

# Omega Elifar Limited

# Dove House

## Inspection report

Brewells Lane  
Rake  
Hampshire  
GU33 7HZ

Tel: 01730894841  
Website: [www.omegaelifar.com](http://www.omegaelifar.com)

Date of inspection visit:  
28 November 2019  
02 December 2019

Date of publication:  
29 January 2020

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Dove House is a residential care home that provides care and accommodation to adults with additional needs including learning disabilities and/or autism. The home can accommodate up to nine people, at the time of the inspection eight people were living at the home.

The service was designed and registered before the principles and values that underpin Registering the Right Support and other current best practice guidance were established. This guidance ensures that people who use services can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. The service was bigger than most domestic style properties. It was registered for the support of up to nine people. This is larger than current best practice guidance. However, people's accommodation was spread between two areas of the adapted building with a connecting internal door. The home was situated in a semi-rural area of Rake; however, people could use the home's vehicle to access the local and wider community with staff support. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

### People's experience of using this service and what we found

Systems to monitor the quality of the service and ensure all records were comprehensive, complete and accurate were not always effective. Audits did not identify the issues highlighted in this inspection report. There was a clear management structure in place and staff told us they felt supported.

Risk assessments and guidance for staff follow to support people's epilepsy management were not robust. People had appropriate support to manage their medication, however, staff did not consistently record open dates on people's prescribed topical creams or medicines. Not all staff had received an annual review of their mediation competencies in-line with best practice guidance. There were clear systems in place to ensure people were protected from the risk of harm or abuse.

We have recommended the provider reviews best practice guidance to support proactive end of life care planning. People's communication needs were fully considered, staff used a range of communication approaches and tools to promote meaningful engagement. People had opportunities to engage in activities inside and outside of the home. Relatives told us they knew how to raise concerns and felt comfortable sharing their views with the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 06 March 2019).

### Why we inspected

The inspection was prompted due to concerns shared by the local authority about an investigation being completed by the provider following issues raised about a person's care and treatment, and management of their healthcare needs. The provider had failed to notify us about these safeguarding concerns. We also received concerns about the quality of people's care records, moving and handling practises, people's engagement in activities and the culture of the service. As a result, we undertook a responsive focused inspection to review the Key Questions of Safe, Responsive and Well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dove House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service responsive?

**Good** ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-Led findings below.

# Dove House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was completed by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. Additionally, the day to day running of the home was managed by a manager who kept in regular communication with the registered manager, who was responsible for overseeing care provided at the service.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We sought feedback from the local authority and professionals who had recent contact with the service. We reviewed information we had received about the service, including the last inspection report and notifications from the home. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. Where some people's needs impacted their ability to communicate or provide feedback on the care they received, we observed interactions and engagement between people and staff. We spoke with six members of staff including the registered manager, home manager, and care staff. We spoke with a visiting activity professional.

We reviewed a range of records. This included a range of people's care records and multiple medication records. We looked at staff records in relation to specific training such as moving and handling and managing medicines. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and retrospective information on the investigation of the concerns raised that the provider sent us. We sought feedback from professionals and three relatives.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Individual epilepsy management plans did not identify all relevant risks to people and steps staff should take to mitigate these. For example, plans did not include information on steps staff should take to reduce the risk to people when they were away from direct staff supervision and overnight. Staff we spoke to knew people well and could confidently explain how some risks were managed and the steps they took, which included completing regular checks of people when they choose to spend time in their room. Following feedback, the manager told us people's epilepsy management plans would be reviewed and updated.
- We reviewed a range of other risk management plans in place where people required support to meet their needs, which were completed to a good standard. For example, where people were identified as experiencing increased anxiety or agitation, associated risks to the person and others were fully considered.
- Where people required additional support to mobilise, moving and handling care plans were detailed and provided clear information for staff to follow to support people to mobilise safely. This included the use of moving and handling equipment and details of relevant professional guidance such as occupational therapy recommendations.
- The provider took appropriate steps to ensure the building and equipment was used in a safe way. This included regular maintenance checks of equipment such as moving and handling equipment, water temperature checks and fire safety equipment checks.

