Bondcare Willington Limited

Portland Domiciliary Service

Inspection report

Willington Care Village
Willington
Crook
County Durham
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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

This inspection tool place on 28 April and 3 May 2016. The inspection was unannounced.

We last inspected this service in February 2013. At that time the service was meeting the regulatory requirements.

Portland provides personal care to people living in their own bungalows. The bungalows are situated on the site of Willington Care Village in Crook and are managed by the registered provider. There are ten bungalows, nine of which are occupied by people who receive care from Portland.

There was a registered manager in post. 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.

We found there were enough staff on duty to meet people's needs and the registered manager had contingency plans in place should a member of staff report the need to take sick leave.

Staff had been trained to administer people's medicines safely. We checked people's medicine administration records and found there were no gaps in people receiving their medicines.

Any risks to people had been assessed by the service and actions put in place to reduce the risks to people. For example where a person was at risk of falls actions had been taken to ensure their risk of falling was minimised.

Staff had been trained in safeguarding people and were confident in reporting their concerns to the registered manager.

We saw all new staff to the service received an induction, were allocated training and then progressed to complete an NVQ in social care. Staff told us they felt supported by the training they had received.

The registered manager and the staff understood the need for people's mental capacity to be assessed and the need to involve family members and other professions in decisions which affected people. We found the service met the requirements of the Mental Capacity Act.

We found the registered provider had sought people's consent to have their care delivered by Portland. If people had not been able to give their consent the registered provider had sought consent from their next of kin.

Staff ensured people had enough to eat and drink and had sought advice from medical professionals where

people had a poor appetite.

Staff knew what people liked and disliked and understood the needs of the people for whom they provided care. People told us they felt looked after by staff.

The service supported people's well-being. We found the registered manager understood the need for consistency of care to maintain people's well-being. We observed staff had good relationships with the people for whom they provided care.

The service had listened to people's relatives as natural advocates when they had raised concerns or wanted to change the care of their relative.

People's care needs were described in a person centred way. This meant their plans reflected their individual and specific needs.

The service contacted people's GP's when they required attention. Other professional involvement was sought for example from people's care managers as and when issues arose. The service therefore did not work with people in isolation but involved other professionals as required.

The registered manager had taken people's complaints seriously, investigated each complaint and provided an outcome of their investigation to the complainant.

Staff and people who used the service made only positive comments about the registered manager to us. We found the registered manager knew people who used the service very well.

The registered provider had in place arrangements for quality managers to visit the homes and carry out audits of the service. The audits resulted in the quality manager advising the registered manager on what actions needed to be taken to improve the service.

The registered manager also carried out quality audits and quality surveys to monitor the service which resulted in actions being taken to ensure the service continually improved.

The service had in place local community links and people were supported to access local community services.

We found the service maintained accurate and up to date care records

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 received their medicines from staff who had been trained to administer them in a safe manner.

Staff understood what actions they needed to take when they found safeguarding issues. Staff were also aware of the whistle-blowing policy and felt confident to report any concerns to the registered manager.

The registered provider had a staff disciplinary policy in place and this had been used by the registered manager to keep people safe.

Is the service effective?

Good

The service was effective.

Staff told us they felt supported by the training they had received. We saw the registered provider had introduced a new on line training scheme and staff had begun to complete the e-learning.

Staff received regular supervision from the registered manager who had in place a plan to deliver supervision to staff through 2016.

The service met the requirements of the Mental Capacity Act. The registered manager and the staff understood the need for capacity assessments and involved others in best interest decisions.

Is the service caring?

Good

The service was caring.

Staff who cared for people knew them very well and understood their likes and dislikes.

The registered manager understood the need to maintain the consistency of care delivered to people to support their well-

being.

The service had ensured people were supported through the use of advocates and listened to family members as natural advocates for people when they raised concerns.

Is the service responsive?

Good

The service was responsive.

People's care plans were person centred and described people's individual and specific needs.

