

Sunderland City Council

Doric View Short Break Service

Inspection report

Station Road, Penshaw
Houghton Le Spring
Tyne and Wear
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Tel: 0191 382 3063

Date of inspection visit: 7 and 9 April 2015
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 7 and 9 April 2015. The first visit was unannounced and the second visit was announced. We last inspected the service on 25 April 2014. At that inspection we found the service was meeting all the regulations that we inspected.

Doric View is a purpose built bungalow providing short break accommodation for people who require personal or nursing care. The service can accommodate up to six people, at the time of our inspection there were four people using the service.

A new manager was in place at the time of our inspection. The manager was aware of their responsibility to apply to become a registered manager. A registered manager is a person who has registered with the Care Quality

Summary of findings

Commission (CQC) 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.

We did not see evidence of MCA assessments and 'best interests' decisions being carried out for people who lacked capacity to make decisions for themselves. This meant people's rights against inappropriate restriction of liberty were not protected because appropriate measures were not in place to make the required assessments and applications, in line with MCA and DoLS legislation.

People using the service told us they felt safe. One person said, "Yes safe, they look after me." Another person said, "I'm happy here, I'm safe." A relative told us, "I have no worries when [my relative] is here they are very safe." Staff had a good understanding of safeguarding. We saw training records that showed all staff had received training relating to safeguarding.

Medicines records were up to date and accurate. This included records for the receipt, return, administration and disposal of medicines. This showed that people's medicines were managed to enable them to receive them safely.

The service undertook very careful and detailed assessments of risks related to the care of people who lived there. The assessments showed that people using the service and their families were involved in assessments and their contribution was recorded.

We examined staffing rotas. People told us and our observations concluded there were enough staff to meet people's needs.

Recruitment records for recently recruited staff held completed reference checks and a Disclosure and Barring Service (DBS) check dated prior to their start date. This meant the provider had undertaken the necessary checks to ensure staff were suitable to work with vulnerable people.

We saw it detailed action to be taken in the event of an emergency and was accessible to staff. This meant the provider had suitable plans to keep people safe in an emergency.

We looked at the accident and incident records. We saw information was collected, including types of incidents and times they occurred. As no trends were identified from the information analysis had been conducted.

We looked at record relating to the safety and upkeep of the premises. Records we viewed showed regular health and safety checks were undertaken. This included checks of gas safety, electrical safety, electrical appliances, fire safety and water safety. At the time of this inspection these checks were up to date. We asked people about meals. One person told us, "I like the food." Staff told us that people can have their meals in a number rooms, it's their choice. We saw a menu was available. Staff told us if a guest didn't like the menu they would cook whatever they wanted for them.

We found that training and development was up to date. Training records contained a comprehensive record of appropriate courses with copies of training certificates. We also saw records of assessment of competence in regard to the management of medicines.

We saw records of supervisions and appraisals held, discussing working practices and training needs. Staff confirmed that appraisals were conducted annually and supervisions monthly.

At the entrance to the service a welcome book that gave details about the service including mission statement, aim and objectives, accommodation, medication, staffing and complaints and compliments. This information was also readily available in people's rooms. This meant that people using the service and their families had access to up to date information about the service.

People told us the staff were caring and treated them well. One person said, "[Staff member] is lovely," and "[Staff member] works really hard." Another person said, "The staff are great and look after me."

The atmosphere was happy and calm. All activities and chats involved the people who used the service. We saw people receiving plenty of attention from staff. Staff took the time to sit with people and chat and watch television with them.

Summary of findings

We observed staff in many interactions with people who lived there. We saw that they were friendly and caring. Staff gave people time to express themselves and communicate. They ensured that people's wishes were carried out.

People had diaries about their stay to show their parents or relatives where they had visited and what they have achieved. We saw one diary held postcards from the seaside and tickets from the show. A relative told us, "[My relative] can't tell me what they have done during their stay, the diary gives me the information then I can talk to [my relative] about it".

