

Vivo Care Choices Limited

# Dorin Court Bungalow Short Break Service

## Inspection report

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Date of inspection visit:  
22 November 2017  
29 November 2017

Date of publication:  
05 January 2018

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection took place on 22 and 29 November 2017 and was announced. We gave 6 hours notice of the inspection because we needed to be sure that a member of the management team would be available in the office to assist with the inspection. At the last inspection during September 2015 the service was rated Good. At this inspection the service was rated requires improvement.

Dorin Court Bungalow is a short stay respite service that provides support for adults who have a learning disability. The service can support up to five people and have 36 people registered to receive respite. One the first day of our visit there were no people staying at the service and there were five people staying on the second day of our visit.

There was an interim manager at the service at the time of our inspection. The service did have a registered manager in post but they were unavailable. 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.

At this inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had risk assessments in place however, these did not cover all areas of risk specific to each individual to keep them safe. The registered providers audit systems had identified the requirement to review and update all risk assessments however; this had not been actioned. You can see what action we told the provider to take at the back of the full version of the report.

Staff recruitment systems were robust and this helped ensure only suitable staff were employed to work with the vulnerable people supported. All staff had undertaken an induction and had completed shadow shifts at the start of their employment. Staff had all completed essential training required for their role. Staff received support through supervision and team meetings. This meant people received safe care and support from staff that had the right skills and knowledge.

Staff had all received safeguarding training and demonstrated a good understanding of this when spoken to. There were policies, procedures and systems in place to protect people from abuse.

People's needs had been assessed prior to them using the service. A selection of care planning documents were in place that included an 'All about me' and 'My Health Passport' documents. People had been supported to participate in the preparation of their care plans.

People told us they were supported by staff that knew them well and treated them in a kind and caring way. Staff rosters showed there were enough staff to meet the needs of the people supported. People told us that the staff respected their privacy and dignity.

The complaints procedure was available in easy read and pictorial formats. People told us they felt confident to raise a concern or complaint and believed any concerns would be listened to and acted upon promptly.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and to report on what we found. We saw that the registered provider had policies and guidance available to staff in relation to the MCA. Staff demonstrated a basic understanding of this and had completed training. The registered provider had made appropriate applications for Deprivation of Liberty Safeguards (DoLS) and were awaiting outcomes on these.

The registered provider had up to date policies and procedures in place to support the running of the service and these were regularly reviewed.

## 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 was not always safe.

Risk assessments did not hold sufficient information to demonstrate that risk had been minimised for people?.

The registered provider employed sufficient numbers of staff and followed robust recruitment procedures.

Staff had all received safeguarding training and were familiar with the services policies and procedures.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People were supported with eating and drinking and their dietary needs were clearly documented.

Staff had received training relevant to their role and had the right knowledge and skills to support people.

People's rights were protected by trained staff that had up-to-date knowledge of the Mental Capacity Act 2005.

**Good** ●

### Is the service caring?

The service was caring.

There were positive relationships that had been developed between staff and the people they supported.

People had information available to them in a format that met their needs.

People's rights to privacy and dignity were respected.

**Good** ●

### Is the service responsive?

The service was responsive.

Care plans reflected people's individual needs.

**Good** ●

People and their relatives knew how to make a complaint and felt confident they would be listened to.

People had access to activities of their choice.

### **Is the service well-led?**

The service was not always well-led.

The registered provider's monitoring systems had identified areas for development and improvement but had not addressed them promptly.

People, relatives and staff told us the management team were approachable and always available to offer support or discuss concerns.

The registered providers policies and procedures were up to date and regularly reviewed.

**Requires Improvement**



# Dorin Court Bungalow Short Break Service

## **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 overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one adult social care inspector. The inspection took place on 22 and 29 November 2017 and was announced. The registered provider was given 6 hour's notice as Dorin Court Bungalow is a respite and short stay service and we needed to be sure that someone would be available during our visit.

During our inspection we spoke with five people who used the service, four relatives and observed staff interactions with people that used the service. We also spoke with three support staff, a supervisor and the interim manager. We looked at the environment, medicine management systems, staff recruitment files for two staff, training records for all staff, care plan and risk assessments for two people and other records relating to the management of the service.

