

Vivo Care Choices Limited

CCC Dover Drive

Inspection report

18 & 20 Dover Drive
Ellesmere Port
CH65 5BP

Tel: 01513376337
Website: www.cheshirewestandchester.co.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 5 and 6 April 2017 and was announced.

CCC Dover Drive is a residential care service that provides short stay services to people with learning disabilities and physical disabilities. People have a set number of allocated nights per year, which they can book throughout the year. The accommodation is within two connecting bungalows. Number 18 has two beds and number 20 has 4 beds. There is an internal door between the two bungalows that can be locked if necessary. The home is a single storey building with suitable access for all the people who use it. It is situated less than a mile from Ellesmere Port town centre. At the time of the visit there were five people using the service.

At the last inspection on 1 December 2014, the service was rated Good. At this inspection we found the service remained Good.

People told us that they were happy with the service provided and that they enjoyed their short stay breaks. They said the staff were kind, caring and helpful. People told us that the food was good. Relatives confirmed that people were safe with the staff and within the service.

People and relatives told us that they had no concerns or complaints about the service. They were aware of and had access to the registered provider's complaints policy and would speak to staff if they had any concerns.

Care plans were well documented and held good information about the individual person. Risk assessments were in place as needed and were individually tailored to each person's needs. All documentation was up to date. Medication was administered safely.

People were supported by staff who were knowledgeable about them and who had undertaken sufficient training to meet people's needs. Staff recruitment was robust and prospective staff undertook appropriate checks prior to starting work at the service. Staff had good supervision and were encouraged to attend meetings.

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. Staff were aware of the safeguarding policies and procedures and had received training in safeguarding adults.

The environment was well maintained with good décor and was clean.

The registered manager used a range of methods to assess, monitor and improve the service. These included regular audits of the service and staff and service user meetings to seek the views of people about the quality of care being provided.

People's views were sought with pre and post phone calls being undertaken by the senior team. Also post visit questionnaires were completed to ensure that the stay had been good for people who used the service and any suggestions could be used in the development of the service. A wide range of compliments had been received regarding the service.

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 remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well led.	Good ●

CCC Dover Drive

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 checked 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 was a comprehensive inspection which took place on 5 and 6 April 2017 and was announced. The provider was given 48 hours' notice because the location provides a short stay respite care service where people are often out during the day; we needed to be sure that someone would be available to support the inspection process.

The inspection team consisted of one adult social care inspector.

Before the inspection the 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 used this information to help inform our planning of the inspection. We reviewed all the information we held about the service. This included looking at any safeguarding referrals received, whether any complaints had been made and any other information from members of the public. We looked at notifications we had received. A notification is information about important events which the registered provider is required to tell us about by law. □

We contacted the local authority safeguarding and contracts teams for their views on the service. They raised no concerns about this service at this time.

On the days of our inspection we spoke with one person who used the service, two relatives, the registered manager, strategic manager, the team leader and two staff members. During our visits we were able to observe interactions between people who used the service and staff members. We also used different methods such as looking for non-verbal indicators to help us understand the experiences of people who used the service.

We looked at a selection of records. This included two people's care and support records, two staff

recruitment files, staff duty rotas, medication administration and storage, quality assurance audits, complaints and compliments information, policies and procedures and other records relating to the management of the service.

Is the service safe?

Our findings

One person we spoke with told us they felt safe at the service and being supported by the staff team. Other people who were staying at the service had complex communication needs and we were not able to converse with them. Relatives spoken with said their family members were safe when they were at the service and that they wouldn't let them stay if they were not happy that they would be looked after.

The registered provider had processes in place to ensure the service regularly assessed and monitored staffing levels to ensure sufficient staff were available to provide the support people required. We looked at the staff rotas for a three week period. Staff told us that they had access to their own rotas through the computer system. During the inspection we found there was enough staff available to meet the needs of people who used the service.