We examined records relating to compliments and complaints. The manager advised that no complaints had been received last year. However, the provider had a system in place to log and investigate complaints. We saw that a complaints policy and procedure was in place and was available to all within people's room book.

The atmosphere in the home was friendly and relaxed and it was noted all staff were supportive of each other and clearly had positive working relationships. Staff told us they enjoyed working at the home. Staff told us they felt supported by the manager.

The manager had a comprehensive system to audit various aspects of the running of the service. These included checks of the medication systems, infection control, health and safety checks, audits of care plans and risk assessments and equipment checks.

We saw team meetings were held monthly to discuss issues within the service. Staff told us regular staff meetings were held. They said they were able to make comments and suggestions during these meetings.

You can see what action we told the provider to take at the back of the full version of this report.

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.

People using the service told us they felt safe. One person said, "Yes safe, they look after me." Another person said, "I'm happy here, I'm safe." A relative told us, "I have no worries when [my relative] is here they are very safe."

We found the provider had undertaken the necessary recruitment checks to ensure staff were suitable to work with vulnerable people.

Staff had a good understanding of safeguarding. We saw training records showed all staff had received training relating to safeguarding.

The service undertook very careful and detailed assessments of risks related to the care of people who lived there.

Good



Is the service effective?

The service was not always effective.

We did not see evidence of MCA assessments and 'best interests' decisions being carried out for people who lacked capacity to make decisions for themselves.

We found that training and development was up to date. Staff training records contained a comprehensive record of appropriate courses with copies of training certificates.

Supervisions and appraisals were held, discussing working practices and training needs. Staff confirmed that appraisals were conducted annually and supervisions monthly.

Requires improvement



Is the service caring?

The service was caring

People told us the staff were caring and treated them well. Relatives also confirmed their relative received good care.

We observed staff in many interactions with people who lived there. We saw that they were friendly and caring. Staff gave people time to express themselves and communicate.

Staff were careful to respect people's dignity, and make sure their wishes were heard and acted upon.

Good



Is the service responsive?

The service was responsive.

Care plans were individualised and contained comprehensive personalised information about the person and their preferences.

Good



Summary of findings

We saw activities were planned around the people using the service. Staff reviewed 'Review of stay forms' to make sure people's wishes were met.

People and family members we spoke with said they had no complaints about the care provided at the home. We saw there had been no complaints made about the service.

Is the service well-led?

The service was not always well-led

The atmosphere in the home was friendly and relaxed and it was noted all staff were supportive of each other and clearly had positive working relationships. Staff told us they enjoyed working at the home.

The manager had a comprehensive system to audit various aspects of the running of the service.

We observed people's care plans and personal information was kept secure.

Good



Doric View Short Break Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 7 and 9 April 2015. The visit was unannounced and the second visit was announced. The inspection was carried out by an adult social care inspector.

Prior to the inspection we reviewed information we held about the home, including the notifications we had

received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service, the local authority safeguarding team, the local clinical commissioning group and the local health watch. We did not receive any information of concern from any of these people.

We looked at three care plans for people who used the service. We examined four staff records including recruitment, supervision and training records and various records about how the service was managed. We spoke with three people who use the service, two relatives, the manager, two residential officers, three support staff and one domestic support.

Is the service safe?

Our findings

People using the service told us they felt safe. One person said, “Yes safe, they look after me.” Another person said, “I’m happy here, I’m safe.” A relative told us, “I have no worries when [my relative] is here they are very safe.”

As the service was providing a short stay service, people brought their medicine with them rather than the service being responsible for re ordering from the GP. We observed medicine was received from people’s relatives with items checked and recorded on individual sheets. Medicine Administration Records (MARs) showed staff had recorded when people received their medicines and entries had been initialled by staff to show they had been administered. Medicines records were up to date and accurate. This included records for the receipt, return, administration and disposal of medicines. We also saw records of assessment of competence in regard to the management of medicines. This showed that people’s medicines were managed to enable them to receive them safely.

