

Selborne Care Limited

The D O V E Project - Glanvilles Mill

Inspection report

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27 April 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The DOVE Project is registered to provide personal care to people living in the community. At the time of this inspection the service was supporting 34 people with varying support needs including people living with a learning disability or dementia. Some people required minimal support of a few hours a day while others required support both during the day and overnight.

This inspection was announced and took place on 22, 25 and 27 April 2016. We gave 48 hours' notice of the inspection because The DOVE Project provided a supported living service for people who are often out during the day. We needed to be sure the registered manager and some of the staff and people receiving support from would be available for us to speak with.

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.

The registered manager, management team and staff demonstrated their commitment to providing high quality, well-led and inclusive support to each person receiving a service. They had effective systems in place to assess people's needs and plan their support, recruit and train dedicated staff and to monitor the quality of the support services they provided.

People told us they liked their staff and that they were nice. One person told us they had a good staff team and they also frequently called in to the office for a "chat" with the administrative and management team. Relatives also said they had a good relationship with the staff. One relative said the staff were "kind and thoughtful". The service had clear values with regard to how they supported people. These were known by staff and included, promoting people's independence, protecting their rights, supporting people to develop friendships and to be involved in the local community. All the staff we spoke with said the service was "person-centred". Staff were safely recruited, well trained and knew the people they support well. People who received a service were involved in the interview process and were asked their views about a prospective member of staff's suitability.

People received support to live as independently as possible in their own homes. Support plans were developed which detailed people's abilities, needs and preferences. The service promoted improving people's independent living skills and their community involvement. Relatives spoke highly of the support provided by the staff. One relative told us the staff had "transformed" their relation's life since they had been receiving support. People were supported to pursue their interests and take part in a range of activities. Many people attended a personal development and training scheme provided by The DOVE Project. This scheme aimed to support people's skills to become more independent at home and to be more involved in the community.

Risks to people's safety and well-being were clearly identified and management plans had been developed to ensure staff knew how to support people safely and in a way that was personal to that person. People's medicines were managed safely and appropriate arrangements were in place to order, store and administer medicines. People were supported to maintain good health and had access to healthcare services where required. Support plans contained information about people's health needs.

People had varying ability to make decisions and choices. Staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the capacity to make decisions for themselves had their legal rights protected. Where people were not able to make decisions about certain aspects of their care and support, best interest meetings had been held with them and the people who knew them well to decide on the most appropriate support.

There were effective quality assurance systems in place to monitor care and plan ongoing improvements. The service used review meetings, informal conversations as well as surveys to gain people's views of the quality of the service they received. Staff were also asked to complete a questionnaire to contribute their views about how well the service was managed. The results of these surveys and questionnaires were collated and an action plan developed to address any issues raised.

Each person received a copy of the complaints policy when they started receiving a service. People told us they would talk to the staff or one of the managers in the office if they were upset about anything. Records showed when a complaint was received the issue and the actions taken to review and resolve the matter were well recorded. Relatives told us they were confident they could raise any concerns if they needed to. One relative told us, "I can't find fault. If there are any issues, (name of staff member) sorts it out."

The management team kept up to date with developments in the care profession by attending meetings with other providers, reading journals and receiving updates from the local authority and CQC. The service was a member of a local care consortium which offered advice and support to care providers.

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.

Recruitment practices were safe to ensure staff employed were suitable to work with vulnerable people.

Risks to people's safety and well-being were identified and management plans provided clear guidance for staff in reducing these risks.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People's legal rights under the Mental Capacity Act 2005 were protected.

Staff were well trained and knowledgeable about people's support needs.

People were supported to maintain good health and had access to healthcare or other specialist services where required.

Is the service caring?

Good ●

The service was caring.

Staff treated people with respect, kindness and friendship.

Support plans were personalised and contained detailed information about how staff should support people.

People's preferences about who supported them were respected.

Is the service responsive?

