

Aspects Care Limited White Doves

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	

Overall summary

This inspection took place on 15th September 2015. The inspection was announced 24 hours before to establish if people living at the service would be available to talk with us. This was the first time we had inspected this service and two inspectors were present.

White Doves is registered to provide personal care within a supported living service to a maximum of six people. There were five people using the service at the time of our inspection. This included people with a learning disability and mental health needs.

A requirement of the provider's registration is that they have 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. At the time of our inspection there was a registered manager at the service. We refer to the registered manager as the manager in the body of this report.

Summary of findings

People and their relatives told us they felt safe at White Doves, and staff treated them well. The manager and staff understood how to protect people they supported from abuse, and knew what procedures to follow to report any concerns.

There were enough staff at White Doves to support people safely and provide people with support whilst out in the community. Recruitment procedures made sure staff were of a suitable character to care for people.

Medicines were stored and administered safely, and people received their medicines as prescribed. People were supported to attend health care appointments with health care professionals when they needed to and received healthcare that supported them to maintain their wellbeing.

People and their relatives thought staff were kind and responsive to people's needs, and people's privacy and dignity was respected.

Management and staff understood the principles of the Mental Capacity Act 2005 (MCA) and DoLS, and supported people in line with these principles. People were able to make everyday decisions themselves, which helped them to maintain their independence.

People were supported to go on holiday and to go out in their local community when they wished. Activities,

interests and hobbies were arranged according to people's individual preferences, needs and abilities. People who lived at White Doves were encouraged to maintain links with friends and family who visited them at the home when invited, and also have overnight stays at their relative's homes.

Staff, people and their relatives felt the manager was kind, supportive and promoted an open culture within the home. Positive communication was encouraged, and any identified concerns were acted upon by the manager and provider. Staff were supported by the manager through regular team meetings and supervision sessions. Staff felt their training and induction supported them to meet the needs of people they cared for.

People told us they knew how to make a complaint if they needed to. The provider monitored complaints to identify any trends and patterns, and made changes to the service in response to complaints.

People were supported to develop the service they received by providing feedback about how the home was run. The provider acted on the feedback they received to improve people's experiences of life at the home. There were other procedures in place to check the quality of care people received.

Summary of findings

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 was safe.

People and their relatives told us people were safe and received support from staff who understood the risks relating to people's care and supported people safely. Staff knew how to safeguard people from harm. There were sufficient staff to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed.

Good



Is the service effective?

The service was effective.

People were supported by staff who had received appropriate training to help them undertake their work effectively. New staff received a comprehensive induction programme. People were supported to access a variety of healthcare services to maintain their health and wellbeing. Staff were aware of their responsibilities regarding the Mental Capacity Act and Deprivation of Liberty.

Good



Is the service caring?

The service was caring.

People told us they felt supported by staff that were kind and caring. Staff ensured people were treated with respect and maintained their dignity at all times and there was a happy atmosphere within their home. People were able to make individual choices about how to spend their time, and these were respected by staff. People were encouraged to maintain their independence, and they had privacy when they needed it.

Good



Is the service responsive?

The service was responsive

People and their relatives were fully involved in decisions about their lives and how they wanted to be supported. People were given support to access interests, hobbies and work placements that met their preferences and to decide if they wanted to be involved in group activities within the communal areas. Peoples' complaints were listened to and acted on.

Good



Is the service well-led?

The service was well led

The Manager supported staff to provide care which focused on the needs of the individual. Staff felt fully supported to do their work, and people who used the service felt able to speak to the manager at any time. There were procedures to monitor and improve the quality of the service.

Good



White Doves

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 visit took place on 15th September 2015. Two inspectors carried out this inspection.

We observed the care and support provided to people who lived at White Doves. We spoke with three people who used

the service and two relatives. Not all of the people using the services wanted to speak with us but we observed the interactions between them and staff and saw how they were cared for.

We looked at the records of three people who used the service and looked at two staff records. We also reviewed quality monitoring records. We spoke with the manager, and five members of support staff.

We reviewed information we held about the service, for example, notifications the provider sent to inform us of events which affected the service.

We looked at information received from the local authority commissioners of adult social care services. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

Is the service safe?

Our findings

People told us they felt safe at White Doves. One person told us “I feel safe here, I can lock my door.” We saw people laugh and engage with staff members and one person who did not want to speak with us felt safe to tell staff this.

One relative we spoke to told us; “I have no qualms about [persons] safety, going to White Doves was the best thing that ever happened, the staff are so on the ball.”