The service involved and made referrals to other professionals as people's needs changed and issues arose.

Complaints were taken seriously by the registered manager and thoroughly investigated.

Is the service well-led?

Good

The service was well led.

People who used the service and staff made only positive comments about the registered manager to us. We found the registered manager knew people who used the service well; they attributed this to having worked in the service for a number of years.

The registered provider and the registered manager carried out audits to monitor the quality of the service which resulted in actions being taken to improve the service.

Portland supported people to access local services and the local community.

Portland Domiciliary Service

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.

This inspection took place on 28 April and 3 May 2016 and was unannounced.

The inspection team consisted of one adult social care inspector.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. We sent out questionnaires to people prior to our inspection to seek their views and experiences of the service. No relatives or community professionals responded to our survey. One member of staff and two people who used the service replied.

Prior to the inspection we contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we spoke with the registered manager, the administrator and four care staff. We spoke with four people who used the service and carried out observations of people together with the staff delivering the care. We also spoke with a professional and two relatives.

We reviewed three people's records and three staff files.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

Good

Is the service safe?

Our findings

We asked people if they felt safe. One person nodded in response to our question and another person said, "Yes". We observed people had an easy rapport with staff and felt able to approach staff to meet their needs. The two people who responded to our questionnaire before the inspection both said they felt safe being cared for by Portland.

Staff told us they had training in safeguarding and we saw records to confirm this. One staff member told us, "I will always go to [the registered manager] if I have any concerns. We saw the registered manager had made safeguarding alerts to the local authority safeguarding team when concerns had been raised, and they had also notified CQC of what actions they had taken. This meant the service had in place systems and processes to ensure people were safeguarded.

We spoke with staff about whistleblowing and saw the registered provider had a whistleblowing policy in place. Whistle blowing is about telling someone if you have any worries or concerns. We saw in recent supervision meetings with the registered manager they had discussed the whistleblowing policy. Staff told us they have any concerns they felt able to speak to the registered manager. One staff member told us they were aware of the policy, "But I have not had to use it."

We found there were enough staff on duty to ensure people's needs were met. During our inspection one member of staff rang in sick and we asked the registered manager how they provided cover. The registered manager explained how they were able to move staff around to support people. However they explained it was important to them they needed to be mindful that people's carers remained stable and they told us they would do what was necessary to ensure people received consistent care.

The registered provider had in place a robust checking procedure for people wanting to work in the service. We saw prospective staff members were required to complete an application form which detailed their experience and previous training. The registered manager conducted an interview and required each applicant to submit details of two referees. We saw there were references for people on file. The Disclosure and Barring Service (DBS) carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helped employers make safer recruiting decisions and also prevented unsuitable people from working with children and vulnerable adults. The registered provider carried out DBS checks on prospective staff before they were allowed to work in the service.

We found the registered provider had a system in place to monitor accidents and incidents. These were recorded by staff and reviewed by the registered manager. Staff had used body maps to record any injuries to people including self-injuries for example to hands during periods of distress. These were then reported to the registered provider each month together with the actions which had been taken to prevent a reoccurrence.

The registered provider had in place a disciplinary policy and we found this had recently been used with staff. This meant the registered provider ensured people who used the service were kept safe.

The registered provider as the landlord of the bungalows had carried out health and safety checks on the premises to make sure they were safe for people. We saw the service had provided fire extinguishers, fire blankets and first aid kits. The registered manager told us the service used the maintenance staff on site if they needed any immediate repairs. Staff provided cleaning in people's bungalows. We found people's homes to be clean and fresh.

We saw each person had in place risk assessments which related to their care plans. For example where a person was at risk of falls the staff had ensured the risk was reduced by the person being able to move around their home without tripping. Another person who liked to go out in their mobility car had a risk assessment in place which stated they were safer sitting on the back seat. In another person's risk assessment we read, "[Person] has no awareness of water temperatures." Staff were given guidance to check the water temperatures before the person had a wash or bath. This meant the service had assessed ways of keeping people safe.

