Community Homes of Intensive Care and Education Limited

Dibden View

Inspection report

Dibden View
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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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

Dibden View is a purpose built home which provides support for nine people, with mental health issues. Dibden View is in Gosport with access to the local community. On the day of our inspection there were seven people living at the home.

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.

Staff knew how to keep people safe and had a good understanding of how to report safeguarding concerns. People's finances were managed safely.

Staff had a good understanding of people's needs and spoke in a caring way about the people they supported. People told us they felt safe at the home. Risks were assessed to minimise them and staff were aware of people's individual risks.

People received their medicines safely and they had their nutritional and health needs met. Emergency systems had been put in place to keep people, visitors and staff safe.

People were supported by adequate numbers of staff. The provider had effective recruitment and selection procedures in place and carried out checks when they employed staff to help ensure people were safe. Staff were well trained and aspects of training were used regularly when planning care and supporting people with their needs and lifestyle choices.

People's consent was sought before staff gave support and people's choices were respected.

The registered manager and staff demonstrated a good understanding of the Mental Capacity Act 2005. People were supported where possible to make everyday choices such as what they wanted to wear, eat and how to spend their time. The manager was aware of the correct procedures to follow when people did not have the capacity to make decisions for themselves and if safeguards were required, which could restrict them of their freedom and liberty.

Care records contained detailed information about how individuals wished to be supported. People's risks were well managed, monitored and regularly reviewed to help keep people safe.

The service was very responsive to people's needs. People received person centred care and support. They were offered a range of individual activities both at the service and in the local community, based upon their hobbies and interests.

People were supported to maintain good health through regular access to health and social care professionals, such as GPs and speech and language therapists. People's dietary needs and any risks were understood and met by the staff team. Health and social care professionals gave positive feedback about the personalised approach of staff towards people and how well people were cared for. Comments included, "They resolve issues in the least restrictive way."

People benefitted from a service that was very well led. The registered manager and senior staff were well respected and demonstrated good leadership and management. They had an open, honest and transparent management style. Staff described the management as supportive and approachable. Staff were well supported through induction and ongoing training.

There were systems in place to monitor the quality and safety of the service provided and to manage the maintenance of the buildings and equipment

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were safe from harm because staff were aware of their responsibilities and able to report any concerns.

Risk assessments were in place to keep people safe.

Medicines were well managed.

Systems had been put in place to keep people, visitors and staff safe.

Is the service effective?

Good

The service was effective.

The service was compliant with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to make choices about their daily lives.

People's healthcare needs were met and staff worked with health and social care professionals to help people access relevant services.

Is the service caring?

Good

The service was caring.

Staff provided the care and support people needed and treated people with dignity and respect.

People's views were actively sought and they were involved in making decisions about their care and support.

Is the service responsive?

Outstanding ☆

The service was outstanding in providing responsive support.

The service actively promoted people's well-being. People were supported to follow their interests and take part in social activities.

People's care and support needs were monitored and reviewed to ensure people's health and well-being were paramount. For example, high quality information regarding people's health issues.

There was a complaints system in place. People told us they had no need to make any complaint.

People, were encouraged to make their views known and the service responded by making changes.

People told us they could receive visitors whenever they wished.

People had been offered appropriate support following bereavements at the service.

Is the service well-led?

Good

The service was well led.

The registered manager, deputy manager and team leaders demonstrated good leadership and management. They had an open, honest and transparent management style.

They involved people who used the service, staff and external professionals in conversations to help move the service forward and ensure they were able to support people's aspirations.

The provider had systems in place to check on the quality of service people received and any shortfalls identified were acted upon.

Dibden 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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 10 October 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the home, we reviewed previous inspection reports and action plans from the provider. We looked at notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

The provider 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 used this information to help plan our inspection.

During the inspection we spoke with three people living at the home who agreed to speak with us. We observed the care people received and the interaction between staff and people using the service.

We spoke with the registered manager, deputy manager and three support staff. We looked at the care records and other associated documents for two people. We also looked at a range of records relating to the management of the service such as accidents/incidents, staff recruitment and training, complaints, quality audits and policies and procedures. We requested some records to be sent to us. We received this information.

Good

Is the service safe?

Our findings

People told us they felt safe in the home and staff were available to support them. They told us "I feel safe living here, staff are available when I need them."