Staff were able to identify the different types of abuse that can occur, and they knew who to report these concerns to, both within and outside of their organisation. Staff said they would report any concerns to the manager. “She [manager] would investigate it and report it to safeguarding.” One staff member said, “There are people I can go to above the manager just to make sure it is dealt with correctly.”

Staff were aware of the provider’s whistleblowing policy and knew where to find it. They told us, “All the policies and procedures are kept in the office on the shelf so they are all to hand”. “I would follow our company’s whistleblowing policy.” We asked one member of staff what action they would take if they believed a concern had not been dealt with appropriately. They responded, “I would contact the CQC or speak to a member of the safeguarding team.”

This meant that staff understood the whistleblowing policy which gave guidance on how to report concerns to agencies outside of the service.

People we spoke with told us they would tell staff if they felt unsafe and we saw easy to read information posters displayed around the service providing advice for people, and visitors, about how, and who to raise any concerns with. This means the information was written in an accessible way for people to understand.

Staff had received training in managing challenging behaviours and how to keep people safe. We asked if any type of restraint was used when managing behaviours which challenged. One staff member told us, “Staff always explain things clearly to people and if necessary will walk away from a situation and give the person time to think”. They went on to say “We try to stay happy and relaxed; it is a hands off approach with no restraint used.”

People’s care plans contained information for staff about the triggers people had that could cause adverse changes

in behaviour. This informed staff how to deal effectively with these situations. One staff member told us, “There is a section on triggers in each of their care plans.” Another said, “Their psychologists have given guidelines we have to work through so everything is consistent to minimise the behaviours. I think it is the consistency that everybody is saying the same thing and using the same approach that minimises the behaviours. We have regular meetings with the professionals and behavioural guideline update meetings”.

There were risk assessments to identify risks associated with people’s care and support needs. Risk assessments provided staff with information to keep people safe whilst supporting them to have as much independence as possible. For example, there were risk assessments for people who undertook domestic tasks such as ironing, cooking and making hot drinks.

We saw there were enough staff to meet the individual needs of people who used the service, both in their own home and within the local community. Relatives and people told us staff were always available if a person wanted support. Staff told us one person living at White Doves liked to sleep in and staff start times were adjusted so they were available to offer support that fitted in with this person’s day. During our visit we saw a member of staff arriving later on in the morning for this reason. Staffing levels reflected the needs of people such as those requiring one to one support.

At night there was one member of staff on duty to provide support if needed. One person told us, “I can go and have a cup of tea with them if I am awake, I feel safe knowing they are there”.

Staff sickness was covered by other permanent staff to make sure people received continuity in their support.

We found staff knew what to do in the event of fire, or other emergency, and how to evacuate the premises. Fire extinguishers were regularly serviced and fire alarms in people’s rooms checked weekly and monthly fire drills carried out. This meant that the equipment was kept in good working order and staff knew what to do if an emergency happened. Staff understood what action to take in an emergency. “We would go to the client we were working with for the day and then go to our assembly point which is the pub over the road.” Each person had their own fire evacuation plan.

Is the service safe?

Prior to staff working at the service, the provider checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. This was to minimise the risks of recruiting staff who were not suitable to support people who lived in the home. .

The provider had a disciplinary policy which had recently been used when it was highlighted staff had not followed correct policy in order to protect people and keep them safe.

We checked the administration of medicines. We found medicines were stored securely, however we did not see thermometers being used in the storage areas to ensure the correct room temperature was maintained. It is important the correct temperature is maintained so

medicines are stored in line with manufacturer's guidance as they may not be as effective if they are stored in places too hot or too cold. The manager assured us this would be rectified.

Medicines, when no longer required, were disposed of safely to ensure people were protected. People received their medicines when they should, from staff that had been trained to do this. Checks and observations were carried out on staff to ensure they remained competent to give medicines safely and were following good practice guidelines. Staff told us "They do practical supervision. The paperwork is checked by [team leader] to make sure everyone is signing and giving medication at the correct times."

Some people received medicine 'as required'. There were written protocols for administering this medicine, explaining when it should be given and why.

Is the service effective?

Our findings

During our visit we saw staff effectively met people's needs.

One relative told us, "The staff really seem to know what they are doing, they have helped [person] to learn new things like cooking and shopping."

We saw staff communicating in a positive manner with people and talking to them in a calm way. One person we saw was upset about a change in their morning routine due to maintenance being carried out in the home. We observed the staff taking time to explain in a clear way what was happening. They then discussed with the person what activities they wanted to do for the day and we saw this person's mood improve.