We looked how medication was stored and administered. Most people had full support with medication administration. Relatives told us that staff supports people with their medication. People's medication was stored within a locked cupboard or drawer within their bedroom. Medicines had been checked on receipt into the service, given as prescribed and stored and disposed of correctly. Medication administration record (MAR) sheets were in place which detailed the medication prescribed and the route to be taken and the time. Staff had signed to show they had administered people's medication. Staff told us that they had received medication training; direct observations and they also said they were aware of the registered provider's policy on medication. Training records showed that medication training was up to date.

Staff told us how they would keep people safe from harm. Staff described different forms of abuse and told us they would inform the team leader, registered manager or local authority if they had any concerns. They said they were confident that any concerns raised would be dealt with appropriately. We saw that the registered provider had copies of the local authority's policy and procedure on safeguarding adults from abuse. The registered provider also had their own adults safeguarding policies and procedures. Staff said they were aware of the policies and understood the term 'whistle blowing'. Staff said "If they thought another staff member had done something then they would report it". The registered manager confirmed that referrals that did not meet the safeguarding threshold were reported as 'low-level' on a monthly basis to the safeguarding team.

Staff told us about their recruitment to the service and they said had completed an application form and attended an interview. Staff recruitment files showed that appropriate checks had been undertaken prior to staff working for the service. Two references had been undertaken, one of which was from the staff members' previous employer. Verbal references are undertaken initially and followed up with a written reference. We saw that one written reference had not been received and was outstanding for six months. The registered manager said that they would address this. A Disclosure and Barring Service check (DBS) had been undertaken. A DBS was undertaken by employers to ensure that prospective staff members are suitable to work with people who used this service.

A wide range of risk assessments had been completed for people who used the service. They provided

instructions for staff when delivering support to people. Where potential risks had been identified then action taken by the service had been recorded. Risk assessments were specific to individual people's needs and were up to date.

Personal Emergency Evacuation Plans (PEEPs) had been completed for people who used the service. This helped to ensure that people were appropriately supported in the event of an evacuation or emergency. A fire risk assessment had been completed in November 2016 and an action plan completed. Where action had been required, we saw that this had been completed and signed off by the registered manager.

We found that the service was well maintained and clean. Equipment had been serviced and maintained as required. For example records confirmed that gas safety and electrical hard wiring had been serviced and was safe to use. Staff had access to personal protective equipment such as aprons and gloves and they used these as needed.

Is the service effective?

Our findings

People received effective care because the staff team were experienced, trained and had a good knowledge and understanding of the needs of people who used the service. For example staff we spoke with told us they knew people well as they had worked at the service for a long time and people had been using the service for many years. People who used the service told us the staff were kind and relatives confirmed that the staff were very good. We saw consent was sought before interactions took place and people were relaxed and comfortable in the presence of the staff.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff made sure that people had choice and control over their lives and that staff supported them in the least restrictive way. The registered manager demonstrated a good understanding of the Mental Capacity Act 2005 and associated legislation. Discussions with the registered manager confirmed he understood when an application should be made and how to submit one. During this inspection we did not observe any person being restricted or deprived of their liberty.

People were supported with meal preparation and eating their meals where detailed in the care plans. One person said they liked to help prepare the meals and that they can make simple meals themselves. Pictorial menu plans were available in the kitchen areas and people could choose their preferred meal from these. If they didn't like the meals on offer and alternative would be offered. Staff knew people's preferences very well and one staff member said "When [name] comes in they always like pie and chips so that is one meal we make sure is available when they are here. Staff told us that they look to see who is due into the service for the following week and plan the meals according to those people's preferences. All staff had up to date training in food safety. A weekly menu was recorded and this showed different meals that people had. A food and fluid intake chart was completed when required.

One person told us if they felt unwell they would let the staff know. Where people were unable to communicate verbally systems were in place to indicate if a person was in pain or unwell. People's medical conditions and medication requirements were included in the care plans and records indicated these were up to date and reviewed regularly to reflect people's changing needs. Each person had a health passport in place which was used to share information with other professionals about the person, for example if they were admitted to hospital. It included what was important to them; their likes and dislikes and contact details of family and friends.