Before the inspection the provider had completed a 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 also reviewed information we held about the service. This included notifications received from the registered manager, safeguarding referrals, concerns about the service and other information from members of the public. We contacted the local authority safeguarding team who told us they had no immediate concerns regarding the service.

## Is the service safe?

### Our findings

People told us they felt safe when they stayed at the service and always looked forward to visiting. Relatives told us that they were confident people were protected by staff that knew them well and understood their specific needs.

Risk assessments were in place within each care plan file we reviewed, however insufficient information was available within these documents for staff to have clear guidance to follow when supporting people. One person required a wheelchair when mobilising and the risk assessment did not clearly describe the person's safe moving and handling requirements. Another person's care plan stated they were at risk of choking and required a pureed diet. A risk assessment was not in place for the safe management of this. Other risk assessments that were in place were not specific to the individual and were replicated in each person's care plan file. For example, each care plan file held a risk assessment for the safe transportation of money and medication when people attended day services during their respite stay. Each risk assessment was identical and did not hold essential information relating to specific risks to each individual person.

Personal emergency evacuation plans (PEEPs) were in place within each file that we reviewed. A PEEP is a document that describes the support a person needs to evacuate the building in the event of an emergency. The information was the same within each person's file and did not reflect people's individual needs. For example one person required moving and handling support and a description of how this person's needs should to be met was not available. This meant people were at risk of not receiving safe care and treatment due to insufficient guidance being available for staff.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as risks that had been identified risks had not been mitigated

The registered provider employed sufficient numbers of staff to keep people safe and followed safe recruitment practices. The interim manager told us that the staffing had recently been reviewed and amended to meet the needs of the people that accessed the service. Relatives told us there were enough staff when people were at the service but there had not always been enough staff to support people to go out on their chosen activities. They told us this had recently improved following the amendments to the staffing rosters.

We looked at the recruitment files of two staff and saw that they held a completed application form, interview records, as well as two references which included the most recent employer. An up-to-date disclosure and barring check (DBS) was held for each member of staff employed. The DBS carry out criminal record and barring check on individuals who intend to work with children and vulnerable adults to help employers make safer recruitment decisions. This meant people were supported by staff that were of suitable character to work with vulnerable people.

Policies and procedures were in place for the reporting and management of safeguarding concerns. Staff were aware of their responsibilities in relation to safeguarding the people they supported. Staff had all completed safeguarding training and the staff we spoke to were able to describe the different types of abuse

and the clear processes for reporting any concerns they had.

Staff supported people with the management of their medicines and had all completed training in this. Competency assessments were in place for all staff and these were reviewed regularly. Medicines were stored in each person's room in a locked cupboard. Only one person staying at the service required support with their medicines during our visit. We looked at the medicines administration record (MARs) and found these records to be fully complete and accurate. The care plan for this person clearly described the level of support that they required with their medicines. This meant people received their medicines as prescribed.

Personal protective equipment (PPE) was available for all staff. This included gloves and aprons that staff wore when undertaking personal care tasks. These items are used to protect staff and people from the risk of infection being spread. Staff and the people supported talked to us about the importance of hand washing to stop the spread of germs.

Staff told us that they had access to an 'on call' system at all times when they were working. This meant that a member of the management team was available to offer advice and support. This meant an appropriate person was available in the event of emergency at the service.



## Is the service effective?

### Our findings

People told us that they knew the staff and were able to tell us the names of the staff that supported them regularly. They told us this was important to them and helped them feel happy and comfortable when staying at the service. Relative's comments included "Staff seem well trained", "The service do their best to meet our needs" and "The staff know [Name] very well and understand how to manage their needs".

People spoke positively about the food at the service. Comments included "It's a ten from me for food", "I love every meal and always choose what I want to eat" and "I love chicken fajitas, they are the best". Relatives told us "[Name] enjoys the food and has never complained about it" and "[Name] loves the roast dinner, it is their favourite". Records showed people were involved in the preparation of the menus and there were always alternative choices available. We saw people being offered choices of drinks and they were encouraged to make their own drinks to promote their independence. Each person had an 'eating happy' document in place which described the environment a person liked to eat in, for example, a quiet area. The document described foods and drinks each person liked or disliked. It also described items a person liked in a packed lunch.

