verbal communication and were not able to tell us their views about the care and support they received. However, we observed people were relaxed and comfortable with staff, and they received care and support in a way that kept them safe. People had a good relationship with staff and were comfortable with the staff that supported them.

People's behaviour and body language showed that they felt really cared for and that they mattered. A health care professional commented, "Each of Doves clients appear to be happy and safe both at home and

out and about with their staff members. This is evidenced by their now calm demeanours and change in behaviour from the aggression and frustration that they had displayed in the past." A relative told us, "I'm very happy with the way things are being handled. I have not had a reason to have concerns with the service."

Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected. People were supported by dedicated staff teams who were employed to work with specific people using the service.

People received care from staff that knew them well, and had the knowledge and skills to meet their needs. Staff spoke about the people they supported fondly and displayed pride in people's accomplishments and showed a willingness to support people to be as independent as possible.

Staff supported people to maintain a healthy lifestyle where this was part of their support plan. People were supported by staff with their food shopping and with the preparation and cooking of their meals.

People were supported to have their medicines as prescribed. Systems for recording when people had received their medicines were robust.

People were supported to access the local community and they took part in activities that they enjoyed and wanted to do. Records showed that people went out most days for walks, shopping and visiting local attractions.

The management and staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. People are 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 support this practice. DoLS applications or authorisations were in place for people who required this. Where relevant best interest processes had been followed to help ensure any restrictive practices were necessary and proportionate.

Relatives said they knew how to make a formal complaint if they needed to but felt that issues would be resolved informally as the management and staff were very approachable. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

There was effective quality assurance systems in place to monitor the standards of the care provided. Audits were carried out regularly by the manager and staff. Relatives and people's view about how the service was operated were sought.

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 remained good.	Good ●
Is the service effective? The service remained effective.	Good ●
Is the service caring? Te service remained caring.	Good ●
Is the service responsive? The service remained responsive.	Good ●
Is the service well-led? The service remained well led.	Good ●

The D O V E Project

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 took place on 7 May and 8 May 2018 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed previous inspection reports and other information we held about the home including any notifications. A notification is information about important events which the service is required to send us by law. We also reviewed the Provider Information Return (PIR). 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.

We met with three people who used the service, the manager, and five staff. Following the inspection we received feedback from two relatives, three health care professionals and ten staff members. We looked at detailed care records for two individuals, staff training records, three staff files and other records relating to the running of the service.

Is the service safe?

Our findings

We observed that people were comfortable and at ease with the people who supported them. Relatives of people who used the service confirmed they had confidence in the staff team and felt their relatives were provided with safe care. A health care professional commented, "Each of Doves clients appear to be happy and safe both at home and out and about with their staff members. This is evidenced by their now calm demeanours and change in behaviour from the aggression and frustration that they had displayed in the past."

Staff told us that they had completed training in how to provide people's care in a safe way. For example, how to safely use equipment in order to support people in their own home. They said that they were familiar in understanding what abuse meant and how to report abuse. Staff members were knowledgeable when telling us how to recognise the signs of potential abuse and the relevant reporting procedures. If they did suspect abuse they were confident the manager would respond to their concerns appropriately.

People's care records included risk assessments that had been completed to identify and manage risks associated with the delivery of their care. These included actions staff needed to take to support people to maintain a safe environment and risks specific to the care and support being delivered. For example, supporting people with meals and hot drinks and having the right equipment to help them mobilize. People were protected from risks because hazards to their safety were identified and managed. Staff comments included, "When working with clients I have always been encouraged to review the working policies and all staff complete incident, accident and near miss forms whenever an issue occurred. This has given me a sense of ownership of my work and is encouraging to see when risk assessments get carried out or changes implemented due to these forms."

Risk assessments for the safe managements of medicines provided staff with a good understanding about the specific requirements for people they supported. Staff had relevant training and competency testing to assist them in the safe administration of medicines. Where staff supported people with their medicines they completed medicines administration record (MAR) charts to record when each specific medicine had been given to the person. Where an error had been reported the staff member was provided with additional training, supervision and observations by senior staff to ensure staff had learned from the error.

