Housing & Care 21

Housing & Care 21 - Dairy View

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

This inspection took place on 3 May 2017 and it was announced. The provider had short notice that an inspection would take place. This was because the service provides a domiciliary care service to people in their own homes and we needed to ensure that the registered manager would be available to assist us.

Dairy View is a domiciliary care service and extra care housing providing care to people in their own homes in and around Swindon. At the time of the inspection the service was supporting 33 people.

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.

People who were supported by the service felt safe. Staff had a clear understanding on how to safeguard people and protect their health and well-being. People received their medicines as prescribed.

There were enough suitably qualified and experienced staff to meet people's needs. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their roles.

People had a range of individualised risk assessments in place to keep them safe and to help them maintain their independence. Where risks to people had been identified, risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe.

Staff received adequate training and support to carry out their roles effectively. People felt supported by competent staff that benefitted from regular supervision (one to one meetings with their line manager) and team meetings to help them meet the needs of the people they cared for.

The registered manager and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and applied its principles in their work. Where people were thought to lack capacity to make certain decisions, assessments had been completed in line with the principles of MCA.
People's nutritional needs were met. People were given choices and were supported to have their meals when they needed them. Staff treated people with kindness, compassion and respect and promoted people's independence and right to privacy. People received care that was personalised to meet their needs.

People were supported to maintain their health and were referred for specialist advice as required. Staff knew how to support people during end of life care.

Staff knew the people they cared for and what was important to them. Staff supported and encouraged

people to engage with a variety of social activities of their choice in the community.

The service looked for ways to continually improve the quality of the service. Feedback was sought from people and their relatives and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

Leadership within the service was open and transparent and promoted strong organisational values. This resulted in a caring culture that put people using the service at the centre. People, their relatives and staff were complimentary about the management team and how the service was run.

The registered manager informed us of all notifiable incidents. The registered manager had a clear plan to develop and further improve the service. Staff spoke positively about the management support and leadership they received from the management team.

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.

Risks to people were managed and assessments were in place to manage the risks and keep people safe.

There were sufficient numbers of suitably qualified staff to meet people's needs.

People were protected from the risk of abuse as staff had a good understanding of safeguarding procedures.

Medicines were stored and administered safely.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to support people effectively. Staff received training and support to enable them to meet people's needs.

People were supported to have their nutritional needs met.

Staff had good knowledge of the Mental Capacity Act 2005 and applied its principles in their day to day work.

People were supported to access healthcare support when needed.

Is the service caring?

Good

The service was caring.

People were treated as individuals and were involved in their care.

People were supported by caring staff who treated them with dignity and respect.

Staff knew how to maintain confidentiality.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans were current and reflected their needs.

People's views were sought and acted upon.

People knew how to make a complaint and were confident complaints would be dealt with effectively.

Is the service well-led?

Good

The service was well led.

People and staff told us the management team was open and approachable.

The leadership created a culture of openness that made staff and people feel included and well supported.

There were systems in place to monitor the quality and safety of the service and drive improvement.

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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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience experts by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection took place on 10 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We obtained feedback from commissioners of the service.

We spoke with 13 people and two relatives. We looked at four people's care records including medicine administration records (MAR). We spoke with the registered manager, care team leader and four support staff. We reviewed a range of records relating to the management of the home. These included six staff files, quality assurance audits, minutes of meetings with people and staff, incident reports, complaints and compliments. In addition we reviewed feedback from people who had used the service and their relatives.

Good

Is the service safe?

Our findings

People told us they felt safe receiving care from Dairy View. Comments included; "Absolutely safe, carers know me, can spot if anything is wrong and sort doctor if I need one" and "Feel very safe here. Secure building, office at front to see who comes in. It's not like my last place, 10 times better than that was". One person's relative told us, "[Person] has dementia. They are very good about [person's] safety. They can't stop [person] going out but they see her on the CCTV and go out and gently persuade her back in to the building".

People's care plans included risk assessments and where risks were identified there were management plans in place to manage the risks. Risk assessments included risks associated with: mobility, medicines, bathing, nutrition and environment. For example, one person's care plan identified they were at risk of falling. There was a risk management plan in place to guide staff on how to minimise the risk. We asked staff about this person and they knew how to support the person in line with the person's risk management plan. Records showed people had Personal Emergency Evacuation Plans (PEEP) in place.