Each person had in place a personal evacuation plan which described to staff what actions needed to be taken in an emergency to evacuate someone from their bungalow. We saw these plans described people's needs and staff were aware of each person's moving and handling requirements.

We checked people's medicines and found each person had their medicines kept safe. Each person also had a separate medicines file which contained a Medication Administration Chart (MAR). We saw the MAR charts were up to date and accurate. Medicines which are given as and when required are known as PRN (Pro re nata). People had in place PRN plans for their medicines which were needed as required. Staff told us they had been trained in the administration of medicines and we saw records to confirm that. We also saw staff had been assessed as competent to apply people's topical medicines.

Homely remedies or those purchased over the counter were recorded in each person's file. Checks had been carried out with each person's GP to ensure such remedies were appropriate to give the person and did not affect their prescribed medicines. We also found that where a person needed to be given their medicines covertly the registered manager had contacted the pharmacist to seek information about how they should be given. We saw the advice had been recorded to give staff the necessary guidance. The registered manager carried out regular medicine's audits. We found they had checked people's prescribed medicines, ensured that they had been given the correct amount and the amount of the remaining medicines was correct. This meant people received their medicines in a safe way.

We looked at people's human rights and found the service promoted the rights of people who used the service. For example we saw the service supported people to have contact with their family. This meant the service promoted Article 8 of the European Convention on Human Rights – the right to family life. We noted one person had been unwell and had wished to have in place an instruction not to resuscitate them. The registered manager had spoken with the person at the point when the DNAR (Do not attempt resuscitation) order had expired. The person no longer wanted the decision in place and this had been removed from their care file. This meant the registered manager promoted Article 2 of the European Convention on Human Rights - the person's right to life.

Good

Is the service effective?

Our findings

The registered provider had recently introduced a new online learning system and we saw staff had started to use the system. Staff confirmed to us they had received training and felt confident in their skills and knowledge. We looked at the staff training matrix and found there were a number of courses which required updating. The registered manager explained there were technical difficulties when the system was introduced and Portland staff had been mixed up with another home on the same site. Despite the matrix showing staff needed to update their training the registered manager told us the courses had now been allocated to staff. We observed the administrator putting details of the completed staff courses onto a database and saw staff were completing the on-line courses.

The registered manager told us everyone had an annual appraisal. We looked at staff files and found staff who had been in the service for more than a year had an annual appraisal. This meant staff were given an opportunity to review their practice and what they needed to do in the following year to improve their practice and increase their knowledge.

Each new member of staff completed an induction. We saw completion of induction checklists in staff files and staff confirmed they had received an induction. The registered manager on completion of an induction had ensured staff then started an NVQ qualification. In the PIR the registered manager told us 25 staff have NVQ level 2 or above.

We looked at the support provided to staff during our inspection. The registered manager had in place a plan for the year to hold supervision meetings with staff. A supervision meeting takes place between a member of staff and their manager to discuss progress made, any concerns either party may have and the training a staff member may need to carry out their duties. We saw staff had received regular supervision and the registered manager had ensured in the last supervision meetings staff were aware of the registered provider's safeguarding and whistleblowing policies. We also saw the registered manager had given praise to staff for their attitude and work.

The registered provider had in place a night worker's annual health review which looked at each staff members health needs when working nights. This meant the registered provider was aware of the impact night shifts could have on a staff member and put in place systems to address concerns.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had been trained in mental capacity and were able to talk to us about who had capacity and what decisions they were able to make. We

spoke with the registered manager who was knowledgeable about capacity and was able to tell us about the capacity of each person using the service. They told us if a decision needed to be taken for example a person to have a flu inoculation they would carry out an assessment of the person and discuss with family members and their GP to make a decision. We saw records of these decisions in people's care files. This meant the service was acting within the Mental Capacity Act.