Records showed that all staff had completed an induction at the start of their employment. They had also undertaken shadow shifts with more experienced and long-standing members of the team. Staff told us that the shadow shifts gave them an opportunity to understand the requirements of their role and to get to know some of the people supported. Staff training records confirmed staff were up-to-date with training in topics that included moving and handling, health and safety, fire prevention, equality and diversity, and emergency aid. This meant people received support from staff that had up-to-date knowledge and skills.

Staff told us they received regular supervision and an annual appraisal. Supervision records were in place within the two staff files reviewed. Staff told us they felt well supported and were confident that any concerns they raised would be promptly acted upon.

People's records included contact details of health and social care professionals involved in their care. One person's records showed information had been shared by therapists involved in the person's care to ensure continuity of their care. GP and emergency contact details for each person were held within the care plan files.

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 or are helped to do so when required. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least respect restrictive as possible. People can only be deprived of their liberty to received care and treatment when this is in their best interests and legally authorised under the MCA 2005.

We checked whether the service was working within the principles of MCA and found that it was. The registered provider and staff had a basic understanding of the Mental Capacity Act and had completed

training. The process of assessment used by the registered provider in gathering information on the needs of people, included reference to their capacity to make decisions. The registered provider told us that they worked alongside family members, as well as health and social care professionals if a person did not have the mental capacity to make their own decisions. Records reviewed confirmed this.

## Is the service caring?

### Our findings

People told us staff were kind and caring and they enjoyed spending time with them. They described relationships they had developed and spoke positively about individual members of staff. We observed interactions between people and staff that were warm, friendly and engaging. People's comments included "Staff listen to me when I am upset and that helps me feel better", "Staff are very nice indeed" and "I really like [Staff Name] and [Staff Name], they are funny and kind."

People and their relatives told us they were supported by regular staff that knew them well. We saw that people were happy and relaxed with the staff that supported them. Staff spoken with demonstrated a good understanding of the people they supported. We observed staff supporting a person that was upset by an event that had happened earlier in the day. Staff demonstrated kindness and understanding as they listened to the person and suggested potential solutions for the person to consider.

We saw that staff promoted independence and choice when they supported people throughout our visit. Each person staying at the service was offered choices of activity. Staff described the activities available to support and enable people to make their choice. Staff considered people's communication needs during their interactions to ensure their engagement with that person was positive. Staff had a good understanding of people's communication needs and described how they encouraged people to participate in all decision making processes.

People told us that staff knocked before they went into their room. One person described having their bedroom door shut at night and staff did not disturb them while they were asleep. They told us this was important to them because if staff disturbed them during the night they found it very difficult to go back to sleep. We saw staff knocking and waiting for a response before entering a person's room. We saw that staff sought permission before undertaking any tasks and they did not rush people. This meant that staff promoted people's privacy and dignity.

The registered provider had produced many documents that included the use of pictures and words to support a person's understanding of important information. The fire evacuation guidance used pictures to describe what to do in the event of a fire evacuation at the service. The service user contract, service user agreement, complaints form and rights and responsibilities documents were all available in easy read pictorial format. This meant people had information available to them in formats appropriate to their individual needs.

## Is the service responsive?

### Our findings

People told us that they enjoyed activities available at the service. During our visit people chose to attend a local disco and described their enjoyment of this. Comments from people included "I enjoy baking cakes with staff at the weekend and sharing them with everyone here", "I enjoy making cards and I sell them to raise money for charity" and "I enjoyed playing bingo yesterday".

People's needs were assessed prior to them using the service. People and their relatives where appropriate were included in the process. Care plans reflected people's individual needs and included information about their personal care needs, methods of communication, mental health and well-being and ways to promote the person's independence.