Staff said they had received safeguarding training and knew how to report any signs of abuse. Additionally, staff were familiar with the term "whistleblowing" and said they felt confident to raise any concerns about poor care. Staff said they had been given a card with information on it regarding who to contact if they wanted to report poor practice. All of the staff said they believed that any concerns they raised would be taken seriously. One member of staff said "I would report concerns to the manager or head office if I needed to".

Staff we spoke with were aware of people's individual risks. Where a potential risk had been identified, the provider carried out a risk assessment to help keep people safe. For example, if a person had a specific medical condition a risk assessment had been carried out to identify the potential hazards to the person and the measures required to minimise the risk. For example, supporting people who may be at risk of self-harm. Staff explained to us actions they had taken to reduce the risks, for example someone barricading themselves in their room and harming themselves. They had had a best interest meeting, the result of which was to secure the furniture to the floor. Another example was to remove the lock from a wardrobe as a result of someone shutting themselves in.

Medicines were managed safely. Medicines were stored safely. Stock levels were checked regularly. When medicines were no longer required, they were disposed of safely. Clinical room temperatures were monitored as were fridge temperatures. This meant that staff ensured medicines were stored within recommended temperature guidelines.

Medicine profiles were in place. These included photographs of people, their preferences in relation to how they liked to take their medicines and a record of any allergies. Some people had been prescribed medicines on an "as required" (PRN) basis. In these instances there were PRN protocols in place which provided information to staff on how often these could be given. Staff had documented when they had been administered and the reasons why, which meant that any trends could be easily identified.

Some people were self-administering their medicines. In these instances, we saw that self-medicating assessments had been completed and these had been reviewed monthly. The assessments had been signed by staff and by the people who had been assessed. We spoke with one person who was self-administering. They confirmed staff were available for support if needed.

There were enough staff on duty to meet people's needs. Staff reported there was a consistent staff group which had a positive impact on people. Staff advised us they supported each other and worked well as a team. Staff thought staffing levels were safe.

The provider had a recruitment procedure in place. Pre-employment checks had been completed to check

new care workers were suitable to work with people using the service. This included requesting and receiving two references and Disclosure and Barring Service (DBS) checks. These checks were carried out to ensure prospective staff did not have any criminal convictions that may prevent them from working with vulnerable people.

There was a record of staff being interviewed to assess their suitability for the post they had applied for. Each staff member completed a 'probationary' period when they started work, when their abilities and suitability to continue their employment were formally assessed. Newly appointed staff were enrolled on the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers.

Accidents and incidents had been appropriately recorded and staff had a good understanding about their responsibilities in maintaining the safety of people. We saw when incidents or accidents had occurred they had been analysed and steps taken to reduce the risk of reoccurrence. For example, looking for triggers that caused people to behave in a way that put themselves or others at risk of harm.

Regular health and safety checks were carried out to help keep the building safe. These included checks of fire safety, the electrical installation, gas safety and water temperatures. There were also procedures in place to help ensure people would be kept safe in an emergency situation and continue to receive the care they needed.

Good

Is the service effective?

Our findings

Staff had the skills and knowledge to support people effectively because they knew them well. Staff felt supported in their work. One member of staff told us, "I can talk to [name] about anything." Another described the support they received as "good". People at the service said the staff were supportive and the registered manager "Always made time."

Staff received regular one-to-one sessions of supervision with their line manager. This was a formal process which provided opportunities to check performance and ensure staff were being supported appropriately. Staff told us that they found the supervisions to be effective and had helped to resolve any issues they had. All staff said if they had an issue between supervisions they could speak to the supervisor or manager. Annual appraisals had been completed for all staff with objectives having been set for individuals.

The provider monitored staff training on a spreadsheet matrix which gave details of when individual members of staff had completed training considered essential to their role. Subjects included for example were; infection control, food hygiene, fire safety, safeguarding and mental capacity awareness.

Training records confirmed staff had received the training they needed for their role. Staff felt there was a lot of training which they were supported to complete and attend. The registered manager confirmed any staff who were new to care, were required to complete the Care Certificate. The Care Certificate is an identified set of standards which health and social care workers adhere to in their daily working life. It aims to ensure workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). There was one person who lived at the home where an application had been made to the local authority with regard to them remaining at the home to receive all care. We found the home was meeting the requirements of the Deprivation of Liberty Safeguards.