We looked at the arrangements for safeguarding people's money. We saw that where a person was unable to manage their own finances due to a lack of understanding, appropriate arrangements were in place for staff to manage them safely. All money spent on behalf of people was recorded, receipts were obtained and audits conducted. The system protected people effectively from the risk of financial abuse

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had attended training in safeguarding vulnerable people and had good knowledge of the provider's safeguarding procedures. Staff were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly. Staff told us, "Abuse can be financial, physical, emotional verbal or sexual" and "We report concerns to manager, safeguarding, police or social services".

People received their medicine as prescribed and the service had safe medicine administration systems in place. The provider had a medicine policy in place which guided staff on how to give medicines safely. There was accurate recording of the administration of medicines. Medicine administration records (MAR) were completed to show when medicines had been given or if not taken the reason why. Staff had completed medicines training and their competencies were assessed every six months. One member of staff told us, "We receive medicines training and competence checks".

People were supported by sufficient numbers of staff. Records showed the number of staff required for supporting people was increased or decreased depending on people's needs. Staff told us, "We have enough staff and complete all our calls". People told us their received their calls as agreed. People told us, "Always get to me on time, never missed care once" and "Make sure they get to me, later if they get held up but they always make sure they come". Records showed there were no missed calls recorded. The provider had an effective system to monitor calls.

The provider followed safe recruitment practices. Staff files included application forms, records of

identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable people from working with vulnerable people.

Good

Is the service effective?

Our findings

People received care from staff who had the skills and knowledge needed to carry out their roles. People's comments included; "I need moving with a hoist. They know what they are doing and do it ok. Carers are very good so no worries about moving" and "This morning they showered me. Very careful with me. Well trained".

Staff told us they felt supported and received regular supervisions (a one to one meeting with their line manager) and an annual appraisal. Staff told us they found one to one time with their manager useful. One member of staff said, "Supervisions are great. We learn to do things better and there is always room for improvement". Staff practice was monitored using regular spot checks to ensure they were competent in the skills and knowledge required for their role. The registered manager also facilitated staff discussions following any poor practice, for example, medicine errors.

Staff completed training which included: safeguarding, moving and handling, mental health awareness and emergency first aid. Staff also had access to development opportunities and specific training. Staff we spoke with had requested training in diabetes and dementia awareness and the registered manager told us this had been arranged.

Newly appointed staff went through an induction period which gave them the skills and confidence to carry out their roles and responsibilities. This included training for their role and shadowing an experienced member of staff. This induction plan was designed to ensure staff were confident and sufficiently skilled to carry out their roles before working independently. One member of staff commented, "Induction was really good and I shadowed experienced staff until I was happy to work alone. I had great support from colleagues and the management team".

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager was knowledgeable about how to ensure the rights of people who were assessed as lacking capacity were protected.

Staff understood their responsibilities in relation to MCA. Staff told us, "Everyone is deemed to have capacity and should never assume someone not to have capacity", "We assume capacity in the first instance" and "We always assume capacity. If we worry about someone's capacity, we report to the manager". People told us they were supported to make their own decisions. One person said, "I make my own decisions. Got an electric wheelchair so hoping to get out more when it warms up".

People's consent was sought before any care or support was given. Staff we spoke with told us they would explain support to be given and seek the person's consent. We saw in care files that people, gave consent for

care they received and family members and advocates were consulted to ensure decisions were made in people's best interest. For example, all files reviewed showed people gave consent for sharing information with healthcare professionals as well as using people's keys to gain entry into flats.

Where people required support to meet their dietary needs this was detailed in their care plans. People told us they were supported to have meals of their choice. Their comments included; "Staff get meals for me. I don't like eating with people in the dining room, I like to relax. Carers bring my meal from the kitchen and it's cooked on site. Meals are excellent" and "Carers look after our meals very well. They get us all meals- breakfast, dinner and supper". One person's relative told us, "[Person] prefers to go down to eat with some of the others".

People were supported to access health professionals when needed. People's care plans showed people had been referred to GP, district nurses and out of hour's services when needed. People told us they were supported to access on going health care. They said, "On one or two occasions carers came in and I was unwell. They rushed me off to hospital" and "Staff gets the GP for me if I'm not well".

Good

Is the service caring?