Staff were aware of the reporting process for any accidents or incidents. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident. Where incidents had occurred the service had used these to make improvements and any lessons learned had been shared with staff.

Staff recruitment procedures were in place, which demonstrated appropriate employment checks had been completed before staff began working for the service. All files contained proof of identity and satisfactory references. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This helped to protect people from being cared for by

unsuitable staff.

People told us they were satisfied with staff who supported them. Duty rotas were prepared in advance and care packages were not accepted unless there were sufficient staff available. Staff comments included, "I have enjoyed my time at Dove. I feel supported and appreciated and can understand why there is a good retention rate for staff at the company. This is obviously good for the company as agency is only used very rarely and must in turn, be good for the clients as this is consistency for them."

The service held a policy on equality and diversity. Staff were provided with training on equality and diversity. This helped ensure that staff were aware of how to protect people from any type of discrimination. Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices. For example, if people were poorly sighted staff would read things out to them or support them to recognise where they were. We saw examples of people being supported in an individualised way during our visits to people's homes.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other residents. Care records contained information which guided staff about how to minimise this and what to do when incidents occurred. For example, one care plan gave clear specific guidance for staff about why a person may react to personal care and what action may reduce the person's anxiety.

Staff told us when they had needed to contact the office or on call contacts they had been answered and responded to appropriately.

Staff were provided with personal protective equipment, for example; gloves and aprons, which helped to maintain infection control. When visiting people in their own homes we were told staff used personal protective equipment when necessary and there was evidence of this equipment being made available to staff during the office visit.

Is the service effective?

Our findings

Staff had the knowledge and skills to provide people who used the service with effective care and support. We observed staff delivered good, effective care and support. People were generally happy with the care they received and relatives and health care professionals told us that it met their needs. People received support from a familiar and consistent staff team.

Staff had a good working relationship with the local GP practices and healthcare professionals. Records evidenced that people had seen an optician, dentist and podiatrist as necessary. Due to people's level of health care needs it was not always possible for them to be involved in their own healthcare management. Where appropriate, families were kept informed of any changes in their family members healthcare needs.

Health care professionals commented, "The staff are consistent and it tends to be a very stable staff group. They appear kind and caring in their support. They are good at taking on board any advice and suggestions we make"; "In my experience the service has been open and welcoming of the support we have provided to the clients" and "I have found them open and transparent."

Nobody said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age.

There was a structured induction programme which included in house training and working with more senior staff for a probationary period. The induction was in line with the Care Certificate which is designed to help ensure staff, who are new to working in care, had initial training that gave them an adequate understanding of good working practice within the care sector. Staff comments included, "Upon joining the company, I received a thorough induction and training. This was with my manager directly, but also with opportunities to shadow other members of the team which enabled me to a gain a good understanding of each task. This is something which has continued throughout my employment."

Staff received support from the management team in the form of supervision and annual appraisals. They told us they felt well supported and were able to ask for additional support if they needed it. Staff meetings were held to provide each staff group with an opportunity to share information and voice any ideas or concerns regarding the running of the service.

Staff told us they felt they were listened to and that they were asked for their ideas and suggestions regarding the development of the service. Staff comments included, "In the short time I've been working with Dove I have received all necessary training and been correctly inducted and shown the ropes with every client I support. One of the best companies I have worked for" and "I can't fault the way the service is managed. Very supportive; the manager is quite new to the role but is very supportive and knows the clients well."

Staff had received training relevant for their role including, Mental Capacity Act, safeguarding of adults, infection control, manual handling, first aid and food safety. Staff received other specialist training to

support them to effectively support and meet people's individual needs. For example, specific learning disabilities, diabetes and nutrition.

Managers and senior staff regularly met care staff for either an office based meeting or an observation of their working practices. This gave staff an opportunity to discuss their performance and identify any further training they required. Staff told us they felt supported by the management team. Staff comments included, "I have always felt happy to speak to my manager regarding any issues that I may have as there is an open door policy and staff are made to feel very welcome. The management also complete regular house visits to check working practice."