We found the registered provider had acted appropriately to seek people's consent to receive care from Portland. We saw the registered provider had in place a form so that people could give their written consent. Some people had been able to sign their own consent form but others forms had been signed by the person's nearest relative. The registered manager explained to us not everyone has capacity to consent to their care so consent had been obtained from each person's next of kin.

We found staff assisted people to do their own shopping and people chose what they wanted to eat. Staff recorded people's food and fluid intake in their care files. We saw people's fluid intake was totalled throughout the day to ensure people had sufficient to drink which avoided them from becoming dehydrated. People who were at risk of malnutrition due to refusing food or having a poor diet had been referred to a dietician. Staff were aware of their needs and their prescribed supplements.

The registered manager told us that restraint is not practiced in the service and staff were expected to withdraw for situations to give people a chance to calm down. We saw this guidance had been given to staff in people's care plans. Incidents which had been reported to the registered manager demonstrated staff had followed the guidance. We found this showed staff were aware of the provider's policy and had carried out appropriate actions.

During our visits to people's bungalows we observed staff were engaged in conversation with people and were able to understand people's communication styles. In one person's care file we found they had limited communication and the words they were able to use were listed. One person had a picture board and was able to show us what they were doing that day. This meant staff had put in place a system to aid communication.

Good

Is the service caring?

Our findings

One person we spoke with said, "I like the staff" and the "Staff are nice." Staff spoke to us in affectionate terms about the people they cared for. One staff member told us they had a, "Great rapport" with one person. In our surveys carried out before the inspection the two people who responded strongly agreed with the statements, "I am happy with the care and support I receive from this service" and "My care and support workers are caring and kind." They also strongly agreed with the statement, "People who use this care agency are always treated with respect and dignity by staff."

The registered manager spoke with us about the standards of staff behaviour they expected when delivering the service in people's homes and the approach they required staff to take. We observed the relationships between staff and people who used the service. We found staff were respectful towards people and their homes. We saw staff consistently treated people with dignity.

We observed staff work with people using humour as they engaged people in conversation. People responded with smiles on their faces and laughing. This showed us people were relaxed with staff as they received their care.

We saw people were supported to live the life they chose with full regard to their gender, age, race, religion or belief, and disability. The registered manager told us about an issue where they were supporting a person to live the life they chose and were trying to seek further information to ensure they were appropriately supporting the person. They had sought the person's consent to attend appointments with the person.

Staff were able to describe to us people's needs which we found corresponded with the information in their care plans. We found staff knew people well and were able to describe to us their likes and dislikes. For example, one staff member told us a person liked to wear their jewellery and we found the person wearing their necklace and bracelet. Another person liked a particular chocolate bar; we saw the bars were in their cupboard and staff had recorded when one had been offered and if the person ate it.

People, their relatives and friends were supported to express their views and staff were skilled at giving people the information and explanations they needed. We saw staff gave people the time to make decisions. We also staff communicated effectively with people who used the service regardless of how complex their needs.

The service supported people's well-being. For example, people were given choices to be in control of their lives. Alternatively where people needed routine and structure to avoid them becoming distressed the service had put this in place. The registered manager and staff were aware of the consistency of care needed to support people who required their daily routines to be structured.

We looked at people's bungalows and found each one was different. Staff had supported people to choose their own furnishings. One person told us they had chosen the wallpaper, carpet and bedding in their bedroom. This meant people were involved in the making of their home.

During our inspection we saw people in one bungalow had held a party and invited people from the other bungalows to attend. The party had presented a dilemma for staff as the host had previously been involved in an altercation with one on the invited guests. The registered manager told us the people involved were now friends but in order to ensure their relationship could be preserved we saw the registered manager had carried out a risk assessment and put actions in place so the guest could attend the party. This meant the provider was aware of potential relationship difficulties but had enabled the invited guest to attend the party.