We asked staff about issues of consent and about their understanding of the Mental Capacity Act 2005. Staff we spoke with could tell us the implications of the Act and of Deprivation of Liberty Safeguards (DoLS) for the people they were supporting. The purpose of DoLS, which is part of the Act, is to ensure that someone, in this case living in a residential setting, is only deprived of their liberty in a safe and appropriate way. This is done when it is in the best interests of the person, has been agreed by families and professionals and there is no other way to safely care for them.

Care plans contained capacity assessments for all other aspects of people's care, and when people lacked capacity best interest decisions had been made. The documentation in place for these was clear and showed that people's advocates and health professionals had been involved in the decision making process. 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.

People were given a food allowance each week and they were supported to budget their money and encouraged to make healthy eating choices. People were supported by staff with food preparation if needed. Staff were aware of how people's dietary intake could impact on their health conditions and encouraged them to have healthy options. Records were maintained of people's food and fluid intake and weight where risks had been identified.

People were supported to access health care when required. Records confirmed people had regular input from a range of health professionals when required. This included GPs, opticians, chiropodists, community nurses and hospital consultants.

Good

Is the service caring?

Our findings

We spent time in communal areas observing interactions between staff and people who lived at the service. Staff knew people well and called them by name. One person said "It's the best place I have lived in by far." Staff said "I get a lot of job satisfaction working here. I would recommend it."

We witnessed numerous examples of staff providing support with compassion and kindness. Staff spent time chatting easily, laughing, and joking with people. We saw that where people requested support it was provided promptly and discreetly by staff. Everyone we spoke with was complimentary of the staff who supported them. Throughout the inspection it was notable that staff were not rushed in their interactions with people. We saw that staff and management spent time chatting with people individually and supported them to engage with activities.

People were asked what they wanted to do and were given choices and options about all aspects of their daily lives, they were supported to spend time in their rooms and get up and eat when they chose. Staff respected people's privacy and dignity. Staff were seen to knock on peoples doors before entering their bedrooms. They also asked or waited for people's permission before entering. We heard a staff member knock, gently open the door and say to a person, "Hello (name of person) it's only me, can I come in." For example where someone could become withdrawn quickly, staff knew the distraction techniques that were effective and could help them relax. The staff were cheerful and the atmosphere at the home was relaxed and people seemed contented and happy.

People felt listened to and were encouraged to express their views and to make their own choices. Staff provided people with sufficient information for people to make their own decisions and empowered them to do so. We saw staff taking a passive role in the decision making as part of the process to help people become independent and make decisions.

The home operated a keyworker system. This meant that one staff member was the main contact between the service and the person and their relative(s). The keyworker was also responsible for updating and reviewing the person's care plans and risk assessments. They also had a meeting once a month with the person to see what goals they had in the short term and long term.

People had personalised their rooms in line with their particular likes and preferences.

People were supported by the service with visits to family, using the home's vehicle and staff to have visits. Regular home visits were supported and organised by the service, with the person and family input, to facilitate regular contact with family members.

All personal and confidential information was appropriately stored and only those people who were permitted to access it could. Staff encouraged people to remain independent and carry out activities of their choice. Some people were attending a local college and we saw where they had received certificates for their achievements. Staff used people's preferred form of address, showed them kindness, patience and

respect.

Outstanding ☆

Is the service responsive?

Our findings

Dibden View put the people who used the service at the heart of how it was run. People told us and we saw numerous examples of how person-centred the service was at tailoring support to meet people's specific needs.

People received a personalised service that met their needs. People had person centred care plans in place. People's care plans were detailed and informative. They included records of initial assessments completed prior to individuals moving into the service

Care plans had been developed from the information people provided during the assessment process and had been updated regularly to help ensure the information was accurate. The care plans provided staff with clear guidance on each person's individual care needs and contained sufficient information to enable staff to provide care effectively. The care plans included clear instructions for staff to encourage people to be as independent as possible, while providing information on the level of support normally required. For example, one care plan informed staff that although the person had poor mobility which limited the distance they could walk, they were encouraged to walk short distances daily in order to maintain their independence and mobility. In order to support this, staff encouraged the person to walk during the day around the home and staff would observe. This meant the person felt reassured that staff were there to support them whilst feeling independent.

Care plans included photographs of the person and additional information about people's background and life history. They were set out clearly and provided current information and guidance for staff about how people should be supported. One member of staff told us, "The care plans are good. They are also updated as soon as anything changes and reviewed at least monthly. The information you need is in there and is easy to find." The care plans included clear informative daily records of the care provided and activities each person had engaged in.