### Using medicines safely

- We found staff did not always consistently use opening date labels for people's prescribed topical creams or medicines to ensure these were managed in line with the manufacturer's guidance. Following feedback, the manager took steps to address this.
- Where people had medicines prescribed on an 'as required' basis, for example, for pain relief or to reduce anxiety, protocols were in place to provide information to staff on how and when these medicines should be administered. However, we found not all information recorded for people was accurate or up to date. For example, one person's medicines were directed to be crushed, which the manager confirmed was not required.
- Staff who administered medication received appropriate training, however not all staff had had their competencies reviewed within 12 months in-line with best practice guidance.
- People received appropriate support to manage their medicines. Staff recorded people's administered medicines of their individual medicine administration records, which were consistently completed.
- Where people were prescribed epilepsy rescue medication, medicine protocols were in place with clear

guidance for staff to follow on how and when to administer this safely and steps that should be taken if people experienced prolonged seizure activity.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to protect people from the risk of harm. Where a recent safeguarding concern had been raised, the provider had completed an investigation in-line with their policy to ensure people were protected from the risk of harm.
- We reviewed a range of records related to accidents, incidents or concerns that had occurred at the service since the last inspection. These evidenced the provider had taken appropriate steps to ensure people's safety, and information was shared with the appropriate authorities and professionals where required.
- Relatives we spoke to told us they felt their loved ones received safe care. One relative told us, "[Loved one] is safe, [staff] know her ways and inside out, if I had the slightest qualm [Loved one] wouldn't be there."
- Staff we spoke with knew how to raise concerns with the managers. Staff were confident appropriate action would be taken to ensure people's safety and knew how to escalate any concerns as necessary.

Staffing and recruitment

- Relatives told us they saw regular and consistent staff. One relative commented, "Staff have been there a while, so they have got to know her way's, and she knows them." Another relative said, "Having the same staff is huge in [Loved one's] life, I have no concerns."
- Staff were deployed effectively to meet people's needs. Where people required one-to-one staffing or benefited from staff rotation this was provided.
- We reviewed the providers recruitment policy and application process. This demonstrated the provider understood their responsibilities to ensure safe recruitment practices were identified.
- There was a clear recruitment pathway for new employees. This included disclosure and barring service (DBS) checks for new staff before commencing employment. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working in health and social care.

Preventing and controlling infection

- The provider had arrangements in place to make sure the home was kept clean and hygienic and people were protected from the risk of infections. These included regular audits, use of suitable protective equipment such as disposable aprons and gloves, and promotion of hand hygiene.

Learning lessons when things go wrong

- Where accidents or incidents had occurred, records demonstrated the home manager and registered manager maintained oversight.
- Records we reviewed detailed who had been contacted including relatives and professionals where appropriate, and what action had been taken. Where lessons had been learnt, these were communicated with staff. For example, one incident was highlighted to have been due to a failure in staff communication which was addressed with staff to prevent reoccurrences.
- Where the provider had received feedback from the local authority, we saw steps had been taken or were underway to address some of the concerns raised. For example, during the inspection staff received training to improve their knowledge on supporting people to maintain good oral hygiene.



# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Relatives we spoke with told us people received care and support that was responsive to their needs. For example, one relative discussed how staff adapted their approach when meeting their loved one's mobility needs which encouraged their independence, but recognised when they required additional support. We reviewed care plans which encouraged staff to adopt this approach.
- People's care plans were person-centred and contained a good level of detail about their likes, dislikes and how they would like to be supported to meet their needs.
- Where people required reassurance and behaviour management approaches, staff were responsive to offer emotional support.
- People's care plans had detailed information and robust guidance to support staff to recognise and respond appropriately to their emotional and behavioural needs. For example, they included a description of possible behavioural triggers, consideration of the environment, actions to support de-escalation and individual levels of risk posed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported to use meaningful forms of communication which included the use of picture exchange communication systems (PECS), objects of reference, easy read information and Makaton or signing that was individual to the person where this was appropriate.
- People were encouraged to anticipate their activities through individual communication systems such as visual timetables and we observed staff supported this.
- People's care plans included detailed information on their individual communication needs and how staff should support them to engage.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were opportunities for people to take part in activities and they were able to access the community with support from staff. However, this was not always consistently reflected in people's care records. For example, some people's daily records demonstrate they took part in regular community activities, however another person's records indicated they had not been supported in the community for more than three weeks. We discussed this with the home manager who recognised activities undertaken or offered were not

being consistently recorded and had already taken steps to address this.

- One relative told us, "[Loved one] has thrived there, she goes out, but she can be uncooperative, so staff explain why it is good to go out, I think she has enough stimulation in her day." Another relative said, "[Loved one] has a full life as much as possible, they go out places which she loves."
- We observed people were encouraged to participate in activities within the home. This included baking, sensory activities and arts and craft. There were also planned activities people could engage in such as externally provided music sessions, fitness, massage and reflexology.