The registered manager had involved an advocate for a person where there was an important decision to be made about their health needs. We found the service was aware of when to introduce an advocate for people who needed support to understand the choices available to them. We also found the service listened to people's relatives as natural advocates for their family members.

Staff were aware of the need for confidentiality. We found people's personal information was stored in their own homes. This meant information was stored away from other people who may inadvertently read people's personal details.

At the time of our inspection the registered manager told us there was no one on end of life care. However they were aware of people who were frail and had refused treatment. We found the service respected the wishes of the person and had adapted their care planning accordingly.

Good

Is the service responsive?

Our findings

One professional told us they found the care of people to be, "Highly personalised." The two people who responded to our survey strongly agreed with the statement, "I am involved in decision-making about my care and support needs." One person said, "I get looked after very well."

We found the registered manager carried out an assessment of people's needs before they started using the service. The assessments provided a source of in-depth information about a person. This meant the provider was able to design person centred care around people and staff were given information about each person to guide them on how to provide the care.

Each person had a service user profile in place which gave staff information about each person at a glance. This included their likes, dislikes and their family contacts.

We saw that people were supported to attend GP and other appointments with professionals including dentists, nurses and opticians. Alternatively the service responded to people's needs and called other professionals into people's homes as and when required. We found one person became anxious if they had advance notice of attending appointments. Staff told us it was better to tell the person if they needed to go to the doctors about two hours before their appointment time. This reduced their anxiety and the risk they may become so anxious they would refuse to attend to their medical needs. Staff also told us reassurance was then provided up to and during the appointment.

People's care plans described their needs in detail. People had in place a range of care plans pertinent to their needs for example continence, financial abuse, communication and mobility. For example we saw on person required two people to support a person to move; a description of what was required by staff had been put in place. Another person had detailed arrangements in place to assist them have a bath. We found people's care plans gave detailed guidance to staff on how to care for people.

We looked at the reviews of people's care plans and found these took place on a regular basis. Some of the reviews had taken place on care plans which were written in 2012. We spoke with the registered manager and the staff about people's needs and found they had not changed. For example one person who was at risk of falls in 2012 continued to be at risk of the same falls in 2016 and had not experienced any falls. The introduction of a wheelchair had been added to their plan if they needed to walk long distances. The regional quality manager had recently reviewed people's files and had advised the manager to update the care plans.

During the night waking night staff were available to support people. We saw that arrangements were put in place whereby staff were available to support people who slept alone in their bungalows. For example, people had access to their bungalow but not always to their kitchen where it was assessed that there were dangers to them being in their kitchen alone. The service used assistive technology to alert staff when people had got up. We also found staff had a radio communication system in place to call for assistance from other staff if they needed support to help a person.

We found choice was a key issue of the service. People supported by Portland chose how they wanted to live. One person preferred to remain in bed, another person wanted to watch TV and another person liked to go out to the shops. We found the service treated people as individuals; however the registered manager also held the view that as the bungalows were clustered together on the site they were a small community, and people were to be encouraged to act as neighbours. This included people being given the option to go out together. Staff were able, using the day centre mini buses, to take people out together on a weekend if they wished to go. This ensured the service put in arrangements to avoid them from becoming socially isolated.

People had in place a range of activities. Some people attended day centres during the week whilst other people had in place a regular pattern of events for example shopping, domestic chores, volunteering and family visits. Staff supported people to carry out activities of their choosing. One family member we spoke to told us they appreciated staff encouraged their relative to go out.

Concerns were raised by staff with people, for example one person was advised they were unwell and perhaps at the time it was not a good idea to go out. Staff expressed concern to us about a person's food intake. We saw they had contacted medical staff and sought diet supplements. This meant staff were alert to people's needs changing and had addressed their concerns.