Information about people was shared effectively between staff. A staff handover meeting was held prior to each of the three shift changes each day. Staff told us they shared information about how people had spent their day, changes to medical conditions or care needs and details of planned activities or appointments. We sat in a handover meeting and confirmed the information was handed on to the shift coming on duty by the senior member of staff. This meant staff received up to date information about people's needs immediately before the beginning of their shift.

People's care was reviewed as required with them. Relatives and health professionals were involved. This was evidenced in people's care plans. Staff supported people with these appointments.

We saw that the staff and psychologist had put together information sheets for two people at the service with very different health needs, physical that affected mental well-being and mental well-being that affected how they behaved. They were person specific and were used to inform staff on how to support the people. Staff also worked with a specialist group, meeting regularly to have reflective practice sessions

helping staff to understand and support people with a personality disorder.

For example where someone may have behaviours which impacted on others in the home as they could exhibit behaviours which others might find distressing. Staff supported the person by using specific strategies, for example staff were trained in positive behaviour support and communication; which supported and enabled the person to manage the behaviour so they could participate in activities inside and outside of the home. For example psychology and criminology courses at the local college; going out with staff in the home's car shopping or for leisure; renewing their driving skills having been given their licence back.

Following two bereavements in the last few months people and staff were supported with their feelings about the losses. Photographs were still up at the home and people shared their thoughts with us about them. The losses were spoken about and the support offered was based on people's needs.

Feedback from other professionals on the responsiveness of the home to meet people's needs was very positive. Comments included "They go above and beyond." "We are impressed with their reaction." We received feedback about the home's response to people going 'missing', in that they not only contacted the relevant agencies but went and looked for people themselves, including taking photos of people to show at local ferry and train terminals. "They resolve issues in the least restrictive way."

People were able to make choices and staff respected their decisions. On the day of our inspection we saw people chose where and who they sat with at lunchtime, how they spent time during the day and the activities they engaged with. People said, "I decide how I spend my days and what time I get up or go to bed." During the inspection we saw that staff were mindful of when people had had a disturbed night and did not disturb them to get up from bed until they were ready to. Staff explained that it was important for people to have choice and control over their lifestyle. One person came to the office to ask for their money to go out. Staff accompanied them to the local shop to buy what they wanted. They also told staff what they wanted to do later in the day and this was handed over during the shift change.

We saw the home had a Dibden Diary for each month. This was a newsletter for the people who live at the home, offering them information about what has been happening, what is happening in the future and good news/ positive outcomes and achievements. The collection of Dibden Diaries was available for all visitors to look through. One person showed an interest in writing their pieces for the diary. This led to a desire for them to start writing their own life story. They were encouraged and supported by staff to read their own story at a 'Regional Event in the ompany' 'Celebrating Service Users in our homes'. This was a massive achievement for the individual who had been withdrawn and isolated in the past.

We also saw the "What does the Dibden Diary mean to us" document. This was introduced by the registered manager as they wanted to see if the people living at Dibden View felt that the newsletter made a difference, or whether it was an exercise for show. The responses were; "It's good to look back and see what has happened before, it's good for seeing pictures of everyone and what they have been doing. I like to read what [name] has been talking about too!" "It gives me the chance to write about things that interest me, so that I can share this with everyone and everyone can see what my interests are. It helps with people knowing who I am and what I like" and "It's a good memento, something to look back on when I move on!"

Relatives, health and/or social care professionals were also involved to ensure that the person's choices and support were covered for all aspects of their life. Reviews of the care plans were completed regularly with people and their relatives if they wished, and external professionals (if appropriate), so they reflected the person's current support needs.

None of the people we spoke with had any complaints about the quality of care they received at the home. People were aware of how to make complaints and we saw that copies of the service's complaints procedures which were in an easy read format were displayed at various locations around the home. People told us they would raise any issues or complaints with staff or management.

The registered manager told us that there had been three complaints since the home was registered in February 2017, by people who lived at the home, some about fellow housemates. We saw how staff had spoken with the complainants and that they were working with the household in managing the concerns. The home had a complaints policy in place which detailed how a complaint should be responded too. Staff had a clear understanding of the complaints procedure and understood that they would report any complaints to the registered manager so they could put things right.

Good

Is the service well-led?

Our findings

Throughout our inspection we saw a person centred culture and a commitment to providing high quality care and support. Everyone we spoke with including people who lived at the home were all consistently positive and complimentary about the service. People told us how happy they were with the care provided and said that they enjoyed living in the home. One person told us, "I couldn't be anywhere better!"

