

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 effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Dove House provides accommodation and care for up to nine people with a learning disability. The home is located in a semi-rural area in Rake, Hampshire. At the time of the inspection nine people were living at the home. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

Good (published 24 September 2016).

Why we inspected:

This inspection was a scheduled inspection based on the previous rating.

People's experience of using this service:

People told us they were happy, felt safe and that staff had a good understanding of their needs and preferences. Staff listened to what people wanted and acted quickly to support them to achieve their goals and aspirations. Staff were innovative and looked to offer people solutions to aid their independence and develop their skills.

People had good community networks which were personal to them. This included, day services and supporting people to access the local amenities and maintaining regular contact with family and friends. Equality, Diversity and Human Rights (EDHR) were promoted and understood by staff.

Staff were well trained and skilled. They worked with people to overcome challenges and promote their independence. The emphasis of support was towards enabling people to learn essential life skills. Staff encouraged positive risk taking so people could experience new things and develop. This had led to people feeling fulfilled and living an active life.

People and their families described the staff as caring, kind and friendly and the atmosphere of the home as relaxed and engaging. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Leadership was visible and promoted good teamwork. People, professionals and staff spoke highly about the management and staff had a clear understanding of their roles and responsibilities. The registered manager and staff team worked together in a positive way to support people to achieve their own goals and to be safe. Checks of safety and quality were made to ensure people were protected. Work to continuously improve was noted and the registered manager was keen to make changes that would impact positively on people's lives.

The service met the values that underpin the 'Registering the Right Support' and other best practice

guidance such as 'Building the Right Support'. These values include choice, promotion of independence and inclusion. Also, how people with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A full description of our findings can be found in the sections below.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was completed by a single inspector.

Service and service type:

The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Inspection site visit activity started and ended on 9 February 2019.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We spoke with three people who used the service and received feedback from one health care professional via telephone.

We spoke with the registered manager and deputy manager. We met with four support workers and one

senior support worker. We reviewed three people's care files, three Medicine Administration Records (MAR), policies, risk assessments, health and safety records, incident reporting, consent to care and treatment and quality audits. We looked at two staff files, the recruitment process, complaints, and training and supervision records.

We walked around the building and observed care practice and interactions between support staff and people.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes, including recruitment.

- People, professionals and relatives told us they felt safe being supported by members of staff. Comments included; "[Person's name] like Dove House, happy here", we asked another person using sign language if they were happy living at the home. The person nodded and clapped their hands indicating that they were happy at Dove House. A professional told us "Dove House is a safe home for people, I have no concerns at all".
- Staff could tell us signs of abuse and who they would report concerns to both internal and external to the home.
- There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts, investigations and logged outcomes and learning. We found that there were no safeguarding alerts open at the time of the inspection.
- Relatives, professionals and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to. A social care professional said, "We have no safeguarding issues. The home is very open and I believe they would report these to us". A health care professional told us, "We have had previous concerns which have been dealt with timely and always reported".
- The provider operated a safe recruitment process. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people.

Assessing risk, safety monitoring and management; Staffing levels; Learning lessons when things go wrong

- Staff were confident people were safe and told us that systems were in place to ensure safety. For example, doors were secure, policies were in place, risk assessments had been completed and care plans were clear.
- We found that positive behaviour support plans were in place, up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge others or the service.
- Physical interventions were used by staff with some people living at the home. Staff had all received appropriate training and confirmed that interventions were only used as a last resort or if the person put themselves or others at significant risk. Interventions had been individually risk assessed and clear recording took place following all incidents.
- Where people had been assessed as being at risk of choking or seizures, assessments showed measures were taken to discreetly monitor the person and manage risk.
- There were enough staff on duty to meet people's needs. A person told us, "Enough staff, very nice". A professional said, "There always seems to be enough staff". The registered manager monitored the amount of staff needed based on people's needs and their activities and appointments.
- The registered manager responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.

Using medicines safely

- People told us they were happy with the support they received to take their medicines.
- We found that the service had implemented safe systems and processes which meant people received their medicines in line with best practice.
- The service had safe arrangements for the ordering and disposal of medicines.
- Medicines were stored securely.
- The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed.
- Medicine Administration Records (MAR) were completed and audited appropriately.

