Selborne Care Limited

The D O V E Project

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

We carried out this announced inspection on 15 February 2016. The service was last inspected in January 2014 and was found to be meeting the regulations.

The DOVE project is a domiciliary care agency that provides personal care and support to people with a learning disability or a mental health condition in their own homes. At the time of our inspection the service was providing a 24 hour supported living service and personal care to three people. A supported living service is one where people live in their own home and receive care and support to enable people to live independently without total reliance on parents or guardians. People have tenancy agreements with a landlord and receive their care and support from a domiciliary care agency. As the housing and care arrangements are separate, people can choose to change their care provider and remain living in the same house.

The service is required to have a registered manager and at the time of our inspection a registered manager was not in post. However, the manager who was in overall charge of the day-to-day running of the service had started the process to make an application to the Care Quality Commission (CQC) to become the 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 using the service had limited verbal communication and were not able to tell us their views about the care and support they received. However, we observed people were relaxed and comfortable with staff, and they received care and support in a way that kept them safe. People had a good relationship with staff and were comfortable with the staff that supported them. People's behaviour and body language showed that they felt really cared for and that they mattered.

Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected. People were supported by dedicated staff teams who were employed to work specifically with each person using the service.

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. Staff spoke about the people they supported fondly and displayed pride in people's accomplishments and a willingness to support people to be as independent as possible.

Staff supported people to maintain a healthy lifestyle where this was part of their support plan. People were supported by staff with their food shopping and with the preparation and cooking of their meals.

People were supported to access the local community and they took part in activities that they enjoyed and

wanted to do. Records showed that people went out most days for walks, shopping and visiting local attractions.

The management and staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

There was a positive culture in the service, the management team provided strong leadership and led by example. Management were visible and known to staff and all the people using the service. Staff told us, "It's a good company to work for" and "Management are very supportive." A relative told us, "Moving into his own home and having care from the DOVE project is the best thing that has ever happened to [person's name]."

Relatives said they knew how to make a formal complaint if they needed to but felt that issues would be resolved informally as the management and staff were very approachable. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

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. Risk assessments supported people to develop their independence while minimising any inherent risks.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

People were supported to access other healthcare professionals as they needed.

The management and staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes.

Staff encouraged people to be independent and people were able to make choices and have control over the care and support they received.

Is the service responsive?

Good

The service was responsive. Care plans were personalised and informed and guided staff in how to provide consistent care to the people they supported. There were systems in place to help ensure staff were up to date about people's needs.

Staff supported people to access the community and extend their social networks.

There was a complaints policy in place which people had access to.

Is the service well-led?

Good

The service was well led. There was a positive culture within the staff team with an emphasis on providing a good service for people.

People were asked for their views on the service. Staff were encouraged to challenge and question practice and were supported to try new approaches with people.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

The D O V E Project

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 of The DOVE project took place on 15 February 2016. The service was given 24 hours notice of our inspection in accordance with our current methodology for the inspection of domiciliary care agencies. One inspector undertook the inspection.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

During the inspection we went to the provider's office and spoke with the manager, two team leaders and a member of care staff. We looked at three records relating to the care of individuals, staff records and records relating to the running of the service. We visited one person in their own home and met two staff who were supporting the person we visited. After the inspection we spoke with two members of staff and one relative over the telephone.

Good

Is the service safe?

Our findings

Due to people's complex health needs they were unable to tell us verbally about their views of the care and support they received. However, we observed people were relaxed and comfortable with staff and they received care and support in a way that kept them safe.

There were appropriate arrangements in place to reduce the risk of abuse. Staff were trained to recognise the various forms of abuse and encouraged to report any concerns. Staff were aware of the process to follow should they be concerned or have suspicions someone may be at risk of abuse.

Where people required support to manage their finances effective systems were in place. Staff supported people to manage their weekly spending budgets. Robust records were kept of when staff supported people to make purchases and receipts were kept. These records and the balance of any monies held were audited weekly by team leaders.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. People's individual care records detailed the action staff should take to minimise the chance of harm occurring to them or staff. Risk assessments were designed to encourage people to develop their independence. For example, one person liked to be in control of all aspects of their environment and did not like anything in their home that was 'untidy' or out of place. Staff had worked with the person to identify where they liked items in their home to be placed. In the past the person had regularly removed curtains from the wall because they looked 'untidy', potentially putting them at risk of injury. A method of tying the curtains back had been introduced and the person opened their curtains each day using the tie-backs to keep everything tidy. This method had also enabled the person to maintain their independence because they were able to complete this daily activity themselves.