Good ●

The service was responsive.

The service was committed to providing person-centred support

that promoted people's independence.
Support plans were personalised and provided very clear information about people's support needs.

People were encouraged to become more involved in the local community.

Health and social care professionals said the service was proactive in its support of people.

Is the service well-led?

Good ●

The service was well-led.

People, their relatives and staff felt the service was well managed and the management team were approachable.

Staff felt well supported and were able to share their views about the running of the service.

People and their relatives were asked their views about the quality of the services provided.

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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 was 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.

At our last inspection of the service in January 2014 we did not identify any concerns with the care and support provided to people.

This inspection took place on 22, 25 and 27 April 2016 and was announced. It was carried out by one adult social care inspector. Before the inspection, we sent questionnaires to nine people who used the service, nine relatives, 34 staff and 17 health and social care professionals who had been involved with people's support. Of those we received a reply from four people, 16 staff and three health and social care professionals. We did not receive any replies from relatives.

We also looked at the information we held about the service before the inspection visit. This included correspondence we had received about the service and notifications of events they are required by law to send us. Following the inspection we spoke with three relatives and contacted a further three health and social care professionals as well as the local authority's quality assurance and improvement team for their views about the quality of the service.

During our inspection we met seven people receiving support. We spoke with the registered manager and 10 support staff. We looked at a number of records, which included six people's support plans, four staff recruitment records and other records relating to the management of the service, such as training records and quality assurance audits and reports.

Is the service safe?

Our findings

All the people we met were living with a learning disability. Some people had limited verbal communication skills and used signs and body language to support their communication. People told us they liked their homes and where they lived and they felt safe. For those people who had limited ability to express their views, we observed their interaction with the staff. We saw them approaching staff with confidence and accepting appropriate prompts and physical contact from the staff indicating they felt safe in their presence. Staff spoke with people in a polite and friendly manner. People appeared to be relaxed and looked happy when staff spoke with them. Relatives told us they felt their relation was safe.

Risks of abuse to people were minimised because staff had received training in recognising and reporting abuse. Staff had a clear understanding of what may constitute abuse and how to report it. The provider had safeguarding policies and procedures in place and provided staff with the contact details for the local authority's safeguarding team. Staff told us they felt confident the registered manager would respond and take appropriate action if they raised concerns. Safeguarding incidents had been appropriately reported to the local authority safeguarding unit and CQC.

Assessments of each person's ability in relation to undertaking activities of daily living highlighted any risks to their safety, health and wellbeing. These assessments covered a range of issues such as personal care and continence, physical and mental health needs, communication, mobility, diet and nutrition, financial management and safety in and out of the home. Staff had been given information telling them how to manage these risks to ensure people were protected. For example, staff supported people who had restricted mobility and their management plans guided staff about how to support each person safely, what equipment to use and who to contact, such as an occupational therapist, should the person's needs change. Staff were given clear information about their responsibilities to protect people from avoidable harm. For example, one person's risk management plan said the only time the person could be left alone was when staff were taking the rubbish to the outside bin. We saw staff were guided to discuss with people risks to their safety and well-being and how these could be avoided.

Some of the people supported by the service required staff support 24 hours a day. We discussed with the registered manager how they ensured people were appropriately supported should a member of their team not be able to work due to sickness. They said that usually the person's staff team covered shortfalls themselves, but the service did employ 'floating' staff and bank staff to provide cover. In the event these staff weren't available, they used a small amount of agency staff. Where agency staff were used, the service tried to use the same staff and had photographs of these staff to share with people so they were aware of who was coming to support them.

The registered manager told us in their Provider Information Return they had a robust recruitment procedure for new staff. We looked at four staff files and saw safe recruitment practices were in place. People who received a service were involved in the interview process and were asked their views about a prospective member of staff's suitability. We found appropriate pre-employment checks had been undertaken such as obtaining previous employment references and disclosure and barring service (police)

checks. This helped reduce the risk of employing a person who may be a risk to vulnerable adults.

