

Vivo Care Choices Limited







CCC Dover Drive

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	

Overall summary

We visited this service on 1 December 2014 and we gave short notice to the service that we were visiting. This was to ensure that people were staying at the service. This was the first inspection of this service, which was registered with the Commission on 11 August 2014.

CCC Dover Drive is registered to provide accommodation for persons who require personal care. They provide a respite service for people in the local area. This means that people do not live permanently there, but visit for a specified period of time. CCC Dover Drive provides personal care for up to seven adults with a physical or

learning disability. The accommodation is provided in two bungalows with a connecting door between them. At the time of our visit there were four people staying at the service.

The service has a registered manager in place. 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.

Summary of findings

We discussed the Mental Capacity Act 2005 with the visiting manager. They showed that they were knowledgeable about how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. They were aware of the correct processes to apply for a DoLS if this was found to be in a person's best interests.

People told us that they were happy staying at CCC Dover Drive and they felt that the staff understood their care needs. People commented "The staff are lovely", "I like the food", "Its home from home" and "It's a lovely place." Relatives commented "I get phone calls before the stay to check if any changes have occurred. Also after the stay to make sure all is well on the return home" and "They get treated just like at home. The staff are so good."

We found that people, where possible were involved in decisions about their care and support. Staff made appropriate referrals to other professionals and community services, such as the GP, where it had been identified that there were changes in someone's health needs. We saw that the staff team understood people's care and support needs, and the staff we observed were kind and thoughtful towards them and treated them with respect.

We found the service was clean, hygienic and well maintained in all areas seen.

The care records contained detailed information about the support people required and were written in a way that recognised people's needs. This meant that the person was put at the centre of what was being described. We saw that all records were completed and up to date.

We found the provider had systems in place to ensure that people were protected from the risk of potential harm or abuse. We saw there were policies and procedures in place to guide staff in relation to safeguarding adults. Therefore staff had documents available to them to help them understand the risk of potential harm or abuse of people who were staying at CCC Dover Drive.

We found that good recruitment practices were in place which included the completion of pre-employment checks prior to a new member of staff working at the service. Therefore people who were staying at CCC Dover Drive could be confident that they were protected from staff that were known to be unsuitable.

[RT1]I know that it becomes clearer in the second para that this is respite service but this sentence, on its own here, would not be very clear for most people.

Summary of findings

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 safe.

We saw that safeguarding procedures were in place and staff had received training in safeguarding adults. We saw that staff managed people's medicines safely.

We found that recruitment practice was safe and thorough. Policies and procedures were in place to make sure that unsafe practice was identified so that people were protected.

Good



Is the service effective?

The service was effective.

People's rights were protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf. The service had policies and procedures in relation to the MCA and DoLS. DoLS applications had been applied for and the service was waiting for these to be processed.

People told us they enjoyed the food provided in the service. We observed activities over the evening meal and noted it was a pleasant and unhurried time where people were given appropriate support to eat their meals.

Good



Is the service caring?

The service was caring.

We saw that people were well cared for. Staff showed patience and gave encouragement when they supported people. Some of the people were unable to tell us if they were involved in decisions about their care and daily life activities. We saw that staff encouraged people to make decisions on day to day tasks and that staff were kind, patient and caring.

Everyone commented on the caring, kindness and gentleness of the staff team. People told us that their dignity and privacy were respected when staff were supporting them, and particularly with personal care. We saw that staff addressed people by their preferred name and we heard staff explaining what they were about to do and sought their permission before carrying out any tasks.

Good



Is the service responsive?

The service was responsive.

People's health and care needs were assessed with them and with their relatives or representatives where appropriate. People were involved in their plans of care. Specialist dietary, mobility and equipment needs had been identified in care plans where required.

People said they would speak to the staff or manager if they had a complaint or if they were unhappy. We looked at how complaints were dealt with, and found that no concerns had been raised since the service was registered in August 2014.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The service had a registered manager who had been registered with the Commission for five months. All people and staff spoken with told us the service was well managed and organised.

