

Selborne Care Limited

The D O V E Project

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: The DOVE Project is a domiciliary care agency providing personal care and support to people with a learning disability who live in their own homes. The service provides individual packages of care ranging from a few hours to 24 hours a day support. The DOVE Project had recently merged two service locations and was providing personal care support to 30 people at the time of the inspection.

People, relatives, staff and external healthcare professionals spoke highly of The DOVE Project. The service had strong person-centred values and placed people at the heart of their work. People had access to a stable staff team they knew well and achieved positive outcomes and strong relationships.

People were fully involved in their care and their wishes respected. One person said, "Staff are very much on time. It's plenty of time, I wouldn't mind having more [because they are nice]. They help me do anything I want to do". People's views were sought and their consent was always gained before any care took place. People were offered as many choices as possible in ways which met their individual needs. For example, by using pictures and objects of reference.

People's care plans contained personalised information which detailed how they wanted their care to be delivered. Staff knew people very well and expressed care and affection for them when speaking with us.

Staff were highly valued and supported by The DOVE Project and the registered manager. All staff we spoke with were proud to work for the service and praised the high standards of care expected. Staff comments included, "People have a good life and that's what we are here for."

Risks to people's health, safety and wellbeing were assessed and management plans were put in place to ensure these were reduced as much as possible.

People were protected from potential abuse by staff who had received training and were confident in raising concerns. There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable.

There was strong leadership at the service and people, relatives and staff spoke highly of the registered manager. There was a positive culture at the service and staff felt their voices were listened to.

People were supported by kind and caring staff who worked hard to promote their independence and sense of wellbeing. We were given examples of the staff going above and beyond for people. For example, helping them access new opportunities and helping them move house.

Staff were provided with the training, supervision and support they needed to care for people well.

The registered manager was passionate about improving the service and had plans for future projects to

benefit people. There were quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided.

The registered manager and their team were committed to delivering high quality and safe care to people and involving them in the planning of their care and the running of the service.

More information is in the full report

Rating at last inspection: This service was last inspected on 12 and 16 March 2018 where it was rated requires improvement overall. The areas of effective, responsive and well led required improvement. In June 2017 Selborne Care Limited was purchased by Care Tech, with a new manager registered with the Care Quality Commission in June 2018. During this inspection in 2019 we found these areas had been fully addressed and the service had improved to good.

Why we inspected: This inspection was scheduled based on the registration date of the service.

Follow up: We will continue to monitor the intelligence we receive about the service.

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

The D O V E Project

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Inspection team:

The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has direct or personal experience with care services.

Service and service type: This service is a domiciliary care agency. It provides personal care to people living with a learning disability in their own homes in the community.

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.

Notice of inspection:

We gave the service two days' notice of the inspection site visit because we wanted to ensure there would be someone in the office.

We visited the office location on 13 May 2019 to see the registered manager, speak with staff; and to review care records and policies and procedures. The next day we undertook phone calls to speak with people who used the service and their relatives.

What we did:

The registered manager sent us a provider information return (PIR). This is a document completed by the registered manager which contains information on how the service is developing and any planned improvements.

As part of the inspection we spoke with two people in their own homes who received care from the service

and two further people. We spoke with the registered manager and six members of care, support and administration staff. We looked at three people's care records and looked at three staff files including training and recruitment. We reviewed the service's accidents and incidents, audits and complaints policies. We also saw recent positive feedback from health professionals.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People and staff told us the service was managed in a way that protected people from abuse. The registered manager and staff had undertaken further advanced training in this area.
- Staff and the registered manager were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing. Staff and management had done this in the past to ensure people were safe.
- Recruitment practices were safe and included pre-employment checks from the Disclosure and Barring Service before starting work. This ensured only suitable staff were employed to work with vulnerable people.
- There were enough staff to ensure people had access to the care that met their needs and protected them from risks. People had small staff teams of known support workers to ensure consistency. Some had been working with people for many years clearly having built up strong, positive relationships.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. Risks had been identified and action had been taken to minimise these.
- Staff were knowledgeable about identifying risks to people and knew to raise this with management and healthcare professionals. For example, management of behaviours which could be challenging was holistic and looked at any patterns or triggers. Staff called the office to discuss any use of medicines on an 'as required' basis.
- Where necessary, we saw specialist advice from healthcare professionals was sought. For example, there was good monitoring of behaviours and health needs and information was recorded from the computer system to show health professionals.

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed. Comments from people included; "They [staff] help me but I can do my own [medicines]".
- Where possible people were encouraged to self-medicate or participate in their medicine management. People were supported to choose how they wished to manage their medication such as where they would like to store it and what drink they liked to have.
- The registered manager conducted audits and reviews of people's medicines and medication administration records (MAR). They responded to any issues identified.
- Only staff who had been trained in the safe management of medicines administered medicines to people.

Staff undertook regular competency checks, tests and spot checks of records.