People's medicines were managed safely and appropriate arrangements were in place to order, store and administer medicines. Support plans described each person's medicine and the reason it was prescribed. Some people required medicines to be given 'as required', either for pain relief or for managing emergency situations such as after having an epileptic seizure. Staff were provided with clear instructions about when and how this medicine should be administered. Records of medicines administered confirmed people had received their medicines as they had been prescribed. Staff had received training in safe medicine practice and were knowledgeable about people's medicines.

The service had a policy and procedure on managing people's finances. People either managed their own money, some with family support, or they had their finances managed by the Court of Protection. Staff explained that each person had an individual bank account and only withdrew the money they required each week. This was held securely in a locked cash tin in their home. Records showed the money obtained from the bank and all receipts for expenditure were kept. Daily checks were undertaken by the staff to ensure the balances were correct. Additional checks were regularly undertaken by members of the management team.

Some people rented their homes and the service supported them where necessary to ensure their rights as tenants were upheld. Staff ensured people understood how to contact the landlord, or contacted them on their behalf if they needed to. Some people would not be able to inform the landlord if there were problems with utilities such as gas, electrical safety or fire risks. The service ensured this was carried out on their behalf. People's homes were well maintained and people had the adaptations and equipment they needed. People were clearly proud of their homes. One person said "I like it, it's nice."

Is the service effective?

Our findings

People received support from staff who knew them well and were knowledgeable about their needs and preferences. Many of the staff had supported the same person for several years.

People had varying abilities to make decisions and choices. Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. We spoke with the staff about the systems in place to ensure people consented and agreed to the support provided. Staff told us the support plans had been written with people's involvement where they were able as well as with the involvement of their relatives if appropriate. Health and social care professionals, such as the local learning disability community teams, were also consulted. We saw evidence people's capacity to make decisions had been assessed. These recorded the details of the decision under review, who was involved in the assessment, how the information was presented to the person and how the person's capacity was assessed. Best interest meetings had been held to discuss the most appropriate course of action to protect people's health and welfare and to keep them safe.

We saw people were asked for their consent before staff assisted them and people were consulted about what they would like to do during the day. People were also reminded by staff of the reason for our visit and asked if they were happy to participate in the inspection.

There was a comprehensive training programme in place for all staff to ensure they had the skills to meet people's needs. Staff told us there was "lots of training" and they were encouraged to undertake diplomas in health and social care and could request training in issues that interested them. The service provided access to on-line training as well as regular training events in areas relating to people's support needs, such as autism awareness, epilepsy and dementia care. Staff also received training in health and safety topics such as food hygiene, safe moving and transferring and first aid. A member of the administration staff ensured staff were provided with regular updates as well as training personalised to people's care needs.

Newly employed staff were enrolled to undertake the Care Certificate, a recognised induction training plan for staff new to care. This was confirmed by two newly employed staff. One told us their induction training was "very good" and another said, "the training and supervision I received was excellent". They had received a two week induction of essential training prior to being introduced to the person they would be supporting. This included safeguarding people, the MCA, supporting people who had epilepsy and safe medicine management. They also worked alongside an experienced member of staff until they and the person they were supporting felt comfortable with each other. Records confirmed staff received regular supervision and appraisal of their work performance, both prior to and since their induction.

People were supported to maintain good health and had access to healthcare services where required.

Support plans contained information about people's health needs. Records showed people had seen their GP when they needed to and had been offered health screening. People had also been supported to attend dental, optician and chiropodist appointments. Where people had specific support needs, such as with poor mobility, referrals had been made for specialist advice. We saw a recent referral had been made to an occupational therapist. One relative told us the staff always arranged the appointments their relation needed. Another told us the staff had worked well with their relation's GP to maintain their health. People had individual 'hospital passports' which were used if a person was admitted to hospital and provided important information about the person's needs.

