

Omega Elifar Limited

Dove House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

The home is a two storey building, with a single storey extension and a patio and garden. People have their own bedrooms, some of which have an ensuite and people share the communal areas of the home, including an art room and a multi-sensory room. The home has recently been extensively refurbished. The service is registered to support nine people with a learning disability or autistic people.

People's experience of using this service and what we found

Right Support: People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff safeguarded people from the risk of abuse. They also identified, assessed and managed potential risks. There were sufficient staff deployed and staff were recruited safely. Medicines were managed safely at the home. Processes were in place to protect people from the risk of acquiring an infection. Processes were in place to ensure any incidents were reviewed and any learning from incidents was applied.

Right Care: People's relatives told us the care provided was person-centred and staff knew people well. A person told us, "Yes its good here," and a relative said staff were "very caring." We observed staff treated people with kindness and compassion, however our judgement on this aspect of the 'Right support, right care, right culture' guidance is limited as this was a focused inspection that considered the areas of safe and well-led only.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. Relatives feedback included, "Since [name of registered manager] took over it has been really good, " and, "They do a fantastic job." The registered manager promoted a positive culture. People were supported to be involved in decisions and their relatives were consulted. Processes were in place to monitor the quality of the service and to identify areas for improvement. Staff worked with other agencies and professionals to support people's care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection and update

The last rating for this service was requires improvement (published 29 January 2020) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they

would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

Why we inspected

At the last inspection we found the provider was in breach of regulation. This inspection was completed to review actions the provider told us they would take to comply with the regulation. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dove House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Dove House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector and one medicines inspector.

Service and service type

Dove House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Dove House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed notifications we had received from the service since the last inspection and contacted commissioners. We used all this information to plan our inspection.

During the inspection

We spoke with two people who could speak with us about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with three staff, the registered manager and a health care professional. We reviewed medicine administration records and medicine related care plans for nine people living at the home. We reviewed medicines management policies and procedures in place at the home.

Following the site visit we spoke with eight people's relatives and a commissioner of the service for people. We reviewed records which included three people's risk assessments, staff training, quality assurance, staff recruitment records, staff rotas and service maintenance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. People met with staff and discussed their safety and any complaints.
- The registered manager understood how to escalate any issues. Safeguarding concerns were managed promptly and any required investigations were thorough. People were provided with information in a format for their needs about any outcomes and their relatives or representatives were informed. Safeguarding incidents were shared with the staff and any required learning or changes were identified and implemented.

Assessing risk, safety monitoring and management

- Risks to people had been identified and plans were in place to manage them and to guide staff. People's epilepsy risk assessments had been reviewed and updated since the last inspection.
- People had behaviour support plans where required, which described in detail the triggers which may result in behaviours which challenged staff. There was an emphasis on proactive strategies staff should use to de-escalate the situation and prevention strategies to reduce the risk of further escalation. Staff were responsive to people's non-verbal communication and endeavoured to make each person's environment safe, consistent and predictable for their needs. There were strategies in the event a person's behaviours were a risk to themselves or others. Staff trained in the use of restrictive interventions, used these strategies, only as a last resort where required. Any incidents where restraint techniques had to be used for people's safety, were recorded and reflected upon.
- Staff supported people where possible to learn new skills, increase their communication and widen their experiences, in order to enhance their quality of life and decrease their behaviours. A person liked the feel of plastic objects, so staff were trying to expand their experience with the use of different types of plastics, which we observed. We saw staff involving other people in what was happening within the daily routine of the household, reading books to them and using Makaton cards with them. Makaton uses symbols, signs and speech to enable people to communicate.
- The fire department had just issued the provider with a fire safety report, which required some works were undertaken to ensure people's safety in the event of a fire. The provider and registered manager had reviewed the report and put a plan in place to address the identified issues. Relevant safety checks in relation to utilities had been completed.

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 MCA 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. The least restrictive options to manage risks to people were identified and implemented. A few people used a wheelchair in the community, but not at home, which could be restrictive. We spoke with the registered manager, staff and people's relatives, who told us this was people's choice, either due to them finding it tiring walking any distance in the community or due to its use making them feel safer outside.

Staffing and recruitment

- The provider staffed the home at the levels commissioned for each person. There was pressure on staff, both due to current staff vacancies and changes in a person's needs. The provider was actively recruiting staff and two new staff had been recruited. In the interim vacancies were covered with regular agency staff, bank staff and permanent staff working overtime. Only permanent staff were allocated to work with people who needed the greatest level of stability and continuity, which increased pressure on permanent staff. Staff rotated who they worked with across a shift to manage this and the registered manager also supported staff on the floor. The registered manager had applied to commissioners for additional staffing for people where required.
- Staff pre-employment checks had been completed. The two files reviewed did not contain the date the employee had completed full-time education and a full employment history. We spoke with the registered manager about this and the information was provided after the site visit. The registered manager also took action to assure themselves this information was available in the remaining staff files.