Staff had a good understanding of safeguarding. Training records showed all staff had received training relating to safeguarding. Staff explained to us when and how to make an alert. All the staff we spoke with said they would report their concerns to the manager straight away. One staff member told us, “I’m confident that the manager would deal with it.” This meant that staff received training and guidance to enable them to raise concerns to the appropriate person.

We saw from viewing the provider’s safeguarding log that one safeguarding concern had been recorded in the last 12 months. This involved outside agencies and had been dealt with sensitively by the manager.

Staff were aware of the provider’s whistle blowing policy and procedure. One staff member had previous experience of using the procedure. They said, “I would raise a concern again if people were not being looked after properly.” Staff told us they did not have any concerns about people’s safety. Another staff member said, “People’s safety and well-being is our first thought.”

We examined three sets of care records. We saw the service undertook very careful and detailed assessments of risks related to the care of people who lived there. Those risk assessments included assessments of medicines, falls risks,

mobility, wheelchair use, social interaction, use of kitchens, hygiene, diet, sleep, personal care, epilepsy, finance and valuables. The assessments showed that people using the service and their families were involved in assessments and their contribution was recorded.

The premises were clean and tidy. The bathrooms and toilets were clean and had a pleasant smell. The manager told us cleaning duties were carried out by one staff member during the day and on a rota at night. We viewed records of the work conducted. Records showed the provider conducted an audit of the infection controls within the service every month. We saw that staff had been trained in infection control.

When we spoke to the manager about staffing they told us that staff members shift patterns were built around people’s needs. They told us if a person had requested a certain activity they would ensure that enough staff were available to support that person.

We examined staffing rotas. There were enough staff to meet people’s needs. Relatives did not raise any concerns with us about staffing levels. One person told us they preferred certain support staff. A relative said, “There is always plenty of staff.” Staff told us there were enough staff to meet people’s needs.

We examined four staff recruitment records for recently recruited staff. We found each record held completed reference checks and a Disclosure and Barring Service (DBS) check dated prior to their start date. DBS checks, replace the Criminal Records Bureau and Independent Safeguarding Authority checks. DBS checks help employers make safer decisions and help to prevent unsuitable people from working with vulnerable adults. This meant the provider had undertaken the necessary checks to ensure staff were suitable to work with vulnerable people.

We looked at the Accident and Incident Records. We saw information was collected, including types of incidents and times they occurred. No analysis had been conducted as no trends were identified from the information. The manager advised they were aware of the benefits of analysis of accidents and incidents and explained how it formed part of their weekly checks.

The emergency procedures included personal emergency evacuation plans (PEEPS) for people who used the service.

Is the service safe?

We saw they detailed action to be taken in the event of an emergency and was accessible to staff. This meant the provider had suitable plans to keep people safe in an emergency.

We looked at records relating to the safety and upkeep of the premises. Records we viewed showed regular health

and safety checks were undertaken. This included checks of gas safety, electrical safety, electrical appliances, fire safety and water safety. At the time of this inspection these checks were up to date.

Is the service effective?

Our findings

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005 (MCA). They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

Although staff understood about supporting people to make choices and decisions they had limited understanding of the MCA and DoLS and how the principles of the legislation applied to people who used the service.

We examined four care plans. We saw a 'locked kitchen assessment' this indicated that the kitchen door would be locked. It recorded 'in the absence of other restrictions this practice is not considered to amount to a deprivation of liberty'. We asked the manager about the restrictions applied. They advised that it was parents' wishes that the door to the kitchen was locked to ensure their son or daughter were kept safe.

We did not see evidence of MCA assessments and 'best interests' decisions being carried out for people who lacked capacity to make decisions for themselves. This meant people's rights against inappropriate restriction of liberty were not protected because appropriate measures were not in place to make the required assessments and applications, in line with MCA and DoLS legislation.

This was a breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We asked people about meals. One person told us, "I like the food." Staff told us that people can have their meals in a number rooms, it's their choice. We saw a menu was available. We observed a person getting up late in the morning. Staff asked what they wanted and it was prepared

for them. A relative told us, "[My relative] loves the food here", and continued "[Staff member] will often make a homemade pie; everything is fresh made not frozen." Another relative told us, "They make sure a trifle is in the fridge as its [my relative]'s favourite."