The service worked well with other agencies and services to make sure people received their care in a joined up way.

The service had quality assurance systems to monitor the service provided. Records seen by us showed that any shortfalls identified were addressed.

CCC Dover Drive

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 1 December 2014 where we gave short notice of our visit. The provider was given 48 hours' notice because the location provides a small respite service and people might not be there when we planned our visit and we needed to be sure that someone would be staying there.

We spent time observing support and interactions between the people who were staying at the service and the staff team. We looked at all areas of the building, including people's bedrooms and the communal areas. We also spent time looking at records, which included all four people's care records, three staff recruitment files and other records relating to the management of the service.

The inspection team consisted of an adult social care inspector.

Before our inspection, we reviewed all the information we held about the service. This included notifications received from the registered manager and we checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public. We contacted the local safeguarding team, the local authority contracts team and Healthwatch for their views on the service. Healthwatch is the new independent consumer champion created to gather and represent the views of the public. They all confirmed that they had no concerns regarding the service.

On the day of our inspection, we spoke with two people who were staying at CCC Dover Drive, one relative who was visiting, one relative after our visit, the service supervisor and two members of the staff team. The service supervisor was supported by a registered manager from a local registered service owned by the provider. The registered manager for this service was not available on the day of the inspection.

Is the service safe?

Our findings

People who used the service and their families told us they felt safe and secure at the service. People who used the service said “I like it here” and “I am safe here.” People said they could talk to a member of staff or the registered manager to raise any concerns about their safety. We observed interactions between people staying at the service and the staff and saw that there was a warm and friendly atmosphere.

We looked at staff rotas which showed the staffing levels at the service. We saw that one senior and two support workers worked during the day. The registered manager was additional to the rota. The service supervisor said these staffing levels currently met the needs of the people staying at the service. She explained a “colour coded” system on the admissions programme which showed where people being admitted required one to one support. At these times the staffing levels were increased to accommodate people’s individual needs. We saw during our visit that there were enough staff to support people when they required.

We spoke with the staff and service supervisor about safeguarding procedures. These procedures were designed to protect adults from abuse and the risk of abuse. The training matrix showed that all 13 staff had undertaken safeguarding within the last year. During discussions with staff we noted that they had the knowledge and understanding of what to do if they suspected abuse was taking place. We contacted the local authority safeguarding team and they confirmed they had no concerns regarding this service.

We looked at recruitment records of three staff members and spoke with staff about their recruitment experiences. We found recruitment practices were safe and that relevant checks had been completed before staff worked unsupervised at the service. This included taking up references regarding prospective employees and undertaking Disclosure and Barring Service (DBS) identity checks. We discussed the induction programme with the visiting manager. We were told that it consisted of three days training in areas such as moving and handling; safeguarding adults; fire awareness; infection control; medication awareness; equality and diversity; and policies and procedures. Following this two days were spent “shadowing” other staff members. We saw documentation

on staff files which confirmed this. The staff we spoke with confirmed they had undertaken an induction however, they had worked at the service for a long time and the induction process had changed during this time. Therefore people were supported by staff that had received appropriate checks to ensure they were not unsuitable to work with vulnerable adults and had received induction and training appropriate to their role.

We looked at all four people’s care plans and risk assessments and found these were well written and up to date. Risk assessments had been completed with the individual and their representative, if appropriate for a range of activities. These identified hazards that people might face and provided guidance on how staff should support people to manage the risk of harm. These included moving and handling, falls, nutrition, pressure area care and continence. People who used the service and relatives confirmed they had been involved in developing their care plans. Staff confirmed that they had input into people’s care plans.

We saw the medication administration procedure for four people who were staying at the service. Because people stayed for a short period of time medication was brought into the service from the person’s own home. Sometimes this was a monitored dosage system and other times it was in the original boxes or bottles. Therefore staff were used to dispensing medication from a variety of systems and packaging. Medicines were stored safely in locked cabinets within each person’s bedroom. Records were kept of medicines received and disposed of. The Medication Administration Record sheets were correctly filled in, accurate and all had been signed and dated with the time of administration. We saw that the service had a policy on medication management and administration which gave information on the safe practice of medication administration. This was available to the staff team. We spoke with three staff members regarding medication administration. They were satisfied with the training provided and had undertaken a competency assessment. One staff member explained that all the staff undertaken training every two years with an annual competency assessment also being carried out.