Sometimes people could become distressed and anxious. Their care plans identified what was likely to trigger anxiety and how staff could recognise and respond to it. For example, one person liked to go out shopping but did not like to go anywhere where there were crowds of people. The types of shops the person visited were carefully planned. Their care plan gave examples of how the person's body language and facial expressions may change to indicate that they were becoming distressed. If the person became upset by the shopping trip then there were strategies in place for staff to follow. This included the person waiting in the car with one member of staff while the other member of staff made the purchases in the shop.

Following any occasion when people became anxious an incident form was completed to record the circumstances. These were reviewed regularly both at service level and organisationally so any patterns or trends could be identified and action taken to reduce the risk of reoccurrence.

People were supported by dedicated staff teams who were employed to work specifically with each person using the service. Everyone using the service received 24 hour care and staff shift patterns were individually designed for each person. Staff could work continuous shifts with people for anything up to 24 hours.

However, the length of the shift each staff member worked depended on the needs and wishes of the individual person being supported. For example some people liked to have the same person for as long as possible and other people benefitted from staff working shorter shifts.

There were suitable arrangements in place to cover any staff absence. Staff told us they would cover any shift absences where possible, as they believed having a dedicated team of staff to support the person was in the person's best interests. The service was in the process of recruiting more bank staff who covered staff absences. Bank workers divided their work between particular houses as this allowed them to get to know the people they supported well. The management covered for staff absence in an emergency. They were familiar with the needs of people using the service and regularly visited them to ensure people knew them well.

Recruitment processes in place were robust. New employees underwent relevant employment checks before starting work. For example references from past employers were taken up and Disclosure and Barring (DBS) checks carried out.

The arrangements for the prompting and administration of medicines were robust. Care plans clearly stated what medicines were prescribed and the support people would need to take them. Records kept of when people took their medicines were completed appropriately and checked weekly by the team leaders.

Good

Is the service effective?

Our findings

People received care and support from staff who knew them well and had the knowledge and skills to meet their needs.

Staff completed an induction when they started their employment that consisted of a mix of training and working alongside more experienced staff. The DOVE project had introduced a new induction programme in line with the Care Certificate framework which replaced the Common Induction Standards in April 2015.The Care Certificate is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. Staff were recruited to work with specific people and any training needed to support the individual was provided for staff. The service also checked staff competency in any skills or knowledge required to meet individual people's needs before they started to work with them.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. Most care staff had either completed or were working towards a Diploma in Health and Social Care. Staff received regular supervision and appraisal from the manager and team leaders. This gave staff an opportunity to discuss their performance and identify any further training they required. One care worker told us, "We have regular supervision and team meetings."

People were supported to maintain a healthy lifestyle where this was part of their support plan. People were supported by staff with their food shopping and staff assisted them with meal planning and the cooking of their meals.

Management and staff worked successfully with healthcare services to ensure people's health care needs were met. Staff supported people to access services from a variety of healthcare professionals including GPs, occupational therapists, dentists and district nurses to provide additional support when required. Relatives told us they were confident that a doctor or other health professional would be called if necessary. Staff always kept them informed if people were unwell or a doctor was called. One relative told us, "They [the service] keep us informed about their health."

The management had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. As the service is not a care home any applications to deprive people of their liberty must be made to the Court of Protection. Applications had been made for three people and the service was waiting for them to be assessed. Mental capacity assessments and best interest meetings

had taken place and were recorded as required. The manager had a good understanding of the legislation and had liaised appropriately with health and social care professionals.

Care records detailed the type of decisions people had the capacity to make and when they might require support to make decisions and understand the consequences of those decisions. From our discussions with staff and management we found they had an understanding of the need to gain consent from people when planning and delivering care.

Good

Is the service caring?

Our findings

We observed that people had a good relationship with staff and were comfortable with the staff that supported them. People's behaviour and body language showed that they felt really cared for and that they mattered. Relatives were positive about the staff who supported their family member and said they were treated with consideration and respect. A relative told us, "Staff are absolutely brilliant, they show genuine affection for people. I don't think [person's name] could have a better life."

The service provided to each person was personalised to the individual and based upon their specific needs. Care and support was provided in line with people's wishes and at a pace suitable for their needs. For example, one person's care plan stated, "[Person's name] can take time to process information. If you [staff] have to repeat a sentence say it exactly the same."

Although people living in the service had limited verbal communication staff understood their individual ways of communicating and had clearly developed a good knowledge of each person's needs. Care plans described how people communicated and what different gestures or facial expressions meant. This information had been developed over time with key staff and in conjunction with people's families. Care plans guided staff about how to enable people to make choices. For example, the care plan for one person stated, "Get eye contact, start the sentence with their name, speak clearly and take care with the words used as [person's name] will take the literal meaning of words."