Our findings

People told us the staff were caring. Comments included; "All carers are very good. Absolutely treat me with respect. Good skills", "Carers really good never any worries about my care that I get from them" and "Absolutely brilliant carers, all of them". People's relatives also told us staff were caring. One person's relative said, "Very knowledgeable about [person]. [Person] seems very happy and think that they are happy with [staff]".

Staff told us they were caring and treated people with kindness and compassion. Staff gave examples of when they showed kindness by being patient and taking time to talk with people about things that mattered to them. One member of staff commented, "We have nice rapport with people and we talk to them about things that are important to them".

Staff told us they knew people they supported well and they had built relationships with them. Comments included; "We get to know our residents well and what is important to them" and "Residents see same staff most of the time and that helps to know them well. We have good relationships with them". Staff understood the importance of building relationships but were aware of their responsibility to remain professional. People told us staff knew them well. One person said, "We get one well with carers and have a laugh and a joke"

People were treated with dignity and respect by staff. Staff ensured people received their care in private and respected their dignity. Staff told us how they treated people with dignity and respect. Comments included; "We respect what residents want" and "We give people privacy. We explain care and close doors and curtains during personal care". Staff spoke about people in a caring and respectful way. Care records reflected how staff should support people in a dignified way and respect their privacy. Care plans were written in a respectful manner.

People told us they were treated with dignity and respect. They said, "Very, very caring and treat me with respect", "Always knock on the door before unlocking it and introduce themselves" and "Staff gentle and respectful".

People were involved in their care. Care plans had been signed by people to confirm they agreed with the way their care needs would be met. People were involved in reviews of their care. People told us, "I decide what I get and when happy with my care plan" and "Carers will come in and discuss things, discuss everything about my care"

People told us staff supported them to be independent. One person told us, "They let me do the few things I still can. I like my independence". One person's relative said, "Still has and wants [person's] independence". Staff understood the importance of promoting independence and involving people in daily care. They explained how they allowed enough time and did not rush people. This enabled people to still do as much as they could for themselves with little support. Staff comments included; "We promote people to do as much as they can" and "We ask and encourage people to do things for themselves. We prompt them to do

what they can".
Staff told us they understood and respected confidentiality. Comments included; "We keep our care plans locked in filing cabinets" and "We share information only on a need to know basis". Records were kept in locked cabinets in a key padded office only accessible to staff.

The service supported people through end of life. Staff told us they had supported people through end of life and had found it difficult. The registered manager showed us a planned training in end of life to ensure staff knew how to support people.

Good

Is the service responsive?

Our findings

People's care and support was planned with them. The registered manager assessed people's needs prior to accessing the service to ensure their needs could be met. They met with people, their relatives and healthcare professionals to complete the assessments. These assessments were used to create a person centred plan of care which included people's preferences, choices, needs and interests. People told us they were involved during assessments. They said, "'I was assessed for care plan, fully involved. They allow for adjustments" and "When I first came here I was asked about the package that I needed. It has been reviewed since but not much changed physically".

People's care plans contained details of when care calls were required and the support people required at each visit to ensure their assessed needs were met. For example, one person's care plan detailed when the person preferred to be supported to wash and dress and where they liked their breakfast to be served.

Care plans were personalised and contained detailed daily routines specific to each person. People had 'Pen Portraits' which captured people's life histories including past work and social life enabling staff to provide person centred care whilst respecting people's preferences. We asked staff about specific people and they knew how those people wanted to be supported.

Care plans were reviewed regularly to reflect people's changing needs. Where a person's needs had changed, the care plan had been updated to reflect these changes. For example, one person's condition deteriorated and they were referred to their GP. The person was commenced on new treatment. Staff updated the person's care plan to reflect the changes and daily records showed staff followed the advice. The service increased the person's calls to accommodate administration of medicines. People told us they were involved in the review of plan of care. One person said, "Go through the care plan and make sure you get everything you need. They write everything down".

Staff told us and records confirmed the provider had a keyworker system in place. A keyworker is a staff member responsible for overseeing the care a person receives and liaises with families and professionals involved in a person's life. This allowed staff to build relationships with people and their relatives and aimed at providing personalised care through consistency.

People were encouraged and supported to maintain links with the community to ensure they were not socially isolated. For example, coffee morning invitations were extended to the community. The registered manager told us, "We have progressed our activities". The activities available to people included games, arts and crafts, bingo and reminiscence. Staff told us, "We introduce service users to other service users through activities" and "We encourage friendships to develop among service users".

