The Care Division Limited

The Care Division - Dorchester

Inspection report

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Date of inspection visit:
29 September 2016
30 September 2016
05 October 2016

Date of publication:
09 November 2016

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 29, 30 September and 5 October 2016 and was announced. The Care Division, Dorchester is registered to provide personal care to people living in their own homes. At the time of our inspection, the service was providing support to 18 people. The service was run from an office in Herringston. The service provided a combination of live in support and shorter visits with people in their own homes.

The service had a registered manager. 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 and their relatives told us they felt safe with the staff who provided their care and support. Staff were aware of their responsibilities in protecting people from harm and knew how to report any concerns about people's safety or wellbeing. People had individual risk assessments giving staff the guidance and information they needed to support people safely.

People were supported by staff who were familiar to them and there were enough staff to support people.

People received their medicines as prescribed and we saw that they were stored safely and recording was accurate and regularly audited.

Staff had regular contact with the management and were encouraged to speak with them whenever they needed to. Supervisions were regular and staff were encouraged to discuss and raise any issues and to consider further development and training.

People received care and support from staff who had the skills and training to meet their needs. Staff spoke positively about the training offered and as well as mandatory subjects, undertook training in specific topics including Autism and Epilepsy which reflected the individual needs of the people they were supporting.

People were supported to make decisions or to be involved in best interests decisions where they were unable to make decisions for themselves. Staff understood the relevant legislation around this and records were robust.

Staff understood how to offer people choice and we saw that people were involved in choices about all aspects of their support in ways they were able to understand.

People were supported by staff in a way which was kind and respectful. We observed a relaxed atmosphere between people and staff and interactions were friendly and showed that people were comfortable with the staff who visited them in their homes. Staff ensured that they were mindful about how to maintain people's

privacy and dignity.

People were engaged with activities that reflected their assessed needs, preferences and strengths. This included some employment opportunities for people, informal outings and more regular scheduled activities. Where people were working to achieve goals these were recorded in a way that supported people's understanding of these goals.

Relatives were regularly contacted to discuss any issues and were involved in reviews of their relatives care. Records were person centred and detailed, they gave histories of people and focussed on what people liked and what their interests were.

People, relatives and staff felt that the management of the service was good and told us that they were able to contact someone in the office when they needed to, support was also available out of hours.

There was an open culture and staff were clear about their roles and responsibilities. Staff were encouraged to raise issues and discuss queries and felt valued in their role. There were regular staff meetings where practice and ideas were discussed.

The registered managed encouraged best practice by linking with other organisations and ensuring they provided staff with regular updates about the service and any policy changes.

Quality assurance was robust and included checks carried out at the service and external audits to ensure that people were able to independently feedback about their support.

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

People were supported by staff who understood their responsibilities in protecting people from harm.

People's risks were minimised because they had individual risk assessments and staff knew their role in reducing these risks.

People received their medicines safely and they were stored securely.

Is the service effective?

Good

The service was effective.

People received care from staff who had the necessary skills and knowledge to support them.

People who were unable to make decisions about their care had decisions made on their behalf. These decisions were in line with legislation and made in people's best interests.

People were supported to choose what they wanted to eat and drink and their likes and dislikes were taken into account.

People had prompt access to healthcare services

Is the service caring?

Good

The service was caring.

People were supported to make choices about how they were supported and staff knew how to communicate with people

People received compassionate and kind care.

People were treated with dignity and respect by all staff and their privacy was protected.

Is the service responsive?

Good

The service was responsive

People were encouraged to feedback about their care and were included in any decisions about their support.

People had person centred support plans which focussed on how they wished to be supported.

People were aware about how to complain and the service had a complaints policy which was available in formats which were accessible for people.

Is the service well-led?

Good

People were supported by a registered manager who knew their individual needs and communicated effectively with staff.

People were supported by staff who had regular staff meetings to discuss any issues or changes and were encourage to suggest changes and developments which would improve the service for people.