Using medicines safely

- Medicines were stored securely and within the required temperature range. Waste medicines were recorded and returned to the supplying pharmacy for disposal.
- Staff gave medicines prescribed to people and recorded this on the medicine administration records (MAR). There were no gaps in the MARs we reviewed which provided assurance medicines were being given as prescribed.
- People's medicines were reviewed by clinicians from their local GP practice to monitor the effects of medicines on their health and wellbeing.
- Medicines were not used to control people's behaviour. Staff members were aware and used the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) to only administer medicine that benefited people's recovery or as part of ongoing treatment.
- The provider had a process for staff to report and investigate medicines related errors and incidents. There was a process in place to receive and act on medicine alerts. There was a policy for medicines management.
- The service had enough staff, who knew the people and had received relevant training to keep them safe. The required improvements to ensure people's medicines were managed safely had been made.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People's relatives and visitors were able to visit them at home.

Learning lessons when things go wrong

- Staff understood their duty to raise concerns and to report any incidents. Staff completed incident reports and body maps. These were then reviewed by the registered manager to identify any required changes to people's care. Any learning was shared across the staff team, including night staff.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection we found the provider's governance systems were not fully effective at assessing, monitoring and driving improvements. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvements had been made and the provider was no longer in breach of Regulation 17.

- There were effective governance systems, to monitor the quality of the service. People's risk assessments were detailed and contained relevant information to enable staff to support people safely. People's medicines were regularly audited, to ensure they received their medicines safely. Records were maintained of staff's medicine competency assessments. Staff ensured decisions made about what was in people's best interests, where they lacked capacity to make a specific decision were documented. Staff showed us how they recorded the delivery of people's care on the provider's new electronic care planning system.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider's ethos of care focused on meeting people's needs. Feedback from relatives and our observations confirmed people's needs were met. A relative told us how staff regularly brought their loved one to see them, which had not happened in their previous placements. Another relative told us, "Staff know [name of person] well," and said their loved one's needs were "well met".
- There was an open and reflective culture. Staff spoke warmly about the people they cared for, they knew them well. Care records were individualised to each person's needs and preferences. Restrictions were only used as a last resort and with relevant authorisation. People chose where to spend their time in their home. Staff knew where and how people liked to spend their time and respected their choices. A relative confirmed, "[Name of person] gets lots of choice and control."
- There was strong, visible leadership. The registered manager was observed to work directly with people. They had completed a mentoring qualification and were skilled in supporting and coaching staff. A staff member said they were, "very hands on and supportive." The registered manager completed spot checks at different times of the day, including weekends. This ensured they met with staff on different shifts and had oversight of the service at different times. Staff told us although their role was challenging, the staff team was supportive of each other.
- Staff were confident, skilled and proactive when they supported people experiencing distress,

communicating a need, expressing feelings or an emotional reaction. Staff spoke knowledgeably about people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty of candour requirements. The duty of candour describes the actions the registered manager should take when things go wrong, including making an apology and being open and transparent.
- A relative told us how they had been informed by the registered manager of a recent incident involving their loved one and of the actions taken to reduce the risk of repetition.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to exercise choice and control over their care, environment, contacts and activities. People chose the activities they wished to participate in within the community and went on holiday. The home had recently undergone extensive refurbishment and people were involved, choosing colours for their bedrooms and the new kitchen. There was strong communication between staff and people's families and representatives. This ensured they received regular updates and essential information was shared. A relative confirmed, "[Name of registered manager] rings regularly and provides updates."
- The registered manager engaged and involved people, relatives and staff through a variety of means including: direct work, observations, reviews of people's care, surveys and spot checks.
- People's plans had been developed to meet their needs and preferences. People had communication plans which reflected their preferred ways of communicating. These included visual schedules to support their understanding, where appropriate for their needs. Where people communicated non-verbally, there was guidance for staff to enable them to understand how they made choices and conveyed their wishes. A relative confirmed, "Staff have a good understanding of how to communicate with [name of person]."
- The registered manager and staff understood equality, diversity and human rights. Staff were required to complete equality and diversity training as well as, learning disability training and training on the Mental Capacity Act 2005 Some staff had completed autism experience training and all staff were about to start their autism distance learning module.

Continuous learning and improving care

- Processes were in place to audit different aspects of the service, monitor the quality of care and to identify potential areas for improvement. The nominated individual for the service also completed quality audits on behalf of the provider.
- The provider had commissioned an external audit of the service in March 2022. Areas for improvement had been identified and an action plan implemented. We saw actions had either been completed or were in the process of being completed, such as the transfer of all records to the new electronic care planning system.
- There were trackers to enable analysis and review of incidents. People had behaviour monitoring charts, to enable staff to record and review the triggers and causes of behaviours. In order to identify any potential changes which could be made to support the person more effectively. For example, one person had tried to throw a fire extinguisher. Staff had supported them to participate in the provider's fire marshal training, which both included them and enabled them to experience using a fire extinguisher. Their relative confirmed, "Staff help [name of person] to develop and do a fantastic job."

Working in partnership with others

- Staff worked openly with commissioners, safeguarding teams and multidisciplinary teams to support people's care provision. The provider had also appointed a positive behaviour support worker to work

across all of their homes, to support staff further with person centred planning.