The service worked with people to find out their thoughts and opinions of the service. For example the registered manager told us that they asked the people living in Dibden View what values and beliefs the staff should have. From the feedback the registered manager formed a 'charter' specific to the "Setting out what we expect our shared beliefs to be as a team."

Staff morale was high and the atmosphere was warm, happy and supportive. Staff told us, "It's a great place to work", "I enjoy working here and making a positive difference to people's lives." The culture of the service was open, honest and caring and fully focused on people's individual needs.

The home had a stable staff group; the manager told us that no agency staff had been used and staff turnover was extremely low. The rotas were planned a month in advance so that staff could plan their lives and management could plan cover for leave and training.

Senior staff provided us with information requested promptly. The registered manager and staff spoke passionately about the service and their desire to provide a high quality person centred service.

At the time of our inspection the service was managed by a registered manager who was supported by a deputy manager and team leaders. Leadership and management tasks and activities had been delegated appropriately. They felt the management team was effective.

The staff team had opportunities to progress and complete further training, including the registered manager. Training schemes such as a support worker development programme, a lead support worker development programme and a manager development programme were in place. One member of staff had undertaken the 'Foundation Manager Development programme'.

The registered manager told us that they also encourage staff development.; for example involving the deputy and team leaders in auditing areas of the service such as weekly medication audits. The registered manager felt that this had enabled them to develop their leadership and management skills.

The provider gave feedback to the staff team; for example they sent a letter to individual staff members, "thanking them for their hard work and commitment to the home during some very difficult times after two bereavements."

They also nominated staff for good pieces of work such as leadership and management. Staff at the home have won in August 2016 and 2017 and received a letter from the provider, congratulating them on the work

they have done for the home.

People clearly enjoyed the company of the registered manager and staff and were able to talk to them, or spend time with them, when they wanted. People benefitted from receiving a service that was well organised and managed effectively.

A clear management structure was in place. Job descriptions for each role were clear and staff understood their own and others roles and responsibilities. A senior manager regularly visited the service. The registered manager said they were able to contact them whenever they needed to. The provider also had senior staff based at their head office to provide advice on the management of the service including, finance, personnel, quality assurance and involvement of people that used the service.

An out of hours system was in place for staff and people to access advice and support if the manager was not present. Staff confirmed they were able to contact support when needed. Experienced care staff were responsible for the service when the manager was not present.

External professionals were very complimentary about the service. Comments included, "The placement for X was very successful; staff worked well with X and [name] always came across as a professional manager. Although out of the immediate City boundary, Dibden View is considered close by in terms of registered homes and it was both appropriate and met X's support needs." "I have to say I have been very impressed with how this service meets the needs of the patients. I have two people there and both are quite different. They [the service] routinely go above and beyond to meet their needs. Communication is excellent and I am always aware of current situations. The staff team are hardworking and so clearly very caring."

Regular staff meetings were held. Staff said they appreciated and found these meetings helpful. Comments included; "Staff meetings are good" and "Staff meetings are a chance for us all to have a say." Talking with staff and observing their interaction with people it was evident their morale was high.

Systems were in place to check on the standards within the service. This consisted of a schedule of monthly audits carried out in each house operated by the provider by senior staff. Audits completed included medicines management, health and safety, financial audits and care records.

A monthly 'manager self-assessment' was also completed. This was based upon CQC's Key Lines of Enquiry (KLOE) and asked if the service was safe, effective, caring, responsive and well-led. These audits were carried out as scheduled and corrective action had been taken when identified.

Accidents, incidents and any complaints received or safeguarding concerns made were followed up to ensure appropriate action had been taken. The manager analysed these to identify any changes required as a result and any emerging trends. When analysing a pattern of incidents of behaviour for certain people, staff used empathy and active listening whilst promoting consideration to others in the home. For example, speaking with people about not playing loud music early in the morning but to play it quieter or use headphones, or staff used distraction techniques. As incidents decreased or lasted less time, new challenges and opportunities for people were encouraged with two to one support outside of the house, for example, local walks around the block then further until the person became confident in the area.

The registered manager and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the provider in the 12 months prior to this inspection. These had all given sufficient detail and were all submitted promptly. We used this information to monitor the service and ensure they responded

appropriately to keep people safe and meet their responsibilities as a service provider.