There were quality assurance systems in place which ensured that any errors or issues were identified and improvements made.

The Care Division - Dorchester

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 29, 30 September and 5 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office and able to assist us to arrange home visits.

The inspection was carried out by a single inspector.

Before the inspection we reviewed information we held about the service. The provider had completed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the provider does well and what improvements they plan to make. We used this information during the inspection. In addition we looked at notifications which the service had sent us. A notification is the form providers use to tell us about important events that affect the care of people using the service. We also spoke with the local authority quality improvement team to obtain their views about the service.

During the inspection we observed staff interactions with four people who used the service. We also spoke with three relatives, the registered manager and a professional who had knowledge about the service. We observed care practices throughout the inspection.

We looked at the care records of four people and reviewed records relating to how the service was run. We also looked at three staff files including recruitment and training records. Other records we looked at included Medicine Administration Records (MAR), accident and incident information, surveys and quality

Good

Is the service safe?

Our findings

People were supported safely by the service because there were clear individual risk assessments and staff were aware of how to manage the identified risks. For example one person had a personal profile which detailed things that may have made them upset. For each area there were identified triggers and clear information for staff about how to support the person to manage the potential risks if the person became upset. One person told us "They make sure I'm safe". There were also risk assessments which looked at how to support people when they were out in the community which included clear instructions to staff about how to support the person safely. Staff knew the content of the risk assessments and were confident to use these.

Accidents and injuries were clearly recorded at the service and actions followed up. The electronic system meant that when incidents were recorded by staff, the office staff were immediately alerted and able to follow up the issues. We saw an accident report which had been completed by a member of staff on the system, the registered manager was already aware of it because the member of staff had rung in to the office to make them aware. The registered manager was able to see what had happened and actions taken and advised the staff member to complete a body map. This meant that the service had a clear oversight about any accidents or injuries and that they were reported and responded to quickly.

Staff had received training in how to protect people from abuse and were able to explain how they would recognise the possible signs of abuse and report this. One staff member told us about some of the signs of abuse and that they would report any concerns to the office or the local authority safeguarding team if required. Another staff member told us about some of the more subtle behavioural changes they would be aware of and knew how to report concerns. Staff were also aware of how to whistle-blow and told us that they would be confident to do so. We saw that the service had clear policies for Safeguarding and Whistleblowing and that these included details of outside agencies staff could contact if needed.

The service managed money for some people and we saw that there were clear processes in place to ensure that this was done safely. All transactions were recorded on the electronic system so that office had clear oversight. We saw that the service had raised safeguarding alerts promptly and appropriately to outside agencies where this was necessary. The registered manager and operations director told us about a recent safeguarding investigation and explained the joint approach taken with the local authority. This demonstrated that the service was taking appropriate steps to protect people and respond to concerns of possible abuse.

Recruitment records we looked at showed that appropriate pre-employment reference and identity checks had been completed prior to new staff starting. We also saw evidence that checks with the Disclosure and Barring Service(DBS) had been completed. Other information including identity checks and previous references were also kept on file. The registered manager told us that they had some vacancies and had been using some internal agency staff. They explained that they used an agency which was internal to The Care Division and this meant that they could ensure people were familiar with the staff supporting them and staff had appropriate training for their specific needs. The registered manager explained that they had

recruited new staff who were currently in induction and were looking to recruit further to ensure that they had sufficient staff to cover absences or sickness. The registered manager told us that where they had needed to support people, and not had appropriate staff available, the registered manager and deputy manager had provided the support. Staff told us that they were offered additional hours and that there were enough staff to support people.

The registered manager explained that two people had chosen to be part of the recruitment process for staff. As part of the recruitment process, applicants were asked to write a profile about themselves and their skills. One person had chosen to look at these profiles and agreed for new staff to complete some shadow shifts with them. The person then decided whether they wanted staff to support them and the service respected their choice. Another person had chosen to be involved in the interviews with staff and asked questions which were important to them. This demonstrated that staff were recruited safely and people were involved in deciding who provided their support if they wished.