People's views and feedback was sought through keyworker reviews, tenant meetings and satisfaction surveys. People and their relatives told us they had participated in surveys. People's comments included; "The office phone me from time to time to ask me if I am happy with things. They send me a form to fill in about what I think of the care" and "We get regular calls from the office asking us if everything is alright and

we have filled in several questionnaires, in fact one has just arrived". One person's relative told us, "Asked for our feedback and views on the service. Chat to the manager regularly and have a good relationship with the office". The annual satisfaction survey in 2016 showed people were happy with the care received.

People's views were used to make positive changes within the service. For example, in one survey, poor staff attitude was the common theme. The registered manager arranged a staff meeting to discuss the findings. As a result, the key worker system was introduced. Staff attitudes towards people improved and people were able to choose staff they preferred.

People and their relatives knew how to make a complaint and the provider had a complaints policy in place. This was given to people and was also available on request. People told us, "If I had a problem then I would go to the office or speak to the carer. All been very good so no complaints" and "Overall great. Little things do go down and see the manager in the office". We looked at the complaints records and saw all complaints had been dealt with in line with the provider's policy. Records showed complaints raised had been responded to sympathetically, followed up to ensure actions completed and any lessons learnt recorded. For example, we saw a complaint relating to a staff member's attitude. The registered manager had investigated and performed an unannounced spot check of the staff member. People spoke about an open culture and felt that the service was responsive to any concerns raised. The service had received many compliments and positive feedback about the staff and the care people had received.

Good

Is the service well-led?

Our findings

Dairy view was managed by a registered manager who was supported by an extra care manager and a head of care. The registered manager had been in post for almost two years. They demonstrated strong leadership skills and had a clear vision to develop and improve the quality of the service.

The service had a positive culture that was honest, open and inclusive. During our visit, management and staff gave us unlimited access to records and documents. They were keen to demonstrate their caring practices and relationships with people. Staff told us they felt the service was transparent and honest. One member of staff said, "The manager addresses any issues openly". Another member of staff told us, "When things go wrong, we talk about it and follow the right processes". The service valued staff contribution at all levels. Staff were encouraged to make suggestions and be confident these were taken on board. Staff felt listened to. One member of staff told us, "The manager listens to us and takes on board our suggestions".

The registered manager told us one of their biggest challenges had been staff recruitment and retention as well as getting staff to follow policies. The registered manager had introduced more staff training targets as well as a training matrix to ensure they followed the provider's policies.
Staff were complimentary of the support they received from the management team and they told us Dairy View was well run. Staff comments included; "Manager is good, supportive and patient. They develop us and push us to grow" and "Manager is honest and runs this place beautifully". Staff told us the registered manager and head of care had an open door policy and were always visible around the service.

The management team covered care visits when necessary and saw this as an important part of their leadership role in supporting staff and leading by example. The registered manager said, "I am hands on and do care often. I am always visible". One member of staff commented, "The manager is not afraid to get their hands dirty".

Staff told us there were good communication systems in place. Staff had daily handovers and regular team meetings were held where staff could raise concerns and discuss issues. Staff also used a communication book and daily logs to update each other on any changes. One member of staff said, "We have monthly team meetings. We raise and discuss issues and best way forward. Meeting minutes are available for staff who are not able to attend".

The provider had effective quality assurance systems in place to assess and monitor the quality of service provision. For example, quality audits included medicine safety, catering, infection control and care plans. Quality assurance systems were operated effectively and used to drive improvement in the service. For example, one records audit identified recording inconsistencies. This was discussed in a staff meeting and recording had improved.

The provider had a clear procedure for recording accidents and incidents. Accidents or incidents relating to people were documented, thoroughly investigated and actions were followed through to reduce the risk of further incidents occurring. For example, one person had five unwitnessed falls. This person was

subsequently referred to their GP and treated for an infection. The person recovered and did not have further incidents. The registered manager audited and analysed accidents and incidents to look for patterns and trends to make improvements for people who used the service. Staff knew how to report accidents and incidents. One member of staff told us, "We complete incident forms and report to manager".

The provider had a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Staff were confident the management team and organisation would support them if they used the whistleblowing policy. One member of staff said, "There is a number in the whistle blowing policy. We can whistle blow when you feel about someone's safety, for example if we have poor staffing".

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.