Preventing and controlling infection

- Staff were clear on their responsibilities with regards to infection control and keeping people safe. A staff member said, "We use PPE like gloves and aprons and keep the home clean. We use different coloured chopping boards and make sure food is cooked before serving".
- People were supported to participate in keeping their home and rooms clean to minimise the risks of the spread of infection.
- There were hand washing facilities throughout the home. However, we noted that the hand basins in the staff toilet and kitchen were running at an average of 55 degrees. This meant that staff were at risk of scalding themselves when washing their hands. We discussed this with the manager who told us they would action this promptly. Staff had access to personal protective equipment (PPE) such as disposable gloves and aprons.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed and care, treatment and support was provided to achieve effective outcomes.
- People had one-page profiles which gave an overview of important information which included; choices, behaviour and preferences.
- There were actions under each outcome of care which detailed how staff should support people to achieve their agreed goals and outcomes.

Staff support: induction, training, skills and experience

- Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A staff member told us, "Training is good here. We do annual refresher in behaviour support, this is practical training. We also do workbooks covering safeguarding, infection control and first aid. There is a system in place which flags up when we need to refresh our learning". The registered manager told us that some staff had completed their National Diploma's in Health and Social Care.
- There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. The deputy manager said, "New staff are shown around the home and introduced to people. They go through people's one-page profiles and work through an induction pack. There are a minimum of two shadow shifts but there could be more if necessary. We do regular supervisions and observations".
- New staff confirmed that the induction process was effective. A staff member told us, "We work through a workbook and shadow staff. We are supervised and assessed with medicines and using the hoist".
- The registered manager told us staff received annual appraisals and regular 1:1 meetings. Staff told us that they felt supported and could request supervision or just approach the management team should they need to.
- A professional said, "Staff seem professional in their role". One person told us, "Staff support me, good staff".

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food at Dove House and liked preparing meals and baking. One person told us, "Food good. Brunch today, pork tomorrow and burgers on Monday".
- People were supported with shopping, cooking and preparation of meals in their home.
- Staff understood people's dietary needs and ensured that these were met. One person showed us their 'when I eat booklet'. This provided the person and staff with information about dietary requirements and

eating safely. The person told us, "This helps [person's name].

- The registered manager showed us the menu plans. People were actively involved in choosing meals and preparing these should they wish/want to. Menus reflected a good choice of healthy home cooked meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to health care services as and when needed. Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. Recent health visits included; a community learning disability nurse, GP and dentist. A health professional said, "Staff know why I am visiting and show genuine interest. They know people well and are able to update me with any changes".
- Staff told us they supported people to visit health professionals. Each person had a health action plan in their files which reflected the support they required to maintain good health and wellbeing.
- The service had started to work in partnership with local GPs and psychiatrists to regularly review medicines in line with Stopping Over Medication of People with learning disability, autism or both (STOMP). STOMP is an NHS-led campaign and is about making sure people get the right medicine if they need it. It encourages people to have regular medicine reviews, supporting health professionals to involve people in decisions and showing how families and social care providers can be involved.
- People received an annual health check as per best practice for people with a learning disability.
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.

Adapting service, design, decoration to meet people's needs

- The home had recently experienced a leaking water and sewage pipe under the floors which had caused water damage and an odour. The registered manager told us that they were planning to temporarily move people to a new location whilst major refurbishment work was carried out. We found that the registered manager had made the home safe in the interim and risk assessed damaged areas.
- The registered manager told us that people would take an active role in choosing wall and carpet colours for bedroom and communal areas.
- The home was split across three levels and had been adapted to ensure people could access different areas of the home safely and as independently as possible.
- People's art work and photos of them enjoying activities were displayed on walls around the home.
- The first and second floors were accessible to people via stairs.
- People requiring support with transfers had the use of a portable hoist and a ceiling track hoist in their own bedrooms and shower room.
- People told us that they liked their home. One person said, "[Person's name] like bedroom. Favourite colour pink".

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on

people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People at Dove House were living with a learning disability or autism, which affected their ability to make some decisions about their care and support.
- Mental capacity assessments and best interest paperwork was in place for areas such as; personal care, bed rails, profile beds, medicines and finance.
- Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions.
- Staff told us how they supported people to make decisions about their care and support.
- DoLS applications had been submitted to local authorities and three had been authorised. Were conditions had been imposed, these were being met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People, professionals and relatives told us staff were kind and caring. Comments included; "[Person's name] like staff, nice, happy", "Staff care" and "Staff are very caring and kind. They have a genuine positive regard for people which I believe has made people grow as individuals".
- People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy.
- Training records showed that all staff had received training in equality and diversity.