People had personal emergency evacuation plans(PEEP) in place which detailed how to support them in their own home. They included details about support a person would need and where fire assembly points were if they lived in a shared building. The registered manager told us that they were working with the local fire safety officer to develop these further for people. This included ensuring the PEEP's were robust, seeking advice to ensure they were doing all that was possible and proportionate to reduce fire and smoke inoculation risks. They also wanted to ensure that every person had a visual reference for escape routes. This demonstrated that the service was proactive in taking steps to ensure people were receiving safe care and support.

Medicines were stored safely and given as prescribed. We looks at medication administration records(MAR) which were completed correctly. Staff were proactive in reporting any recording gaps or errors to the office and we saw that this had been done for one person when a member of staff had forgotten to sign the MAR for a person. Some people had medication which were 'as required'(PRN). The service required staff to gain agreement from the office before administering PRN medicines. Staff were aware of this and we saw records showing that staff had contacted the office promptly and sought authorisation for PRN medicines to be given to a person to help with their pain. Staff were also able to tell us the signs that a person may be experiencing pain when they were unable to verbally communicate this with staff

Good

Is the service effective?

Our findings

Staff received an induction into their role and the service supported them to complete the Care Certificate. This is the new minimum standards that social care and health workers stick to in their daily working life. They are the new minimum standards that should be covered as part of induction training of new care workers. Staff we spoke with said that their induction had been positive and they had felt supported. One told us "I felt very supported by the registered manager and the office, especially at the beginning." This demonstrated that the service was working to ensure that staff were given appropriate support to develop into their new roles.

Staff received appropriate training to enable them to carry out their role. The registered manager told us: "Staff all received mandatory training and are then nominated for other specific skills training based on each person's individual needs." Mandatory training included a range of areas including: infection control, mental capacity, first aid and behaviour that challenges. Training was up to date for all staff and the registered manager explained that people's training information was reviewed at each supervision and used to discuss any training due for completion. The organisation had a training manager who ensured that staff were booked on to all relevant training courses. The registered manager explained that some people required support from staff who had received training in a specific area. Staff were therefore nominated for specific training in areas including autism, epilepsy and nail cutting. This told us that people were supported by staff who had the appropriate training to support their individual needs.

Staff had appropriate skills and knowledge to support people. We observed that staff were confident about how to interact with people and support them appropriately. The registered manager told us that they supported people with a range of different communication needs and had therefore arranged training which would consider varied methods of communicating and equipment options to support people. Two staff members were planned to attend and would then be responsible for sharing the learning with the rest of the staff team.

Staff received regular supervision and annual appraisals. We saw that supervisions included updates about staff and the people they supported. The office also set topics for staff supervision which were discussed, these changed for each supervision and examples included a discussion about how effective staff felt handovers were and a photograph taken from a social media site to prompt discussion about best practice. The registered manager said that the code of conduct had been re-issued to staff and we saw that this was reflected in staff supervision record. They also told us that the service was planning to introduce competency levels for staff as part of their supervision and appraisal processes. They explained that this would provide a way for staff to progress through the service and provide a framework for identifying skills and training to enable individual staff to develop and progress to more senior positions. This demonstrated that the service encouraged and supported staff to raise ideas and suggestions and to develop their own skills and learning within the service.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People had comprehensive capacity assessments. For example, we saw that one person had a capacity assessment which was relating to a specific decision. There was clear evidence that the principles of the MCA had been followed and an explanation about why the person lacked capacity and how this decision had been reached. There was a best interests decision which showed that the persons family had been consulted as well as other involved professionals. We saw evidence that applications for DoLS had been made and authorisations granted for people at the service. The registered manager explained that they felt that the safeguards for one person needed to be reconsidered due to reduced risks and had arranged a meeting to discuss this.