People were supported to maintain a balanced diet. Staff knew people's food preferences and encouraged people to make their own choices for drinks and meals. Support plans were in place to identify assistance required in this area. People were involved in menu planning and they chose what they wanted to eat and drink. People planned their menus and went food shopping at the supermarket of their choice.

Is the service caring?

Our findings

People told us they liked their staff and that they were nice. One person told us they had a good staff team and they frequently called in to the office for a "chat" with the administrative and management staff. Relatives also said they had a good relationship with the staff. One relative said the staff were "kind and thoughtful." Other relatives said the staff were "first class" and "absolutely fantastic".

When we visited people in their own homes, the staff were mindful of the fact they were visitors in people's homes. They sought each person's permission to talk with us about how they offered support. They discussed people's care needs in a respectful and compassionate way. The staff talked about people with affection and told us about how much they enjoyed their work. One member of staff said, "It's a really good job, people are fun to work with. It's very rewarding" and another member of staff said, "I love going to work, it's fantastic." Staff told us their role was to support people to be as independent as possible and to learn new skills and develop new interests.

Staff received training in equality, diversity and person centred values to promote their skills and awareness of people's differing needs. People's preferences about who supported them, such as an all male or all female staff team were respected. We observed the way staff spoke with and interacted with people. Throughout our inspection we saw examples of a caring and kind approach from staff who knew the people very well. When one person showed signs of becoming anxious, the staff member sat next to them and held their hand and the person became more relaxed. Staff described people's interests, likes and dislikes and support needs. We saw staff had a good rapport with people and people were laughing and enjoying the company of staff.

People were supported to express their views about their care. Each person had their care needs reviewed with their staff on a regular basis. This enabled them to make comments on the care they received and voice their opinions. Families were also involved in ensuring people's needs were being met and advocates were involved for people who were unable to communicate their wishes and who had no family support. The support plans contained information about each person's preferences and identified how they would like their care and support to be delivered. The plans identified people's routines throughout the morning, afternoon and night. The plans focused on promoting independence and supporting people to complete tasks themselves rather than have staff complete the task. The plans had been reviewed and updated to reflect people's wishes and changing needs. People also met regularly with a member of the management team who asked them if they were being supported to their satisfaction and had everything they needed.

Is the service responsive?

Our findings

People received care and support that was responsive to their needs and respectful of their wishes and preferences. People told us they were happy and could do the things they wanted to do. One relative told us the staff had "transformed" their relation's life since they had been receiving support.

Each person had an individual support plan. These plans were personalised and identified the essential information staff must know. This included a description of the person's past history, the people who were important in their lives and their interests and hobbies. The plans went on to describe people's preferences about who supported them and the way in which they liked to receive care as well as their daily routines. There was very detailed step by step information about how to meet people's health and personal care needs, how to communicate with people and how to support people when they became anxious or distressed. Information also included what food the person liked and disliked, what clothes they liked to wear and what they were able to do for themselves, not only in regard to their personal care but managing their house as well. This ensured staff were aware of people's abilities and could promote and encourage their independence. Staff told us people were supported to make choices about all aspects of their day to day lives. One healthcare professional told us, "I have found them to be very proactive and helpful with the people I work with who access their support."

Some people could, at times, become anxious or distressed. Support plans were detailed about how people demonstrated this either through a change in their behaviour or from the things they were saying. Staff were guided to recognise early signs of people's anxiety or frustration and how to support people to express these feelings. Staff received training in non-abusive physical and psychological intervention techniques which focused on positive behavioural approaches. The registered manager confirmed that no one required a physical intervention to manage aggressive behaviour. Support plans contained detailed information about what made a "good day" for the person, which included their preferred routine and favourite foods and events, and what made a "bad day", which identified how to respond when things didn't go as expected and their routine was interrupted.