Supporting people to express their views and be involved in making decisions about their care

- Where people were unable to express their needs and choices verbally, staff understood their individual way of communicating. Staff observed body language and eye contact to interpret what people needed. A staff member said, "We give people options to support them make decisions. We know people's needs and use individual methods of communication".
- People told us they were pleased with their care and that they felt involved in decisions. A professional told us, "People are provided with lots of choice and opportunities to make decisions". A staff member said, "We give options which help people make informed decisions. This is done either verbally, through use of sign language or visually".
- Where needed the home sought external professional help to support decision making for people such as advocacy. We observed advocacy information displayed. The registered manager told us that a person has a really positive, trusting relationship with their advocate.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately. A staff member said, "We close doors during 1:1 sessions with people or personal care. We don't discuss people in front of others. It's important we treat people like we would want to be treated".
- Promoting independence was important to staff and supported people to live fulfilled lives. A person told us, "[Person's name] do things for myself yes". A staff member said, "Promoting independence is really important. It is their house and their lives. Involving them in every activity is key and for me the highlight of the job".
- People were supported to maintain contacts with friends and family. This included visits from and to relatives and friends. One the day of the inspection one person had gone to their family home for the weekend.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Throughout the inspection we observed a positive and inclusive culture at the service. Person centred care, involving people and using creative approaches were embedded and normal practice for staff.
- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. Goals set for people had been achieved and led to positive outcomes. We were told about one person who, when they moved to Dove House had regular aggressive behaviour outbursts which restricted their access to the community due to safety. With consistent positive staff support, the person was more settled and able to access the community more. A staff member said, "[Person] at first wouldn't come close to staff and was very anxious. They are now more relaxed and will hold hands with staff. This is great progress".
- Professionals were positive about the support and outcomes achieved by people with staff support.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that identified information and communication needs were met for people. For example, people had individual communication plans and the service were working with a local Speech and Language Team (SALT) to review and develop people's communication skills.
- Staff could tell us how they put people at the centre of their care and involved them and their relatives in the planning of their care and treatment. The registered manager told us that annual review meetings took place with the local authorities (when available), families and people where possible. We read two people's recent reviews that took place in May 2018. These both demonstrated positive progress.
- People were supported to access the community and participate in activities which matched their hobbies and interests and were reflected in individual support plans.
- Staff considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities open to everyone.
- During the inspection we noted that people were supported to go shopping and eat away from the home. A person told us, "Went to shop this morning then [fast food restaurant], nice time".

Improving care quality in response to complaints or concerns

- The registered manager and deputy manager told us that they welcomed complaints and saw these as a positive way of improving the service. The deputy manager said, "Complaints are a good thing. We are open to these and use them to learn and improve".
- The service had a complaints system in place; this captured the nature of complaints, steps taken to resolve these and the outcome. At the time of the inspection there were no live complaints.
- People told us they knew how to raise concerns and make complaints. An easy read pictorial version of the local complaints procedure was available.

End of life care and support

- Not everyone's end of life wishes and preferences had been explored by the service.
- The registered manager told us that they would explore this more with people and families.
- The registered manager told us that they had previously supported people during the end of their life and worked closely with the local district nurses and community learning disability team.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff, people, relatives and professionals were positive about the management of the home. A person said; "Like [Registered managers name]". Staff comments included, "[Registered manager's name] is really good. Fair and listens. A good problem solver", "The registered manager is fine. Treats us like humans and respects us. The deputy manager is super. We often work together. They lead by example and know their stuff" and, "As a manager [registered managers name] is great. Always tries to help and leads by example". A professional told us, "The registered manager leads by example which is positive for staff and people alike. They are very outcome focused".
- The registered manager and deputy manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. The deputy manager said, "Situations may include death, abuse or significant harm or injury to a person. Being transparent is important to me

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff; Continuous learning and improving care

- The provider and registered manager demonstrated a commitment to ensuring the service was safe and of high quality.
- Regular checks were completed by the staff and registered manager to make sure people were safe and that they were happy with the service they received. The nominated individual completed quarterly visits. The last visit was in November 2018.
- Managers and staff were clear about their roles and responsibilities.
- Staff told us they felt supported, valued and listened to by the management team. A staff member told us, "I feel listened to. My ideas and suggestions are listened to and used to improve things. The registered manager is open to change".
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- Lessons were learnt when things went wrong. The registered manager said, "Things do go wrong and we reflect on this. We look at what happened and what could be done differently. All learning is shared with staff in meetings and supervisions".

Working in partnership with others

- Dove House worked in partnership with other agencies to provide good care and treatment to people. We were told that the service was currently working closely with the local learning disability teams and GP's to review people's needs in relation to medicines.
- Professionals fed back positively about partnership working with the home. One professional said, "Partnership work is really good. We have positive communication and responses are received in a timely way".
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. The registered manager said, "I feel I work well in partnership with others. For example, GP's, learning disability teams, occupational therapists and speech and language teams".