Staff understood and worked within the MCA. Staff told us how they sought consent from people and how they offered appropriate choices. Some people at the service had limited verbal communication and required support with all aspects of their daily lives. Some people needed their support provided in their best interests which met their individual needs. Risks needed to be managed by staff and we observed that they had the necessary skills and understanding to respond quickly and appropriately when people became upset and had minimised the risks by supporting them effectively. For example, one person could become upset when they were out in the community and staff told us how they supported the person and managed the identified risks.

Communication with people was good and we observed that staff knew what people wanted, how they communicated and how to offer choices so that people understood these. For example, one member of staff told us about how they could use observation to find out what caused people distress. They knew how to approach and communicate with the person and told us that consistency and routines were key. We saw that people had choices about their support. For example, we observed a person choosing what they wanted to do when they went out with a member of staff that day. Staff explained that people chose how they wanted to spend their time and we observed a member of staff discussing going out with a person. Staff offered them a choice about where they wanted to go and the person indicated what their preference was. Another staff member explained that they provided a visual choice of two options for one person and they were then able to choose what they wanted.

People chose what they wanted to eat and were supported to maintain a balanced diet. People were involved in planning what they wanted to eat and in going and getting their own shopping. Staff knew what people liked to eat and also knew if people had specific dietary needs. For example, one person needed their food cutting into small pieces because they were at risk of choking, staff were aware of this risk and how to support the person to eat safely. Another person needed a soft diet and thickened fluids, we saw that information about this was clearly displayed in the person's kitchen area and staff knew how to prepare their meals and drinks in line with this guidance. One person told us "I choose what I eat and staff help me cook it". People were supported to go out for lunch or dinner and we saw that some people had a regular takeaway night where they ordered their choice of food in.

People had prompt access to healthcare when they needed it. Staff told us that they would contact the GP or District Nurse if they needed to for anyone and records clearly documented that people had input from a

range of healthcare professionals. These included physiotherapists, GP and psychiatrists. One person had experienced a seizure and the service was working with the consultant to support the person to attend the required hospital appointments. The registered manager explained that they had visited the person and discussed ways of supporting the person to reduce the possible risks while waiting for results from health professionals involved. People at the service had care passports which were kept with them and would go with them to any other care setting, including hospital. These gave clear details about what other health professionals needed to know about the person and included their likes and dislikes as well as clear details about routines and behaviours.

Good

Is the service caring?

Our findings

Staff knew the people they were supporting well and were able to tell us about their likes and dislikes. For example, a member of staff told us how one person liked to spend their time and interests that they had. Another member of staff told us about topics that a person didn't like discussing and that could lead to them being upset. We observed a member of staff with a person and saw that the person was relaxed and comfortable in their company and used informal nicknames for the member of staff and was engaged and animated when talking with the staff member. A person told us that staff were "really kind and help me to socialise". A relative explained that staff knew the ways that their loved one liked things to be done and things that were important to them.

Staff supported people in a kind and caring way. We observed a good rapport between people and staff and one person told us that they liked the staff who supported them. A relative told us that they knew staff were kind because of "the way they talk and interact" with their loved one. Another relative said that staff were "very good and aware of what they need". Staff understood that touch was an important tool in communicating with people and a staff member explained how a person enjoyed their hair being stroked and found this soothing. A daily record for another person explained that a member of staff had given a person a hand massage and they had been smiling and said "like it…like it." This demonstrated that staff were caring and knew how to support people in a way they liked.

People were involved in all areas of their day to day support. We saw that staff supported some people to manage their own laundry and other household tasks. People were supported to get their shopping and to make choices about how they wanted to spend their time each day. Some people had communication boards which staff used to display what staff would be working with the person and what activities they would be doing. We saw that documents that were important for people were in an easy to read format with colourful pictures and symbols to support people to understand the information. One person chose to attend a day centre and we saw that staff communicated with the centre using a book to record how the person was and any concerns they had. We observed that the person had been unwell on one morning and the day centre had contacted the service to let them know. The service had offered to support them to come home if they continued to be unwell and the communication between the service and the day centre meant that the person was well supported.