Preventing and controlling infection

- People and relatives did not have any concerns with regards to staff following good infection control practices.
- Staff had access to personal protective equipment and gloves and received training to ensure good practice in infection control.

Learning lessons when things go wrong

- Where incidents had occurred, action had been taken immediately to minimise the risks of reoccurrence. For example, learning was shared across the staff team and during staff meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs had been assessed and detailed support plans had been created to guide staff on how best to meet people's needs. One relative feedback to the service included, "[Person's name] loves all the staff, he thinks they are amazing and can't wait to move in. You all conducted yourselves really well and I am glad we have such a positive start."
- People's needs were regularly reviewed and where changes had occurred, their care plans were updated.
- People had been very involved in the planning of their care and their wishes were respected. People made comments including, "I can write what I want in my care plan."
- Best practice was sought in all areas and communicated to staff.

Staff support: induction, training, skills and experience

- People and relatives spoke highly of the staff competencies with written feedback to the service including, "[Staff name] certainly walks the extra mile. Conscientious, professional and has [person's name]'s best interests at heart. I suspect your training of staff has played an important part. I congratulate you all".
- Staff knew people and their needs well and were skilled in caring for people. One person said, "They [staff] know when I want my own space."
- Staff undertook a thorough induction to the organisation and all staff new to care work completed the Care Certificate, which is a nationally recognised course in Induction for care workers. There was a comprehensive training programme to ensure staff had the necessary skills to meet people's individual needs.
- Staff spoke highly of their training, with comments including how they received training from specialist health professionals in relation to individuals' particular needs if necessary. One support worker said, "Well, we all have to have training obviously, it's external and internal and I really enjoy it. The safeguarding course was with a police woman, it was really good."
- Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals. Staff felt supported and made comments including, "We work in teams in people's houses, as employers they're very good", "We always have a good handover, we check the money, look at the medicines charts and we always support each other" and "The co-ordinators work on rotation and we ring them every morning to tell them everything's alright or discuss any problems".

Supporting people to eat and drink enough to maintain a balanced diet

- Where people needed help with cooking and eating this was provided. One person told us how they were

going out to do their shopping with a list they had written with their support worker.

- People were supported to choose and cook their own meals if possible.
- Where people had specific needs and preferences relating to food this was provided. For example, where people required a diabetic diet.

Ensuring consent to care and treatment in line with law and guidance

- 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Care plans had signed consent documents in place and people had been involved in completing them. People told us they understood why they needed a support worker to support them in the community, for example.
- Staff and the registered manager had a good knowledge of the MCA framework and all carried MCA pocket guides. They put people's choices at the heart of what they did and also felt able to explain to relatives about supporting people to make their own choices. They told us examples of how they acted as advocates in people's best interests.
- People told us staff always asked for consent and explained what they were doing when supporting them. Comments from people included, "They [staff] ask me what I would like to do. Sometimes I just want to watch TV so we have been watching nature programmes."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us how well cared for they were. One person said, "Oh yes staff are always polite. Overall, I would say they are very efficient and I have no qualms whatsoever. They are good at communicating and the office is really on the ball, there's no problems there". Another person said, "Staff are very much on time. It's plenty of time, I wouldn't mind having more [because they are nice]. They help me do anything I want to do".
- People were supported by staff who knew people's needs, personalities, likes and dislikes well.
- The registered manager worked hard to ensure people had continuity of care. People had a stable staff team who knew them well. People told us how they did certain activities with named staff on a regular basis such as a long walk to a stately home or being supported to see friends and family. Staff were matched to people's needs and likes.
- Staff were clear the registered manager was passionate about going above and beyond for people and encouraged them to go the extra mile. They made comments including, "People are always popping into the office to see us. They know the manager. One person comes for a cup of tea so we have put some easy read material on the coffee table for them." One person had not wanted their manager review in their house so the registered manager had met them in the community in a venue of their choice.
- We heard examples of how the service had gone above and beyond for people. For example, one person liked their documentation on yellow paper so this had been done for them.
- Staff spoke about people in ways which demonstrated they cared for them on an individual level and enjoyed their company and attributes. Comments included, "[Person's name] loves to introduce everyone to their soft toys. They all have names and we know them all. They love to read so we talk about different books and which are their favourites."
- Staff were very proud of one person's achievements, such as attending a festival, going to a club night and crafting more stars for their notice board.

Supporting people to express their views and be involved in making decisions about their care; equality and diversity

- People were fully involved in creating and reviewing their care plans.
- People's views were sought, listened to and used to plan their care and improve the service. One person said, "They [co-ordinators] come every month and we go through my plan." All staff used care plans as 'live' documents and used them to add 'tips' and more detailed information to promote person centred care.
- People told us they were offered choices in every aspect of their lives. Staff ensured people had the relevant communication tools to enable people to be given the opportunity to express their views and

choices whilst still being treated as adults.