Staff members confirmed they had regular one-to-one meetings and appraisals to discuss their work and training needs.

People's healthcare needs were well documented and updated as required. This information was discussed with the person or appropriate relatives as part of the care planning process. Records showed where staff had reported changes in a person's health needs and this information was passed to the necessary health professionals to act on. This was confirmed by the health care professionals we spoke with.

The service was planning to introduce technology systems for completing care plans and other communication methods so that staff had better access to information and could update information remotely.

The Mental Capacity Act 2005 (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 as least restrictive as possible. The managers and staff had received training on the MCA. Staff we spoke with were knowledgeable about how the Act applied to their role.

Staff told us they asked people for their consent before delivering care or support and they respected people's choice to refuse care. We saw that staff asked for people's agreement before they provided any care or support. 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. People chose when they got up and went to bed, what and when they ate and how they spent their time. Some people required support to do this and this was provided by staff.

Mental capacity assessments and best interest decisions were recorded where a person lacked capacity to consent to certain decisions such as medical procedures. This demonstrated that the best interest process was followed to ensure the service worked in the least restrictive way.

People were supported to eat a healthy and varied diet. Staff regularly monitored people's food and drink intake to ensure people received sufficient each day. Staff monitored people's weight regularly to ensure they had sufficient food.

Records demonstrated that people were supported at mealtimes in line with their plan of care. We observed that staff asked people what they preferred to eat and prepared and cooked their food to a good standard. Staff received food safety training so they understood food management.

Is the service caring?

Our findings

Due to people's health care needs they were not able to talk to us about their opinions of the service they received. However, when we visited people in their own homes we observed that people appeared happy with the level of support they received and the staff who supported them. People's behaviour and body language showed that they felt really cared for and that they mattered.

The service provided to each person was personalised to the individual and based upon their specific needs. Staff spoke about the people they supported fondly and displayed pride in people's accomplishments and a willingness to support people to be as independent as possible. Staff involved people in their own daily care and support. One person's support plan detailed how the person was involved in many of the daily tasks of running their home. For example, they helped staff in their meal preparation, their laundry and putting away their clothes.

Support was provided by staff who knew and understood what was important to people in how their care was provided. Staff had a good knowledge and understanding of people, respected their wishes and provided care and support in line with those wishes and at a pace suitable for their needs.

Although people who used the service had limited verbal communication staff understood their individual ways of communicating and had clearly developed a good knowledge of each person's needs. Care plans described how people communicated and what different gestures or facial expressions meant. This information had been developed over time with key staff and in conjunction with people's families.

People were supported by a staff team of their choosing and who had been introduced to them prior to starting to work with them. Staff were motivated and clearly passionate about making a difference to people's lives. Staff told us they were a 'close' team and that they enjoyed their work. Staff comments included, "Quite a few of the staff have worked here for a number of years. That says a lot about how happy they are", "I love my job. I have worked with [Person's name] for some time now and I really enjoy it" and "I get a lot of job satisfaction from my role and supporting [Person's name] to live in their own home and live a good life."

We saw that staff treated people with care, respect and kindness. Staff understood their role in providing people with person centred care and support. They were aware of the importance of maintaining and building people's independence as part of their role. A health care professional told us about their experience of observing staff when they supported people to attend outpatient appointments, "When people visited us they have been well supported. I have observed staff to be kind and patient in their support."

Staff were aware of people's individual needs around privacy and dignity. We saw that staff understood people's desire to have time alone and gave them space to do this. Staff told us they felt people's privacy and dignity were always respected. They said the care and support people received from the service enabled them to be as independent as was possible.

People's religious and cultural needs were respected and supported. There was information about this in people's care records.

People and their families had the opportunity to be involved in decisions about their care and the running of the service. The manager visited each person regularly to give them the opportunity to share their views of the service.

Is the service responsive?

Our findings

We observed that staff understood and responded effectively to the needs of the people who used the service. People were clearly comfortable with their staff and had developed close and meaningful relationships. Relatives were positive about the service provided. Comments from relatives included, "I'm very happy with the way things are being handled. I have not had a reason to have concerns with the service."