Staff encouraged people to be independent in all areas of their lives. We saw that people worked towards goals and received certificates of achievement when they had completed these. Goals were often daily tasks but encouraged people to be as independent as possible. One person had a reward scheme in place. The registered manager explained that the person has suggested this idea themselves and felt that it kept them motivated. The service had listened and respected their choice and implemented the reward scheme in the way the person wanted

People's privacy and dignity was respected at the service. People's preferences for support workers was recorded and respected. People's records gave clear direction about how to support people in a way which was respectful and protected their dignity. The registered manager told us that they spoke with staff about

the language used with people and had recently re-issued staff with the code of conduct to reinforce this.

Good

Is the service responsive?

Our findings

Records were person centred and included an overview section which gave details about people's backgrounds and what was important to them. One record explained that a person had particular details about their routine which were important and that staff needed to be consistent in their approach. Staff were aware of this and could explain the specific ways they supported the person. Another record gave details about the risks to a person if they became upset and went out of their home. There was clear guidance about how staff should support the person to calm the person and minimise the risks. Records also recorded people's preferences and dislikes and staff were able to tell us about what peoples preferences were in line with their records.

People were involved in reviews of their care and in setting goals they wanted to achieve. The registered manager told us that they invited people involved in the person's life to review meetings and that the person was as involved as possible in choosing what they wanted to do and how they wanted to be supported. We saw that peoples records had been regularly reviewed and changes were clearly dated. The system used by the service meant that staff were able to see older versions of peoples records and could identify what changes had been made and when. This meant that staff always had up to date information about the needs of the people they were supporting.

People were encouraged to be active and had varied activities and interests. The registered manager was able to explain what activities people were involved with and knew their interests very well. This was echoed with staff who encouraged and supported people with a range of activities. One person had a voluntary job they attended several days a week and was supported to spend regular time with their family. They were also involved with a local organisation to consider possible employment opportunities. Another person went swimming regularly and attended local arts and crafts sessions, they were also supported to attend entertainment evenings of their choice. A person told us that they stayed in bed a couple of mornings and told us about an activity they enjoyed and were supported to attend every week. In people's homes we saw that staff had created small sensory areas for people to enjoy and had put up posters or decorations in their rooms that people had chosen.

Feedback was sought regularly. Meetings were arranged with people and those involved in their care on a regular basis and also when it was highlighted by staff that changes were required. The service also had client forums quarterly where people chose a venue and talked about their views of the service and any improvements or changes. The registered manager said that they had also held a family forum but this had not been attended by many relatives. They explained that they intended to arrange another one and to continue to encourage families of people receiving a service to feedback in this way. Questionnaires went out to people, relatives and staff every 3 months to gather feedback. We saw that information returned from staff had been looked at and there were clear actions to use the feedback gathered.

Surveys sent in by people were often completed with support from staff or the person's family or advocate. The registered manager said that they were in the process of changing the way that these were managed so that people could give their views independent of any staff input. As part of this plan, people who attended

the client forum a few months previously had re-written the questionnaire in a way they wanted. A relative told us that they were kept up to date by the service and that they were able to see how their loved one was and what activities they had been doing by accessing the computer system used by the service. They found this a useful way of keeping informed. The registered manager explained that a relative of one person had fedback their concerns about an ongoing health issue. The service had spoken with health professionals and found a solution which meant that the person was able to continue to take part in activities they enjoyed, and that their health condition was effectively managed. This demonstrated that the service gathered feedback in a number of ways and used this information to improve the support people received.

People and relatives knew how to complain. There was a clear process for recording and acting on complaints. A relative told us that they and would feel confident to raise any issues. We saw that there were easy read versions of the complaints procedures for people to use which included contact details for the local authority and other relevant organisations. The service had received complaints in the past year and we saw that these had been fully investigated and responses documented. Where an apology was made by the service, this was clearly recorded. This demonstrated that the service responded appropriately to complaints and actioned any areas of development.

Good

Is the service well-led?