We spoke to staff about people's nutritional needs. One staff member told us how important it was to make sure people have good food and plenty of liquids. A staff member said, "If someone doesn't eat, I would offer them something else and try to encourage them to eat a little. I would speak to them to see if anything was wrong."

We found that training and development was up to date. We looked at four staff training records and noted each contained a comprehensive record of appropriate courses with copies of training certificates. The manager told us the training was monitored and when staff needed refresher training requests were made for availability of the courses. Staff told us they received ongoing training. One staff member said, "All my training is up to date."

We saw records of supervisions and appraisals held, discussing working practices and training needs. Staff confirmed that appraisals were conducted annually and supervisions monthly. Staff told us they felt well supported. Relatives told us, "The staff are well trained and have lots of experience." This meant that staff had received the appropriate training to ensure people were well cared for.

Staff told us that if a person needed access to external health professionals during their stay parents and guardians would be informed. One staff member told us, "Parents may call and take their relative home to see their own GP or if needed we would contact the GP or community nurse." A staff member told us all appointments to external health care professionals were recorded in the daily book. A relative told us, "When [my relative] has been poorly staff contacted me immediately."

Is the service caring?

Our findings

People told us the staff were caring and treated them well. One person said, “[Staff member] is lovely,” and, “[Staff member] works really hard.” Another person said, “The staff are great and look after me.” One family member said, “Staff treat [My relative] like a sister. They take time to be with people.” Another relative told us, “There is a community feel to care, staff know us all.”

We observed staff in many interactions with people who lived there. We saw that they were friendly and caring. Staff gave people time to express themselves and communicate. They ensured that people’s wishes were carried out.

The atmosphere was happy and calm. All activities and chats involved the people who used the service. We saw people receiving plenty of attention from staff. Staff took the time to sit with people and chat and watch television with them. They chatted about the day ahead and where they were going to visit. We observed people being asked if they needed anything either to drink or eat.

Staff told us, “It’s like a family, I have known [Person] since they were a child and I know the family.” The manager told us that staff were prepared to work that extra hour when needed. They recalled when one care staff came in especially on their day off to support a person. Relatives told us, “Staff try to ensure that people who get on together are booked in at the same time.”

Staff told us people would book a certain room for their break and staff would rearrange the room to the layout that

the person preferred. We viewed people’s rooms and although people were only at the service a short time we saw that people had personalised their rooms with personal affects.

The manager told us that excursions were planned around people’s stays. For example in a ‘review of stay’ form a person had indicated they wished to go a local sports centre. The manager told us that when the person booked their next stay they ensured that transport and enough staff were available to support the person on the excursions and it was built into their stay. A relative told us, “[My relative] likes to go out for a coffee; they always make sure someone is free to take them.”

We asked people who used the service and their relatives if care staff treated them with respect and dignity. One person said, “They are lovely to me.” A relative told us, “They always treat [my relative] with dignity and respect.” Another said, “I have witnessed staff with [my relative], they are respectful to her.” Staff told us they always maintain a person’s dignity. One staff member said, “It’s about being polite, asking the person before delivering care, knocking on their door and closing it before helping them.”

We saw on the entrance to the service a welcome book that gave details about the service including mission statement, aim and objectives, accommodation, medication, staffing and complaints and compliments. This information was also readily available in people’s rooms. This meant that people using the service and their families had access to up to date information about the service.

Is the service responsive?

Our findings

Relative's confirmed that staff knew their relative well and understood their needs. One family member said, "Staff are ready for [my relative] when they come for a break." Another said "[My relative] is well looked after."

Care records contained comprehensive information about the person including personal information, their life story, medical history, personal care and support. These were written from the perspective of the person receiving the care. For example, 'I like my hair washed in the bath,' and, 'I prefer a shower.' The plans recorded detailed assessments covering manual handling, falls assessment, nutritional needs and medicine risk assessments. We found people's care plans were reviewed regularly.