Each care plan file included a 'My health passport' document that included essential information to be shared with healthcare professionals which would ensure the person's individual needs were met. This document included how the person would communicate, how they would describe pain, information relating to mobility and continence details. It also included a section completed by the person that described things that would make their stay better in hospital, things that would make their stay worse, likes, dislikes and essential contact details. This ensured that other health and social care professionals would have up to date information to meet the person's specific needs.

Each person had prepared an 'All about me' document that included the headings, What's important to me, What activities I enjoy, My dreams, What people like and admire about me and How to support me. We saw that these documents were regularly reviewed and updated. This meant staff had important information available to them to support people the way they would prefer.

Staff completed daily records that described people's mood, activities undertaken, food and drink choices, sleep pattern and other information relevant to the individual. These documents were regularly reviewed by a member of the management team as part of their quality assurance processes.

People told us they could choose the activities they participated in. Some people said they chose to spend some time in their bedroom, one person told us they always liked to be within the communal areas and particularly enjoyed talking to staff. Another person said they liked to do art and craft activities. This person proudly showed us an item they had made that was displayed at the service. Relatives stated there had been times when people could not access the community to undertake activities due to low staffing levels. They said this had recently improved following a review of staffing levels and rosters and they now felt confident people would be able to go out into the community more regularly.

The registered provider had a complaints policy and procedure that was available in easy read and pictorial formats. People told us they knew how to raise a concern or complaint and stated they were confident they would be listened to. Relative's comments included "I did raise a concern and was invited to attend a face-to-face meeting. We ironed out our problems and felt it was managed positively" and "Staff are really good at sorting out any concerns we have". The registered provider had an electronic system for the recording

and monitoring of complaints. These were regularly reviewed to highlight any trends or patterns to prevent issues re-occurring.

## Is the service well-led?

### Our findings

People, relatives and staff all described the interim manager and management team as enthusiastic, positive and approachable. One relative told us "It's good to have [Name], the manager on board as she's infectious", another relative said "[Name] has been very good at sorting out our concerns."

The registered manager was not available at the time of the inspection. The service had an interim manager in post and small management team in place to manage the service in the registered managers absence.

Audits were undertaken weekly, monthly and quarterly and included the review of care plans; medicine administration records (MARs) and accidents/incidents. The audit process had identified in October 2017 that the risk assessments were not fit for purpose as they were not person centred or individualised and did not hold clear guidance for staff on the management of risk. New risk assessments had not been prepared to ensure people's risks were managed safely at the time of our inspection.

The registered provider had identified areas of improvement and development through their audit process. An action plan was in place and some actions had been completed. Through the audit process and discussion with the people supported and their relatives it had been identified that insufficient staff were in place to support people to access activities of their choice. A process of consultation had taken place and staff now worked hours that met people's needs. People and relatives told us this was having a positive impact on respite visits to the service. Previously if one person staying at the service did not want to participate in an external activity, everyone had to stay in. Staffing levels could now manage this positively which means people can undertake activities of choice.

Staff confirmed team meetings took place regularly. Records showed regular team meetings were held and minutes of these meetings were available. On the first day of our inspection the staff had all attended an away day to review what they did well and also identified areas for development and improvement. Staff described this positively and told us they felt involved and valued. This meant staff were regularly updated about service developments and had the opportunity to share concerns as well as new ideas.

People were encouraged to complete a feedback document at the end of each respite visit. This document was available in easy read and pictorial format. The questions asked included; I liked, I disliked, the meal I enjoyed most, activities I completed and the activity I'd like to do next time. People told us that staff asked them if they were happy or could change or improve things at every visit. People told us they were involved in the development of the service. For example, the registered provider had allocated funds for the renewal of flooring, furniture and furnishings. People had been invited to participate in the choices being made and told us this was important. This meant people were encouraged to give feedback about the service and participate in its development.

The registered provider had policies and procedures in place that staff were able to access if they required guidance. We saw that these policies were reviewed and updated regularly.

Registered providers are required by law to inform the Care Quality Commission (CQC) of certain incidents and events that happen within the service. The service had notified the CQC of all significant events which had occurred in line with their legal obligations.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risk assessments were not in place to cover identified risks in order to keep people safe.