Our findings

The service was well led. People, relatives and staff told us that the registered manager and deputy manager were easy to get hold of and they were able to speak with someone at the office when they rang. The management team worked shifts at the service to cover staff shortages and sickness, and also provided support for people at the start of their package. This meant that they were able to build close working relationships with their staff and the people who received support. One staff member said that they "felt very supported by the registered manager and the office, especially at the beginning" when they had started working with The Care Division. Another told us that they could always contact someone in the office when they needed to. A relative said the "office is generally good and listen, I'm able to get through to them". Another relative said that the registered and deputy managers were "very kind and responsive".

Changes suggested by staff were listened and responded to. For example, the registered manager told us that feedback from previous staff had indicated that they did not feel supported during their induction, they had changed the induction so that staff completed shadow shifts with specific people and once these were completed, staff came in to the office to discuss how they felt and any issues. The registered manager said that pastoral care was very important and discussing with staff face to face enabled them to better understand whether staff were ready to commence in their role.

Communication between staff and the management of the service was good. Staff used an electronic system and care records were easily accessible. Any changes or concerns were recorded by staff and instantly flagged up to the office staff who were then able to follow up the issue. For example, we saw that one staff member had highlighted that a person had been showing behaviours which indicated they were in pain. They had rung the registered manager who had agreed for them to have 'as required' pain relief. The registered manager was able to see this change on the system and the office had then contacted the GP for the person who had visited. This demonstrated that the service had good communication processes in place which meant that people were supported by staff who were up to date with any changes to their support.

Staff also had regular team meetings and these were arranged around the person receiving the service. For example, a team meeting would be planned for one person, and their team of support workers would attend along with a manager from the service. This meant that staff who knew the person well, were able to discuss practice and ideas about how to improve support for people. The registered manager explained that they were planning for people to attend the beginning of team meetings so that they were able to discuss any issues or changes they wanted to their support.

The registered manager told us that they had monthly management meetings and regular clinical governance meetings where practice and updates were shared and discussed. They attended relevant manager's updates in safeguarding and linked with national training organisations, the local authority and Clinical Commissioning Group to drive best practice at the service. They also received regular update newsletters from the United Kingdom Homecare Association. The registered manager told us about a shared online system where managers were able to share reflective accounts of situations they had bene

involved with. These were anonymised to protect peoples identities and were then used to discuss best practice with the other managers within The Care Division, and also as a basis for discussions with staff in supervisions. The registered manager felt supported by the wider organisation and had regular supervisions and support.

The registered manager told us they had a system in place to reward staff who had gone 'above and beyond' for the people who received support. The registered manager would inform the director who would then write a letter and send a voucher to the member of staff thanking them. We were advised that the company head office had allocated some money in recognition of the additional work staff had undertaken due to recent staff shortages. The registered manager said that they had asked staff what vouchers they wanted and were buying people's preferences for them. The service also asked staff to make nominations for support workers each Christmas. They used a range of categories and used a raffle system to pick the winner who received a small prize. Nominees were given verbal feedback to let them know that they had been entered and in what category. The registered manager said "if staff have done really good things, we like to recognise them".

Quality assurance measures were frequent and robust. The service completed monthly audits of each person's accidents or injuries and used the information to highlight trends or reoccurring behaviours. For example, for one person, we saw that all incidents had been used to populate a graph. This information had been arranged in a number of ways to show any trends or patterns in the days of the week, or times of day that the person may have been more unsettled. It also linked this with whether any 'as required' medicines had needed to be used. This demonstrated that the service had clears systems for collecting information and were using this to develop and improve the person centred support people received.

The registered manager explained that they had used an independent company to complete an audit of some people's packages of support. The company had visited and spoken with people and the service had used the information gathered to make some changes for people. For example, people had not been able to easily see some of the information about their support in their homes. Following the audit, the service purchased notice boards which could be used to display information for people. We observed that these boards were in place in people's homes.

Other regular audits were completed in a range of areas including medicines and health and safety and there were clear processes in place for these to be completed and the information used to identify gaps or trends.