Staff told us that they received the training and support they needed to carry out their role. They said that the training was good and that the trainer employed by the service was good and thorough. Records showed that staff undertook a range of training. Staff said that they had undertaken the registered providers' mandatory and refresher training as needed. A range of other training was available to meet the specific needs of people such as awareness of epilepsy. This meant that staff had access to a wide range of training to support people who used the service.

Staff attended an induction programme at the start of their employment. Staff told us that the induction gave them enough information to undertake their role and that they also shadowed an experienced staff member as well. The induction covered the basic day to day information about the service and included sections on booking mandatory training and corporate induction. However, this was not linked to the Skills for Care - Care Certificate. An induction checklist was used, however this checklist had not completed with the two new staff members who had recently started at the service. This was brought to the attention of the registered manager who agreed to address this. The registered manager also explained that the service was due to roll out the Skills for Care - Care Certificate to staff to ensure all relevant information would be covered and documentation regarding this was seen.

At the time of this inspection staff did not have a copy of the employee handbook, as this was currently being rewritten. However, following the inspection the registered manager informed us that this was now complete and that staff had been issued with a copy and had signed to show receipt of this.

Regular supervision sessions and annual appraisals were undertaken. Staff said they found the sessions "Brilliant" and "My line manager is very supportive." Records showed that these sessions were up to date. Staff were also invited and encouraged to attend staff meetings. Staff told us that they usually attended the meetings and they found them informative and could contribute if they wanted to. This meant that staff had access to a range of support to assist them in their role.

Is the service caring?

Our findings

During our inspection we observed people within the service and we saw that they were happy, smiling and comfortable. We confirmed this by speaking with people, relatives and staff.

We saw that staff engaged with people in a relaxed and caring way. They spoke to people at the same level and used appropriate touch and language with them. One person said the staff knew them well and that they find their stay at the service "Very relaxing".

Staff explained how they would support people and ensure that their privacy and dignity was maintained. We saw that bedroom and bathroom doors were closed when people were being supported with personal care tasks. Staff also addressed people by their preferred name and staff told us that this information was included in people's care plans, which we saw.

Relatives told us that they could visit the service at any time and that they were always made welcome and were also offered refreshments. We observed one family bringing their relative into the service for their short stay. The person appeared happy to be coming to the service and was smiling and laughing with the staff member. We saw the staff welcome the family and offer refreshments.

During discussions with the staff they told us and how they supported people and that this was centred on their needs and wishes. From discussions we saw that staff were very knowledgeable about the people they supported and that time had been taken to get to know the person and their individual needs and preferences.

People had access to a range of information about the service this included the service user guide and statement of purpose and leaflet about the service. These documents included information about the services provided and the facilities available, aims and values, information on how to raise a complaint and details of the organisational structure. Pictures were used throughout the document.

A wide range of compliments had been received by letters, cards and emails. Comments included "Very happy with the stay – thank you to all the staff for looking after [Name]", "The staff are very good", "Very happy, thanks to all the staff", "Extremely pleased with [Name] stay and care they have received. Staff are a brilliant team, and I wouldn't let my son go anywhere else", "Loved my stay" and "Thanks for looking after [Name] and giving us a much needed break".

Is the service responsive?

Our findings

During our inspection we saw that staff were responsive to people's needs. The staff engaged well with people and because they knew them well were able to anticipate needs. Relatives told us that the staff and management team were responsive to people's needs. They explained that they were kept informed of any changes in the person and that staff would be responsive and take appropriate action to ensure people were kept safe and well.

We looked at two care plans and saw that there were good records available which promoted person-centred care. Person-centred care is a way of thinking and doing things that sees the person using the service as equal partners in planning, developing and monitoring care to make sure it meets their needs. The essential support guide covered all areas of daily living including eating and drinking, bath time, getting dressed, night time and arriving and departing happy. These included pictures of what the person wanted to happen and how this should be achieved. We saw a wide range of risk assessments which were centred round the individual person's needs. For example moving and handling, risk of falls, medication, going out and about, use of the hoist and bedsides and other ones relating to individual health needs. A one page pen picture was completed for each person which gave brief details on what is important to them; what activities they enjoy; what people like about me; how to support me and my goals whilst in short stay. This meant that staff had access to a wide range of information about people who used the service.