Is the service safe?

We found that the service was clean and hygienic. Equipment such as hoists, portable appliance testing and the fire alarm system was well maintained and serviced regularly which ensured people were not put at unnecessary risk.

Is the service effective?

Our findings

Some of the people who stayed at CCC Dover Drive could not tell us if they were involved in decisions about their care. However, we saw that people were involved in decision making in many aspects of their daily life. For example people were asked what they would like to eat, what clothes they would like to wear or if they wished to join in an activity. People commented on the support and activities available. They said, “The staff are so good”, “I am treated just like at home” and “It’s very nice here.” People attended local day services or had personal assistants and went out and about in the community with them. People explained when they were at the service they either spent time in the lounge, time in their own rooms, watching TV and playing on the play station. One person said “I love going to the weekly disco.” The service supervisor said that activities are tailored to people’s individual preference and this is documented in the support plans and daily notes.

We had a discussion with the visiting registered manager regarding the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards provides a legal framework to protect people who need to be deprived of their liberty for their own safety. The visiting manager and service supervisor confirmed their understanding of the MCA 2005 and when an application should be undertaken. We saw in the care plan documentation that a person’s capacity had been reviewed by the social worker prior to admittance. Where they lacked capacity, this was noted on the form and an application for DoLS would be made by the service. Applications for DoLS had been made to the local authority for all the people staying at the service. The visiting manager confirmed that an email had been received from the MCA/DoLS safeguarding manager at local authority stating that the applications had been received, that there has been some delay in starting the process, and that the service had done what is required by submitting the referrals to notify the council that these people require DoLS authorisation. A copy of the email was forwarded to us following the inspection visit.

People we spoke with explained that they discussed their health care needs as part of the care planning process. People said they would tell the staff if they felt unwell or in pain. We saw that in the care plans there was information and guidance for staff on how best to monitor people’s

health. We noted records had been made of healthcare visits, including GPs, and the practice nurse. We saw that people stayed with their own GP where possible. If they were “out of area” then they would be registered as a temporary visitor with a local GP.

People had their needs assessed when they first came into the service. Care plans were written with specialist advice where necessary. These provided the necessary detail to make sure that staff met people’s needs. For example care records included an assessment of needs for nutrition and hydration. Daily notes and monitoring sheets recorded the support and activities of people across the day and provided up to date information about people’s support and care required.

Staff received training, which included moving and handling, fire safety, safeguarding, health and safety, infection control, medication, equality and diversity, emergency aid and food hygiene. Staff spoken with confirmed the training provided was relevant and beneficial to their role. Some staff undertook a range of other training in areas including autism awareness, dementia awareness, epilepsy awareness, risk assessments and proactive approach to conflict.

Staff undertook National Vocational Qualification (NVQ) training in levels two and three. This is a nationally recognised qualification and showed that people who used the service were supported by staff that had good knowledge and training in care. During our visit we observed staff were efficient and worked well as a team.

Staff confirmed they were provided with regular supervision. These supervisions provided staff with the opportunity to discuss their responsibilities and to develop in their role. The visiting registered manager confirmed that staff received supervision in a number of ways across the year. This included individual supervision; group supervision; staff meetings and observations. Staff confirmed they were invited to attend regular staff meetings. Staff confirmed how handovers were conducted. We were told that information was verbally passed on between night staff and day staff. This helped to ensure staff were kept informed about the care of the people who were currently at the service. We spoke with two staff that were part of the care team. They were knowledgeable about the people in their care and the support required to meet their needs.

Is the service effective?