The staff responded to changes in people's needs to ensure they could continue to be supported safely. For example, staff described how one person's physical needs were changing and we saw specialist advice had been sought with regard to equipment. One healthcare professional told us the service "always contacts me in a timely manner with concerns about clients". They also said the service has, "a solution based view of any issues which arise".

People were supported to pursue their interests and take part in a range of activities. Many people attended a personal development and training scheme provided by The DOVE Project. This scheme aimed to support people to develop their independent living skills, to become involved in community projects and voluntary work as well as to undertake vocational training with a view to securing employment. People were also encouraged to become involved in sports and fitness activities. The scheme also had a small shop and art gallery where people create art work to sell through the shop.

People told us they had regular contact with their families and were supported to invite their friends to their homes or to meet them at various social events. Relatives told us they were kept fully informed either by telephone or email about their relations' wellbeing. They said they were involved in reviews of their relations' support needs and felt able to talk to the registered manager and the staff about these.

Each person received a copy of the complaints policy when they started receiving a service. People told us they would talk to the staff or one of the managers in the office if they were upset about anything. For those people with limited verbal communication, staff told us they were observant for changes in people's body language to assess if there was anything wrong. Staff told us that they would always pass any complaints to the registered manager. Records showed when a complaint was received the issue and the actions taken to review and resolve the matter were well recorded. Relatives told us they were confident they could raise any concerns if they needed to. One relative told us, "I can't find fault. If there are any issues, (name of staff member) sorts it out."

Is the service well-led?

Our findings

The registered manager was supported by a management team with identified roles and responsibilities. Four co-ordinators were each responsible for supporting the staff teams for a number of people. This ensured they developed a relationship with people and their families as well as the staff. For those people who received support 24 hours a day, a dedicated staff team was managed on a day to day basis by a team leader. They were responsible for the staff rota, ensuring people's medicines were ordered when necessary and that people's money was safely managed. The management team and staff demonstrated their commitment to providing high quality, well-led and inclusive support to each person receiving a service. Effective systems were in place to assess people's needs and plan their support, recruit and train dedicated staff and to monitor the quality of the support services provided.

The registered manager and the management team were very open and approachable. One member of staff told us, "I feel very well supported. They (the management team) promote a high standard of care and enable people to be as independent as possible". People told us they made social visits to the office and enjoyed seeing the staff there. Relatives told us they had confidence in the service. One relative said, "I'm very confident with them. It's a real reassurance to have them look after mum. It's a great comfort to the family" and another said they, "very much appreciated their support."

The service had clear values with regard to how they supported people. These were known by staff and included, promoting people's independence, protecting their rights, supporting people to develop friendships and to be involved in the local community. All the staff we spoke with said the service was "person-centred" and the people they supported were important to them. Staff meetings and formal one to one supervisions provided staff with the opportunity to spend discuss their work and highlight any training or development needs, as well as to ensure the service's values remained at the forefront of staff's approach to their support role.

There were effective quality assurance systems in place to monitor care and plan ongoing improvements. The service used review meetings, informal conversations and surveys to gain people's views of the quality of the service they received. Staff were also asked to complete a questionnaire to contribute their views about how well the service was managed. The results of these surveys and questionnaires were collated and an action plan developed to address any issues raised. For example, the results of the most recent surveys indicated people would like more information about healthy eating and fitness and this had been provided. There were audits and checks in place to monitor safety and quality of care. The co-ordinators made regular visits to people's homes to ensure they were being supported safely, their medicines and finances were being well managed and any equipment was serviced and maintained in a safe working order. They provided a report to the registered manager each month who reviewed these and provided a report the service's head office. This ensured all senior managers within the service were aware of people's support needs and any issues in relation to these.

The service provided "out of hours" management support. People and staff had access to the contact details of the on-call manager and the registered manager.

The registered manager kept their skills and knowledge up to date by on-going training and reading care professional journals and receiving updates from the local authority and CQC. The service was a member of a local care consortium which offered advice and support to care providers.

The service had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.