Before the service began to provide support people had their needs assessed to ensure the service was able to meet their needs and expectations. The manager was knowledgeable about people's needs. Each person had a care plan that was tailored to meet their individual needs. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health.

Peoples' care plans reflected their physical, mental, emotional and social needs. There were details regarding personal history, individual preferences and interests. Staff demonstrated a good understanding of people they supported and were aware that people should have as much choice and control over their lives as possible. For example, care plans provided clear guidance to staff about appropriate levels of support which did not undermine a person's independence and ability to continue to carry out care and domestic tasks for themselves wherever possible. Care plans were regularly reviewed and were person centred and detailed.

Care planning records included information about a person's choice when they were entering the final stages of their life. People were provided with the opportunity to discuss this or not and staff respected this.

Staff completed daily care records, kept in the folders in people's homes. These recorded details of the care provided. For example personal care, food and drinks the person had consumed as well as information about any observed changes to the persons care needs. This information provided a clear audit trail of the care and support being delivered. It also supported reviews which were regularly held to look at the level of care and support being delivered and if any changes had occurred or were required.

Since August 2016 all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. Care plans documented the communication needs of people in a way that met the criteria of the standard. There was information on whether people required reading glasses and any support they might need to understand information.

People were supported to access the local community and to pursue leisure interests in line with their care plan. A team leader shared examples of how people were supported with their leisure activities. For example, shopping, going for walks, attending local attractions such as National Trust gardens. The

approach was person centred and revolved around what the person wanted to do so that activities were driven by them.

The service had a complaints procedure which was made available to people they supported and relatives involved with the person's care. People told us knew how to make a complaint if they were unhappy about anything. The service kept a record of concerns raised with them with a clear audit of how they were investigated and what if any action was taken. It demonstrated the service was open and transparent in how it managed complaints raised with them.

Is the service well-led?

Our findings

We received positive feedback from relatives, health care professionals and staff about the leadership of the service. Staff comments included, "There is a lovely person centred management approach to working with staff and clients. I don't feel afraid to take any issues or problems to them. There are no reprisals. This company at local level are amazing at valuing their staff." A healthcare professional told us, "I have always found The Dove Project to be well managed. I find them approachable and helpful and have no concerns."

There was a management structure in the service which provided clear lines of responsibility and accountability. The service is required to have a registered manager and at the time of our inspection a registered manager was not in post as the previous registered manager had left the organisation. However, the newly appointed manager, who was in overall charge of the day-to-day running of the service, had started the process to become the registered manager. The new manager told us they had been supported in their role by senior management.

There was a positive and open culture in the service, the management team provided strong leadership and led by example. The manager of the service were approachable and known to staff and all the people using the service. Staff were positive about the how the service was run. Staff told us, "I enjoy my job. The manager leads by example. It's a good company to work for", "Management are very supportive" and "I find the organisation supportive of me both professionally and in my personal life when necessary."

Robust corporate structures were in place to monitor the quality of the service provided. Senior managers carried out at least quarterly quality assurance visits to the service's office and to the houses of people using the service. The manager also completed regular visits to ask people about their views of the service being provided. Staff in the service completed weekly checks at each person's home. These included checks on health and safety, medicines, people's money and care records. Where the need for any improvements had been identified from any of these monitoring visits these were actioned in a timely manner.

The management of the service had an open culture that welcomed feedback to improve and develop the quality of the service provided. Staff told us they were encouraged to put forward any ideas about the running of the service and how people's care and support was provided. They could do this through one-to-one supervisions, staff meetings and through regular informal contact with managers. Staff said, "Any ideas we have are always sought out and welcomed" and "I feel my opinions and ideas are welcomed." Staff told us senior staff regularly engaged with them, through supervision and spot checks.

Staff were supported through staff meetings to discuss operational issues and changes which may affect work patterns. Staff were able to discuss the quality of the service provided, the standards expected and any other issues. They told us they were able to contribute to the meetings and their views were always listened to.