Improving care quality in response to complaints or concerns

- There was a clear complaints procedure in place, there had been no formal complaints received since the last inspection. The manager discussed the importance of receiving and acting on feedback.
- Relatives told us they knew how to raise any concerns if this was needed and felt comfortable approaching the manager to discuss any issues. One relative said, "If I had query I could go straight to [home manager], staff are responsive, we all work together. [Loved one] has behavioural problems but because we work so well together we can solve it and work through anything at all."

End of life care and support

- At the time of inspection no one was receiving end of life care. The manager was able to discuss the steps they would take to ensure people had the appropriate care and support if they required end of life support. This included contacting the relevant health and social care professionals.

We recommend the provider reviews best practice guidance to further develop opportunities for proactive end of life care planning with people and their relatives.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant systems and processes in place did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a range of quality assurance systems and processes in place to monitor and review the overall delivery of people's care and the service provided, however, these were not always effective in identifying concerns we found at this inspection.
- Audits of care records were not always effective to ensure information was up to date and an accurate description of the care being provided. For example, reviews completed did not ensure epilepsy risk management plans detailed all steps staff took to mitigate risks to people. Where a person required the use of bed rails, records did not include all relevant information required by the manufacturer and national guidance. Daily records of activities were not consistently completed across the service. One person's medicine care plan and related medicines records referred to medicines being crushed which was not supported or required.
- Medicines audits were completed regularly, however systems in place were not robust enough to ensure people's prescribed topical creams were always managed in line with the manufacturers guidance.
- Where staff supported people to meet their needs in their best interests, records were not always in place to demonstrate who was involved, and what other options that had been considered. The registered manager took immediate action to address this, however the providers systems had not identified this gap.
- There were not effective processes in place to ensure medicines competencies were regularly reviewed in-line with best practice guidelines. We discuss this with the manager who took immediate steps to address this.

The provider's governance systems were not always effective and failed to consistently assess, monitor and drive improvement in service delivery and ensure all records relating to people's care were contemporaneous. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a clear management structure in place. Staff understood their roles and responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A relative told us the leadership of the home promoted, "Good relationships between staff and clients and generally a happy atmosphere."
- Staff told us they were well supported. Staff felt confident in the home managers leadership. Comments

included, "[Home manager] is fantastic", "[Home manager] is really responsive, you can talk to her at any time", and, "We might make mistakes but [Home manager] is very supportive, she is ambitious, and I believe in her."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and home manager had a good understanding of their duty of candour requirements. The duty of candour sets out actions that the registered manager should follow when things go wrong, including making an apology and being open and transparent.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We observed staff and leaders had established positive relationships with people. People regularly sought engagement from the home manager and interactions were comfortable and relaxed.
- Where appropriate, the service sought the involvement of advocates to support decision making.
- The home manager was in the process of reviewing a questionnaire to provided people, relatives and professionals with an opportunity to provide feedback on the care they received.

Continuous learning and improving care

- The home manager discussed their commitment and drive to ensure people received a good quality service that achieved positive outcomes. Following feedback from commissioners they had taken steps to implement improvements, for example, by reviewing and enhancing the home's activity information folder and highlighting staff on the rota to lead on activities daily.
- The registered manager told us the provider offered support for continuous improvement and innovation, such as regular meetings with the provider's other home managers to support the sharing of learning across their services.
- The registered manager had an operational role and had introduced a monthly electronic update to managers across the providers services. This included updates from organisations such as health and safety, pharmacies, CQC and skills for care. We saw how this information sharing had supported the home to review equipment that had been recalled and to take appropriate action.

Working in partnership with others

- We received mixed feedback from professionals about whether the service worked well in partnership with others. One professional told us, "My client is well cared for and her particular needs are met. I have always found staff to be helpful and approachable. However, we also received feedback that there was not always open and transparent communication.
- People's care records demonstrated the service sought professional input where this was required, such as involvement from speech and language therapists, GP's, and Occupational Therapists.
- We received positive feedback from relatives that staff and leaders worked in partnership with them in the planning and delivery of people's care. Relatives told us they felt included in decision making about their loved one's care and were kept informed of any changes or concerns.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met: The failure to maintain accurate, complete and contemporaneous records for each person and operate effective governance processes to ensure compliance with regulations.</p> <p>Regulation 17(1)(2)(a)(b)(c)</p>