People were supported by a team of staff of their choosing and who had been introduced to them prior to starting to work with them. Staff were motivated and clearly passionate about making a difference to people's lives. Staff commented, "We are a cohesive team" and "We help people to have a good life." A relative said, "Staff understand [person's name] needs so well, they constantly anticipate what they are going to do and can prevent difficult situations arising. This enables them to go out and live as normal a life as possible."

Staff spoke about the people they supported fondly and displayed pride in people's accomplishments and a willingness to support people to be as independent as possible. Care records mapped each person's achievements over a year and set goals for the coming year. These records showed how people had developed and learnt new skills or had overcome previous fears and anxieties about certain situations. One person's care plan recorded how they had a long standing fear of dogs and over a period of several months staff had helped them to overcome their fear. A member of staff said, "It is amazing how [persons' name] has grown and tried new things over the time we have been supporting them."

Staff involved people in their own daily care and support. One person's support plan detailed how the person was involved in many of the daily tasks of running their home. For example, they helped staff in their meal preparation, their laundry and putting away their clothes.

People and their families had the opportunity to be involved in decisions about their care and the running of the service. The manager visited each person regularly to give them the opportunity to share their views of

the service.

Good

Is the service responsive?

Our findings

People who wished to use the service had their needs assessed to help ensure the service was able to meet their needs and expectations. Some people had been in hospital prior to using the service. An assessment of their needs had been carried out over a period of several weeks and involved gradually introducing staff to the person. This enabled the service to liaise with families and healthcare professionals, during the assessment period, to gain as good an understanding as possible of the person's needs. It also meant that the person had the opportunity to decide whether or not they wanted use the service before any more permanent agreement was made.

Care records contained information about people's initial assessments, risk assessments and correspondence from other health care professionals. Every person had a care plan which detailed the support to be given on a daily basis. They were highly detailed and contained a depth of information to guide staff on how to support people well. For example there was information about people's routines and what was important to and for them. One care plan stated, "[Person's name} can shower and shave without help, once prompted. Discreetly check that they have not missed any areas when shaving."

People received care and support that was responsive to their needs because staff were aware of the needs of people who used the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them. Staff also told us people's care plans provided good information for them to follow.

Staff were provided with information on how to support people to manage any changes in their behaviour when they became anxious. For one person it had been identified that being around food was a trigger for a change in their mood and behaviour. This was because they wanted to have any food that was in their sight, including if the food was being eaten by another person. There were clear instructions for staff about putting any food purchases in the boot of the car and carefully planning when to go into a café or food outlet.

People were supported to access the local community and take part in activities and outings that they enjoyed and wanted to do. People had a vehicle available for staff use so they could go out as they wished. Records showed that people went out most days for walks, shopping and visiting local attractions.

A copy of the provider's complaints policy was available in each person's home. Relatives said they knew how to make a formal complaint if they needed to but felt that issues would be resolved informally as the management and staff were very approachable.

Good

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. The service is required to have a registered manager and at the time of our inspection a registered manager was not in post as the previous registered manager had left the organisation. However, the newly appointed manager, who was in overall charge of the day-to-day running of the service, had started the process to become the registered manager. The new manager told us they had been supported in their role by senior management.

The manager was supported by an administrator and three team leaders. At the time of our inspection there was a vacancy for a care co-ordinator as this role had previously been held by the new manager. We were advised that recruitment to this role had started and this role would soon be filled. In the meantime the manager and the administrator were covering the duties normally carried out by a care co-ordinator role, such as the weekly staff rotas.

There was a positive and open culture in the service, the management team provided strong leadership and led by example. The manager of the service and senior management were approachable and known to staff and all the people using the service. Staff were positive about the how the service was run. Staff told us, "It's a good company to work for", "Management are very supportive" and "I don't worry about anything because if I have a problem management always help." A relative told us, "Moving into his own home and having care from the DOVE project is the best thing that has ever happened to [person's name]."

There were effective systems to manage staff rosters, match staff skills with people's needs and identify what capacity the service had to take on new supported living packages. This meant that the manager only took on new work if they knew the right staff were available to meet people's needs.

Robust corporate structures were in place to monitor the quality of the service provided. Senior managers carried out at least quarterly quality assurance visits to the service's office and to the houses of people using the service. The manager also completed regular visits to ask people about their views of the service being provided. Staff in the service completed weekly checks at each person's home. These included checks on health and safety, medicines, people's money and care records. Where the need for any improvements had been identified from any of these monitoring visits these were actioned in a timely manner.

The management of the service had an open culture that welcomed feedback to improve and develop the quality of the service provided. Staff told us they were encouraged to put forward any ideas about the running of the service and how people's care and support was provided. They could do this through one-to-one supervisions, staff meetings and through regular informal contact with managers. Staff said, "Any ideas we have are always welcome" and "They [management] listen to our views and let us run each house as we and the person sees fit."