We saw the evening meal being prepared and served to people who were staying at the service. People had chosen their own meals and they ate together in the dining area. One person said that they had requested chicken pie for the next time they were staying, and this was provided as requested. People told us they had enjoyed their meals. People were either out at day services or in the community at lunchtime. Packed lunches were taken to the day services. Records of people's preferences for their lunch were documented in their care plans. A staff member explained that work had been undertaken on this to find

out what people would prefer to eat and ensure a balanced diet was being offered. One person preferred soup and this was taken and heated up at the day service. We saw staff were available to attend to people's needs and offered drinks and interacted with them. We saw in the care plans that risks associated with poor nutrition and hydration were identified and managed as part of the care planning process. The service supervisor explained that dietary preferences that could be provided included vegetarian, diabetic, gluten free and soft and pureed meals.

Is the service caring?

Our findings

We spoke with two people who were staying at the service and a visiting relative and asked them how they and their relatives preferred to receive their care. They told us that they spoke to staff about their preferences, and this was undertaken in an informal way. Everyone commented on the kind and caring approach of the staff at CCC Dover Drive. All the people we spoke with said the staff were “Brilliant” and “Lovely.”

People told us their dignity and privacy were respected when staff supported them, and particularly with personal care. For example personal care was always undertaken in the privacy of the person’s own bedroom, en-suite or the bathroom, with doors closed and curtains shut when appropriate. We saw staff addressed people by their preferred name and we heard staff explaining what they were about to do and asked people if it was alright before carrying out any intervention. This meant people who were staying at the service were treated with dignity and respect by the staff that supported them.

People we spoke with said they were satisfied with what they do each day and the care they received. People who were staying at the service and two relatives said they were very satisfied with the care and facilities in CCC Dover Drive and people said they thought they were given sufficient information about their care and treatment. One relative commented “I wouldn’t leave my relative here if I wasn’t fully satisfied with care and support they give.”

We saw that staff showed patience and understanding with the people who were staying at the service. We saw good interactions throughout the visit and all the staff we observed maintained people’s dignity and showed respect. People said “The staff are amazing” and “They are great.”

The service supervisor and staff showed concern for people’s wellbeing. The staff knew people well, including their preferences, likes and dislikes. They had formed good relationships and this helped them to understand people’s individual needs. People told us that staff were always available to talk to and they felt that staff were interested in them.

People were provided with appropriate information about the service, in the form of a service user’s guide. We saw a copy of this and the service supervisor explained that this was given to each person and their relative prior to admission. The service user’s guide ensured people were aware of the services and facilities available at the service. Information was also available about advocacy services. These services are independent and provide people with support to enable them to make informed choices. None of the people staying at the service were in receipt of advocacy services at the time of the inspection.

There were policies and procedures for staff about the aims and objectives of the service and the code of conduct the service expected from the staff team. These helped to make sure staff understood how they should respect people’s privacy, dignity and human rights in the care setting. The staff spoken with were aware of the aims and were able to give us examples of how they maintained people’s dignity and privacy. We saw that staff attended to people’s needs in a discreet way, which maintained their dignity. Staff also engaged with people in a respectful way throughout our visit.

Is the service responsive?

Our findings

During our visit we saw members of staff engaging with the people who were staying at the service. One staff member was supporting a person with their meal. They chatted to them about what they had been doing at the day centre and they discussed what they would be doing that evening. One person was in their room playing on the “play station”. We saw a staff member “pop in” several times to check they were ok and on one occasion they offered the person a cup of tea.

The service supervisor explained that some people were not able to give information about changes that had occurred since their last visit. The service undertook pre and post visit phone calls to relatives to check if any changes had occurred or any special needs that would be required for the next visit. The pre phone calls were usually undertaken two or three days before the beginning of the stay. After the visit a post phone call was undertaken to check that they were satisfied with the stay. Good records of these phone calls were kept and showed that consultation was undertaken at the beginning and at the end of a visit.