Staff told us they received regular supervision meetings with the manager to discuss their role and were encouraged with ongoing training and development. One staff member told us, "I think the meetings are quite helpful. You get to put any concerns forward and you get feedback. Even if it isn't the feedback you want, it is done in a constructive way so it is quite a positive thing to do."

New staff received induction training, and as part of their induction, 'shadowed' an experienced member of staff in order for them to get to know and understand the needs of people supported at the service. We spoke with a member of staff who had recently completed their induction. They told us the first three days were spent reading people's care files, being introduced to people and reading all the provider's policy and procedures. They told us the induction gave them a good understanding of people's needs and said, "I felt comfortable with that." Staff were confident the training they received gave them the skills to meet people's needs effectively. Comments included: "There is a lot of training they provide." And "It is good, very in-depth, easy to understand and explanatory."

We asked one staff member whether the training supported their practice, and they responded, "Definitely." The manager also observed how staff interacted with people so they could ensure staff were effectively implementing their training into their day to day practice. The manager had a staff skills matrix to identify where staff members were demonstrating specific skills or where they needed some developmental support.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure, where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. Staff we spoke with had received training and understood the requirements of the MCA and respected the decisions people were able to make.

We saw that professionals and staff worked together to help people make informed choices about the care and treatment they received. One staff member explained, "Everybody has capacity. They are all capable of making their own decisions and we give them choices as well. If it is a negative decision we will give them the consequences of it."

Staff told us they would respect people's decisions to refuse the care and support they were offered. "We just say that is fine, we are only in such or such a room if you need us and we regularly check."

We were told there were no restrictions on people's liberty to leave their home. Some people went out on their own, but others preferred to go with the support of staff.

People were able to prepare their own meals independently, however some required assistance from staff. One person told us "It's great, I can decide if I want to do my own cooking or eat with the other people who live here". One staff member explained, "They all have menu planners so they know what they are going to cook. We take them shopping to buy all the food for the week". "Everyone is encouraged to stick to a well-balanced diet." The manager told us that a nutritional support service had visited the home and gave people a "make and taste" session on how to choose healthy eating options.

One person had diabetes and staff had supported them to attend a six week programme at a local community centre, about managing their diet and understanding food packaging information. This meant they were able to identify healthy food choices and avoid hidden sugar in their diet. Some people required food supplements to maintain their weight. All the staff we spoke with were aware of this.

Staff supported people to attend appointments with healthcare professionals and sought medical assistance if they had any concerns about people's health. A staff member told us "If we see something wrong we mention it

Is the service effective?

to the manager and if she thinks it needs a doctor's appointment we will arrange that and check with the service users. We will phone and make the appointment and then support them to travel there."

Care plans included input from healthcare professionals supporting the people who lived at White Doves and input from peoples relatives.

Is the service caring?

Our findings

We saw that staff were very kind and caring to people who lived at White Doves. There was a happy, positive atmosphere and one staff member told us, "We tailor ourselves to the people who live here, it's about being kind; yes we are here to care but it's all about what the people who actually live here want. We can ask what they want but it's their home and we offer the support if they need it." Another staff member told us "It's amazing, I love working here".

We asked people if they thought that staff were caring and they told us that they did. One person said "I think all the staff are kind to me." One relative told us, "The staff are very kind and caring and [person] is happy here. There is always a smile on [persons] face, which tells me everything I need to know." Another relative told us "There are always lots of conversations with staff in how to support [person] and what they want to do and although I am involved in helping with this at last now I can be a relative and not a carer. Coming to White Doves was the best thing that could have ever happened to [person]."

We asked staff what they thought made a caring member of staff. Responses included: "To be caring is to be considerate and to make sure you sympathise with them when they are upset. To make sure you support them, but that they are independent so they get their basic life skills as well." We asked one member of staff if they thought the service provided was caring. They responded, "Yes because everybody has good relationships. All the service users' needs are met. We encourage them to have good relationships."

Another staff member told us, "Because it is supported living we know everyone's backgrounds and where they want to be. We give 100 percent to help service users be more independent and gain their life skills. Some service users are more (independent) than others. We encourage them to be as independent as possible. We have a life and living skills folder, a checklist to encourage them to be independent in different areas. They all have one of those."

People were involved in decisions about the care and support they received. Care plans and daily records documented people's decisions and choices, for example, one person liked to get up later than others.