We asked people and relatives if they were involved in planning their own care. One relative told us, "If there are no problems I let staff get on with it they are the experts". Another relative said, "I often have a chat with staff when I drop [my relative] off and staff update me at the end of a stay."

Staff told us that they would read care plans and speak to a person's key worker to familiarise themselves to a person's needs prior to the person coming to stay. This meant staff had access to up to date information about how people should be supported and cared for.

The manager advised that activities were planned around the people using the service. They would review the 'Review of stay forms' to make sure people's wishes were

met. People and family members gave us examples of activities that were available to do. Activities included cinema, trips to the seaside, garden centre, the pub and going to see a show. Staff told us, "We do what guests want to do, it's their holiday."

Staff maintained a diary for people to show their parents or relatives where they had visited and what they have achieved. We saw one diary held postcards from the seaside and tickets from the show. A relative told us, "[My relative] can't tell me what they have done during their stay, the diary gives me the information then I can talk to [relative] about it".

On both days of the inspection we observed people taking part in excursions, one day to the seaside and the other to a garden centre. On return there was plenty of chat between people who used the service and staff discussing their trip out.

We examined records relating to compliments and complaints. The manager advised that no complaints had been received last year. However, the provider had a system in place to log and investigate complaints. We saw that a complaints policy and procedure was in place and was available to all within people's room book.

We asked people and relatives what they would do if they had a concern or complaint about the service they received. Relatives told us they did not have any complaints about the service and all said they would contact the office if any arose. A relative said, "I would ring the manager but we have never had any problems."

Is the service well-led?

Our findings

The atmosphere in the home was friendly and relaxed and it was noted all staff were supportive of each other and clearly had positive working relationships. Staff told us they enjoyed working at the home. Staff told us they felt supported by the manager.

One staff member said “Although [the manager] has only been in place a short time they are very approachable”. A relative told us, “The staff and management provide a great service.” The manager told us they had an open door policy and were visible within the service throughout our two day inspection. One relative said us, “The manager will always say hello and has time for a chat.”

The provider has a clear mission statement, ‘improve people’s life, create a customer focused driven culture’. This mission statement was demonstrated through the interactions we witnessed and the records we examined.

We looked at what the provider did to seek people's views about the quality of the service. We asked the manager if the service conducted any surveys or how they ensured people and their relatives were involved. They told us a questionnaire was sent to guests and parents once a year. They advised that following feedback from last year questionnaires changes were made to the booking system and larger televisions have been placed in people’s rooms. Comments received included, “Good, friendly, capable staff, listen to all questions or worries” and, “the care is excellent.”

The manager advised that after each stay, a person is invited to complete a “review of stay” form. The form uses symbols and pictures and covers areas as, facilities, food, the guest mix, staff qualities and activities. They also

reported that guest meetings are held when people arrive on a Monday and Friday with the focus being predominantly health and safety issues but also captures people’s wishes for the week ahead.

We saw an annual quality report was available to everyone who used the service. This included an analysis of review of stay letters and information on care planning, questionnaires, guest meetings, staff training and future plans for the service.

Team meetings were held monthly to discuss issues within the service. Staff told us regular staff meetings were held. They said they were able to make comments and suggestions during these meetings. We viewed the minutes from previous staff meetings which confirmed these took place regularly. The manager ensured the team meetings were held at different days and times to ensure that all staff could attend. This meant staff had structured opportunities to share information and give their views about service people were receiving.

We observed people’s care plans and personal information were kept secure in a lockable cupboard in the sleepover room.

The manager had a comprehensive system to audit various aspects of the running of the service. These included checks of the medicine systems, infection control, health and safety checks, audits of care plans and risk assessments and equipment checks. This meant that the provider had effective quality assurance processes to monitor the quality and safety of the service.

The service had a registered manager in place until February 2015 when the new manager joined the service. The current manager was aware of their responsibility to apply to become a registered manager.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent People's rights against inappropriate restriction of liberty were not protected because appropriate measures were not in place to make the required assessments and applications, in line with MCA and DoLS legislation Regulation 11 (3)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.