We looked at all four care plans and other care records for people who were staying at the service. The care plans were well written and provided guidance on the care and support people needed and how this would be provided. Each person's file contained a copy of the care plan, risk assessments and daily record sheets which we saw were up to date. We found there was detailed information about the support people required and that it was written in a way

that recognised people's needs. This meant that the person was put at the centre of what was being described. For example “communication dictionaries” were used for specific tasks such as getting dressed, medication, bathing and eating. These showed in picture format the task to be performed and how each person preferred that to be undertaken. It also showed where a person might need support with a particular task, for example, when getting dressed one person required the clothes to be put in the correct order and then they could get dressed without any other assistance.

Visitors and people who lived at the service told us they would feel confident in raising issues with the registered manager if they needed to. None of the people we spoke with had made a complaint. An easy read version of the complaints process and form were seen within each person's care plan. This ensured people had access to this information. We saw that a copy of the complaints procedure was also available in the office. This contained details of how to make a complaint about the service. Having access to the complaints procedure helped ensure that people could be confident their views would be listened to and acted upon. We looked at how complaints would be dealt with, and found that appropriate processes were in place. We have not received any concerns about the service since its registration.

We saw a number of cards and letters complimenting the service during the visit. Comments included “Thrilled with the support and enjoyment (the person had)”, “All very good” and “Happy with the stay.”

Is the service well-led?

Our findings

At the time of our inspection visit the registered manager had been registered for five months. She had worked for Cheshire West and Chester Council (the previous provider of this service) for 30 years. On the day of the inspection the registered manager for this service was not available. The service supervisor was supported by a registered manager from one of the local registered services owned by the provider. The purpose was to support and assist the service supervisor during the inspection process.

We spoke to staff about the support they received from the management team. Staff described the manager as “Supportive.” We also spoke to people who were staying at the service and visitors. Three people and one relative said they knew who the manager was. They all thought she was approachable. One person said “I’d go to her if I couldn’t sort something out.” Another person said “If I had a problem I’d talk to one of the staff. I’m sure they’d help but if not I’d speak to the person in charge.” Staff and visitors also reported the manager as “Accessible” and “She keeps her eye on things.”

People commented about the atmosphere at the service. They said its “Very good, the company’s good, and conversation, it’s pretty good altogether.” One visiting professional described the atmosphere in the service as “Happy” and “The staff work well with difficult and challenging situations.”

We contacted the local safeguarding team and local authority contracts team. They both confirmed they had no concerns about this service. We also contacted Healthwatch and they had no concerns about CCC Dover Drive. This showed that no concerns had been raised with the agencies we contacted.

We had been notified of relevant incidents since the last inspection. These are incidents that a service has to report and include deaths and injuries. We saw the notifications had been received shortly after the incidents occurred which meant that we had been notified in a timely manner.

We spoke with staff about their roles and responsibilities. They explained these well and were confident they knew their responsibilities. A relative said staff were good in communicating with the family “If mum’s not well they let us know.” A visiting professional we spoke with said the staff worked well and the service was good.

We saw the service had a new system in place to monitor and review the service provided. This was a self-inspection of the service which was undertaken twice a week by the staff team. It included information on admissions and discharges; soft furnishings; customer care; menu choice and equipment. Action plans were produced and timescales were also included to ensure issues were dealt with in a timely manner. We saw copies of these audits which also showed emerging trends within the service. For example, several reports had commented on the environment, saying that it could be improved by making it more homely and adding matching soft furnishings and accessories. These suggestions had been incorporated in the annual assessment of the service.

A record was kept of all accidents and incidents that occurred within the service. Serious incidents were reported to the local authority. Other incidents were informally audited by the service and where trend were found action was taken. For example when a person had two falls in close succession this was highlighted by the staff and the registered manager then took appropriate action in contacting their GP and social worker. Therefore where people’s needs change prompt action was taken by the manager to ensure that appropriate professional advice and support was obtained.

Staff spoken with said team meetings were held about six monthly however, we saw that staff meetings were usually held on a monthly basis. The last meeting was held in September 2014. Minutes were kept of meetings and during each meeting standard areas were discussed. These included activities, paperwork, medication, absences, safeguarding, complaints, compliments and supervision. Therefore staff had the opportunity to be kept up to date with current issues and changes within the service.