Good daily notes were kept about the individual and this included personal care activities undertaken; medication administered; and activities completed throughout the day. Also an activity sheet was completed with comments on the person's response to the activity for example, when someone was out shopping it had been noted that "[Name] seemed happy" and another person noted "[Name] in a good mood today".

The service supervisor explained that a pre-visit phone call was made to ensure the person was well and to check that the information they have on file was correct and up to date. Comments from family members included "No problems or changes", "All is well" and "[Name] on different medication, and I will explain all when I bring them in". Also a post visit phone call was undertaken to ensure that the person and family were happy with the stay. Comments included "All good with the stay", "No problems everything was ok", "[Name] in good spirits".

People and family members told us they knew how to raise a concern with the service. One person told us "I would speak to the staff but I have no concerns or complaints". The registered provider had a complaints procedure which was seen in people's care files and was in pictorial format. It contained details of how to raise a complaint and also contact details of the registered manager and the Care Quality Commission (CQC) were also included. No complaints had been received but the registered manager said that a log would be kept and we saw that processes were in place for appropriate action to be taken if required.

Is the service well-led?

Our findings

People and their family members told us that the service was well run by the management team and one person said "It's a very good service."

The registered manager had worked for the registered provider for many years and had been registered with the Care Quality Commission for two years. 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.

A range of meetings were held to ensure the voices of people who used the service, their relatives, friends of 'Dover Drive' and staff members had the opportunity to say what they thought about the service, offer suggestions and improvements and to help ensure that people were listened to and information gathered was used to develop and improve the service. The friends were current family and friends of people who used the service. They fundraise for the service to assist in purchasing items of use for people who use the service. Minutes seen of all meetings showed a wide range of topics were discussed and suggestions to be considered and actions to be taken were recorded.

The registered manager and senior staff showed an open and proactive style to ensure that information they held about people was up to date. Pre and post visit phone calls were undertaken to ensure that prior to visits due the person was well and the no changes had occurred since the previous visit. Post calls were undertaken to ensure people were happy with their stay and no issues had arisen. This meant that people and their relatives were being encouraged to give feedback to the service that could be used for development and improvement.

People also completed an end of stay questionnaire. This included information on what the person had enjoyed, what they disliked, activities they had undertaken and if they had enjoyed the meals. Comments included people had enjoyed going for walks; chatting to staff; visiting the sensory area; sitting in the garden and chatting with other service users. Some people had disliked getting up early and missed their family. People said they had enjoyed their meals, they had eaten well and it was very nice.

An auditing system was in place to assess, monitor and improve the service and to ensure people's health and wellbeing was maintained. We found that regular audits had been completed by the registered manager, service supervisor and staff team. These included reviewing care plan documentation, medication, the environment, health and safety, accidents and incidents and infection control. Regular room checks were undertaken and water temperatures were recorded to ensure they were safe and in line with health and safety guidelines. This helped to ensure people were staying within a safe environment.

The registered provider had a set of policies and procedures for the service which were reviewed and updated as required. All staff were provided with access to the employee handbook when they started working at the service. The handbook contained details about key policies and procedures in order to assist

staff to follow best practice in their role. Policies were available in the main office which ensured that staff had access to relevant guidance when required. The registered manager had also produced a "What to do if..." guide which gave procedures for staff to follow for set circumstances occurred, for example if a service user went missing, what action they would take or if staff did not arrive for duty. This document was a valuable source of information to the staff team and staff told us that they looked at this prior to seeking advice from the registered manager or on call staff.

From discussions with the registered manager and the area manager we saw that the ethos of the service was to be open and transparent in their approach. They regularly notified CQC as required by law of significant incidents and events that affected people or the running of the service. Notifications were sent shortly after the incidents occurred which meant that we had been notified in a timely manner.