Relatives told us they felt welcomed at White Doves and could visit whenever they wanted. One told us, "I have lots of conversations with staff; they are always willing to talk to me." Relatives were also involved in planning 'home visits' for people. A relative told us "[Person] likes to come home every other weekend."

We saw people were treated with dignity and their privacy was respected. For example we saw that staff knocked before entering people's rooms. A staff member told us "We always treat people in a kind respectful way, with dignity and respect." Staff knew the importance of maintaining people's dignity and explained if a person was upset, or showing challenging behaviour, they would move other people out of the way to give that person privacy.

People could lock their rooms however staff held a master key which was only used if they were concerned for the safety of someone.

Staff had a good understanding of people's preferences and respected these; for example

one person liked to refer to their room in a certain way and staff made sure we were informed of this before speaking to them. They told us, "It would be disrespectful if you just called it a room". This person told us; "I like my own space".

The manager told us an advocate attended the service regularly to support people at White Doves. An advocate is a designated person who works as an independent advisor in another's best interest. Advocacy services support people in making decisions, for example, about their finances which could help people maintain their independence.

Is the service responsive?

Our findings

Prior to people moving in to the home, staff spent time with people and their relatives, finding out about the person, and providing support to ensure a smooth transition moving into White Doves. One relative told us; “Even before [person] came to live at White Doves the staff started a transition process and consulted me constantly about how best to manage this without distressing [person]. They wanted lots of background information about [person]; to really get to know them. We started out with very short visits to the home which eventually built up to [person] moving in. They just get everything right. [person] is the happiest they have been in years.”

People living at White Doves were supported by staff to follow interests and activities of their choice.

One person told us they attended a local farm three days a week along with another person. They told us “I do different things each time I go, and now I go there on my own.” Staff told us they had supported this person and now they travelled alone. A staff member told “We started out being with them, but bit by bit, as their confidence grew, they started to go on their own.”

One person told us “I can go out and do what I want” a relative told us “It’s a lovely place, always happy and the staff always ask lots of questions about [persons] likes and dislikes, they really understand what [person] wants”.

Another relative told us “Staff involve me about [person] and often call me up to keep me updated or ask for my input”.

One person used to attend college but had chosen not to go this academic year. On the day of our visit one person went to Cadbury’s World with staff and another went to the optician and then shopping. One person was going to the library and a member of staff was checking the times for a trip to the cinema. People living at White Doves also went on holiday, one person had recently returned from a holiday in Rome with a member of staff and another was going to Tenerife. This demonstrated that staff responded to people’s individual’s needs and choices. One staff member said, “We guide people through things, help them make their own decisions.”

People who lived at White Doves were encouraged to live as independently as possible with support being offered if

they needed it. Two people showed us around their room and we saw easy to read charts giving them guidance on what household chores needed to be done each day. One person was vacuuming their room during our visit and a member of staff told us “One person needed support to polish their room; it’s an amazing feeling when they can eventually do this on their own and you helped them learn that skill.”

Care plans were very detailed about what support people required and what they were able to do for themselves. One staff member said, “It is identified in their risk assessments and support plans so each member of staff knows what support each service user needs around each task”. “It is about promoting independence so it is very person centred. We are able to give them that empowerment to say what they want. We are giving them the skills to maybe someday do it for themselves.”

Staff told us they used a person centred approach in supporting people which meant people received care and support to meet their needs in the way they preferred. One member of staff told us “People who live here are the centre of everything; it’s all about the individual and helping them achieve their real life experience. You can only do this by having a good understanding of people’s needs.”. Another told us “I love working here; people have choice and freedom to do whatever they want.”

Staff had a good understanding of people’s preferences, likes and dislikes.

One relative told us “[person] likes their own space but they need to know someone is there for support. I am very pleased with White Doves, they get everything right.”

We saw Life History’s about people in their care plans which contained lots of detailed information about them.

Daily records were extremely detailed and provided staff with information about people’s physical, mental and social wellbeing so support provided could be consistent. We saw that people had been involved in making decisions about their care and support needs and were involved in care reviews. There was a ‘handover’ of information between staff shifts. One staff member told us “We have one in the morning from the night staff and then us handover to the night staff in the evening”. It is written down for anybody who might miss it.” There was also a staff communication book containing updates and information that staff needed to know about people. One staff member

Is the service responsive?

told us “We read it every day along with care plans and have handovers between shifts.” This showed that staff were regularly updated about people living at White Doves and important information was shared.

We asked people whether their complaints or concerns were listened to and acted on and they told us that they were. One person told us, “If I have a complaint staff act straight away.”