During our inspection we noted the staff looked after people whose behaviour challenged the service. In order to look at patterns of behaviour and identify if there were any triggers to people's distress the service had in place charts which described the antecedents, behaviours and consequences (ABC). We saw the registered manager had contacted people's care managers to ask for other professionals to carry out assessments and where necessary had taken people to their GP to eliminate possible side effects of their medicines. The service had also working alongside the challenging behaviour team to try to work with a person and reduce the levels of their distress.

The service had in place hospital passports. These documents contained relevant information to help hospital staff support people who may need to be taken to emergency departments or admitted to hospital. This meant the service had in place a system to support people transfer between services.

We saw the registered provider had in place a complaints policy. The registered manager in line with the policy had carried out investigations into the complaints and provided the complainant with a response. We also saw that where the registered manager had found an expression of dissatisfaction through carrying out quality surveys of the service and they explored this with the relative concerned. The registered manager had then taken appropriate action and resolved the situation. In another situation the manager had received a complaint from the police and had recorded the actions taken and the outcome of the complaint. The two people who responded to our survey both strongly agreed with the statement. "My managers are accessible and approachable and deal effectively with any concerns I raise." We found the registered manager took proactive actions to ensure people were satisfied with the service given to people.

Good

Is the service well-led?

Our findings

The service had a registered manager in place who was registered with CQC in March 2016. Staff spoke with us about the manager and said they get, "Great Support" with, "No complaints" about the registered manager. Another staff member said, "[Registered manager] is supportive, very good. You can go to her with anything." A relative told us they had confidence in the manager to address any issues raised by them. The two people who responded to our questionnaires strongly agreed with the statements, "The information I receive from the service is clear and easy to understand." The staff member who responded to our questionnaire strongly agreed with the statement, "My managers ask what I think about the service and take my views into account."

During our inspection we observed the interaction between the registered manager and people who used the service. We saw the registered manager interacted well with people and knew their communication styles. They were also knowledgeable about people's background and attributed this to the length of time they had worked in the service.

The registered manager set the tone of the service and said, "These are people's homes and we will respect that." We observed staff behaviour and found it echoed the wishes of the manager. This meant the culture of the service reflected the standards of the registered manager.

We saw the service had carried out quality surveys. In January 2015 staff who responded to the survey all felt able to approach the registered manager. Other surveys had been carried out in 2014 by the registered manager of the surveys at the time. We saw the responses were largely positive. At the time of our inspection the registered manager had initiated new surveys being sent out. We saw the staff had begun to return the surveys and again the results were positive.

The registered manager carried out quality audits of the service. The audits carried out included medicines, health and safety and care plans. We saw the audits had identified actions to improve the service. This meant the registered manager continually improved the service.

Since our last inspection we noted the registered manager was meeting their registration requirements and had notified the CQC of incidents which had occurred in the service. From looking at the records held by the registered manager we found they were transparent and open about the actions they had taken when issues had arisen in the service. For example, they had notified CQC about an incident and continued to report what further action they had taken. In following up a complaint we saw the registered manager had provided an audit trail of their actions and the outcome they had arrived at.

The registered provider carried also carried out quality assurance visits of the home. Their resultant report addressed the five key questions posed by the CQC in their inspections. We saw the registered provider had reviewed a wide range of subjects including people's written records, health and safety, complaints and staffing arrangements. Actions to improve the service were put in place and the registered manager was expected to ensure the actions were carried out. During our inspection the registered manager spoke about

the contents of the report and had started to carry out the actions required to improve the service.
We found the service maintained accurate and up to date care records. We looked at people's care records who used the service and found these accurately described people's needs. We saw staff maintained people's daily notes and these were up to date by the staff on duty.

The service had clear community links in place with local services including the nearby GP surgery, but people also used the local services including a local hairdressers'. During our inspection an incident occurred when local community services were able to support the registered manager keep a person safe. This showed the service had networks within the community. One community based professional told us the staff worked well with them and carried out their instructions to provide care to a person. This meant the service worked in partnership with other professionals to meet people's care needs.