- Care plans included information about people's personal, cultural and religious beliefs. The service respected people's diversity and was open to people of all faiths and belief systems. There was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. Some people were supported to access the local LGBGQ community. There were plans to further enable people to create care plans themselves that reflected their personalities, for example in scrapbook and picture form.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected.
- People told us staff treated them with dignity and respect. One person said, "I love all my carers."
- Staff told us they ensured people were able to live the life they chose. People said they were not rushed with personal care needs and able to do things at their own pace.
- People told us how staff were dedicated and went 'above and beyond' for them. One person liked to regularly move their furniture. Staff understood what the person liked to do and ensured they had time in their room which they enjoyed. The person told us, "I can do what I want. I like cleaning, they [staff] help me and I am good at it." Another person would ask for their mail to be read to them and staff noted in the diary when they had done so. This also helped the person with their short term memory.
- Staff spoke about people in ways which demonstrated they cared for them on an individual level and enjoyed their company and attributes. For example, some people had past experience of a more institutionalised way of living. Staff reminded people that they did not always have to ask for everything, it was their house. They told people, "Of course you can [do what you want to do]."?

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support in a way that was flexible and responsive to their needs. For example, staff noticed that one new person had not had comprehensive health care in relation to their epilepsy so they had ensured a consultant review took place. The person now had a clear care plan to manage their epilepsy.
- A health professional had fed back to the service saying about one person, "The move to DOVE has been the making of him."
- Care plans provided staff with detailed descriptions of people's abilities and how they should provide support in line with people's preferences. Care plans were regularly reviewed with people and their relatives to ensure they remained current and provided accurate information about how to meet people's needs. The registered manager had devised a more simple audit process which people could be involved in and understand.
- People's communication needs were identified and guidance for staff was provided to ensure they could understand people and be understood. The service was able to provide information in different formats, such as large print and easy read, and were aware of their responsibility to meet the Accessible Information Standard. For example, each person had a communication and hospital passport so anyone they came into contact with would be able to use this information to meet their needs and communicate effectively.
- People were supported to take part in routines and activities of their choice. Staff were knowledgeable about people's preferred routines. People showed us their routine notice boards which included photographs of which staff would be joining them. Staff also looked for ways to entertain and stimulate people and offered new opportunities. For example, introducing a person to physical training and encouraging them to look after their own finances.

Improving care quality in response to complaints or concerns

- People felt comfortable raising complaints and were confident these would be listened to and acted on. One person said, "My complaints book is in easy read so I know who to call."
- Systems were in place to address any concerns raised. We looked at copies of responses to concerns and saw the service had acted to address any concerns. Learning took place as a result to avoid any repetition. For example, one family member living away now had regular telephone calls with the registered manager which were not happening before.

End of life care and support

- People's care wishes at the end of their lives were recorded in their care files or being gathered in a

sensitive way over time as most people were young.

- Staff received training on how to support people at the end of their lives.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People told us the service was well managed and spoke highly of the registered manager. Comments included; "When they started they sent us all a welcome letter with their photo. This is good so I know what they look like when they come."
- The service informed relatives of any concerns if an accident had happened, and fulfilled their duty of candour.
- The service had a clear, positive and open culture that was shared both amongst the management team and care staff. People were very much at the heart of the service. People and staff told us they would recommend the service to others needing care.
- Each staff member we spoke with told us how positive they felt working for an organisation that shared their personal values about delivering high quality personalised care. Staff were highly motivated and enjoyed spending time with the people they supported.

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

- The registered manager was supported by administration staff in the office who had auditing and monitoring duties. The registered manager said, "We have very regular formal audits but staff know I can pop in at any time so I know what is going on."
- Quality assurance processes, such as audits, were in place and ensured the registered manager had the information they needed to monitor the safety and quality of the care provided.
- The registered manager was aware of their responsibilities to provide the Care Quality Commission with important information.

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

- Staff said the management team were caring and supportive and that everyone worked well as a team. The registered manager was committed to treating staff well and rewarding them for the work they did. The staff newsletter included celebrating outstanding achievements by staff. Comments included, "I find the registered manager very approachable". Another support worker said, "The registered manager is friendly and happy to talk if you need something clarifying and if she doesn't know she will go away and check and

get back to you, I don't have any concerns, they do their best to support you".

- ☐The registered manager was committed to involving people in service. They regularly sought views from people, their relatives, staff and external healthcare professionals and visited people in their homes. We heard how people regularly popped into the office if they were in town to see the registered manager and staff. For example, to show them a new jumper or some shopping.
- ☐Regular staff meetings took place in order to ensure information was shared and expected standards were clear.
- ☐Staff told us they felt listened to, were supported by the registered manager, and had input into the service.

Continuous learning and improving care

- ☐The registered manager was continually working towards improvements and had plans for future projects and community involvements to increase people's wellbeing and opportunities.
- ☐They attended forums about learning disability issues, training events and development initiatives and encouraged care staff to attend. They and staff had attended the local council 'required improvement' workshops and intended to continue these as they found them useful.