Staff told us how they responded to complaints. One staff member said, “If there is a complaint, you listen, write it down and report it to the manager.” Another said, “I would go and speak to my manager and tell them what they [person] had told me. I would encourage the individual to write it down if they were able to do so, so nothing was left out. I would sit with them in a comfortable area, ask the details of the complaint, note it down and report it to the manager.”

People had easy to read information in their rooms telling them how to make a complaint or tell someone if they felt unsafe.

We looked at the complaints folder. Only one complaint had been received in the last twelve months. This had not been raised directly with the provider, but through another agency. This had been managed with the agency and appropriate action taken. The manager told us they reflected on complaints and incidents to see what they could learn from them in order to improve the service people received.

One person we spoke with told us there were group meetings for people who used the service but they felt more comfortable speaking alone with staff. Staff told us that they had found that people preferred this way of communicating rather than talking in a group setting and they were encouraged to write down any concerns or ideas they may have. One member of staff said “I think the staff are really good at listening to the residents who live here; they acknowledge they are individuals and always involve them in decisions about how they want to live their lives.”

Is the service well-led?

Our findings

There was registered manager at White Doves and they had been in post for two years.

People living at White Doves said; “[Manager] is great,” another said; “[manager] is good”.

Staff told us the manager provided them with good support. For example, staff said,

“The manager is lovely, very easy to approach if you have any concerns, worries or questions. We know her door is always open and if there is anything we need to talk about she is always there.” And “She is very caring and friendly, she is just lovely and a very open person. She listens to us and respects our opinions and is really knowledgeable and informed about the people living here.”

Relatives told us; “[Manager] is lovely and is really on the ball, she clearly loves her job and nothing is too much trouble”, another said, “[manager] does a great job, I can always talk to her.”

Staff told us they had a good understanding of their role and responsibilities. One staff member told us, “There is an A4 poster with our responsibilities on the wall in the office so if we are ever unsure it is always there for us to check as well.” They also told us they had regular staff meetings and we saw the minutes of these. Staff told us “They are a good thing for keeping team work tight. Everybody gets an opportunity to raise concerns,” and “It is a good way to get everything out and discuss things.”

We observed staff enjoyed their responsibilities and valued the service they provided. Comments included: “It is really good. I think they do a really good job here. I thoroughly enjoy working here.” “I love it; it is a really nice atmosphere.” “If it is something you want to do you will always have the motivation. There is nothing more rewarding than helping someone to gain their independence so they can carry out the tasks they want to do.”

We observed that staff appeared happy and motivated. Throughout our visit, we saw the manager constantly walking around the service checking on people living there and the staff. All staff spoke of how the manager was approachable and supportive and people and their relatives agreed. There was a clear management structure in place to support staff and staff received regular support

and advice from their manager. The manager told us they felt supported by the provider who was present at the beginning of our inspection. Staff told us that during the manager’s annual leave the provider had maintained contact to offer them support.

People, staff, relatives and visiting professionals were invited to complete annual quality questionnaires about the service provided. The next questionnaire was due to be sent out in the upcoming month. From the most recent questionnaire one response from a family member had been, “White Doves is an extremely well run and organised service.” Responses from staff indicated they were satisfied with the training and induction received. An action from the last questionnaire in September 2014 was to provide people with more information about how to raise concerns. This had been acted on and we saw information in people’s bedrooms, and people told us they knew how to raise concerns.

The Registered manager carried out a range of checks to ensure the quality of service provision. These included checks of care records, medicine administration and that people had received the required training. The provider also carried out a service audit which asks for feedback from people, their relatives and healthcare professionals on the service provided at White Doves.

The responses from these audits assisted managers and staff to make improvements in the service and the support given to people. These had been monthly but the last one had actually been completed in September 2014. The manager informed us that this was being looked at and new questionnaires would be sent out shortly.

The manager told us earlier this year staff, people and their families at White Doves had supported a charity event by baking cakes and selling them to the local community, neighbours had been invited round for coffee and cake. Staff felt this was important to make the local area aware of the home and the people living there and to build relationships and understanding within the community.

There was a 24 hour on call system to support staff if they needed to speak to a manager or team leader. The provider had sent notifications to us about important events and incidents that occurred at the home. The manager also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations.

Is the service well-led?

Where investigations had been required, for example in response to accidents, incidents or safeguarding alerts, the manager completed an investigation to learn from

incidents. The investigations showed the manager made improvements, to minimise the chance of them happening again and policies and procedures updated to inform staff of their responsibilities.