Sunderland City Council

Doric View Short Break Service

Inspection report

Doric View
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19 September 2017

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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

Doric View is a purpose built bungalow providing short break accommodation for people who require personal care. The service can accommodate up to seven people. The number of people staying at the service at any one time varies due to the short term nature of the service.

At the last inspection in April 2015, the service was rated Good. At this inspection we found the service remained Good.

Relatives told us they happy with their family member's care and support. They also told us staff members were kind and caring towards their family member. Both relatives and staff said they felt the service was safe. From speaking with staff and our own observations we concluded there were enough staff on duty to meet people's needs.

Staff showed a good understanding of safeguarding and were aware of the provider's whistle blowing procedure. Staff also knew the process for reporting concerns and said they would not hesitate to raise concerns if required.

There were effective recruitment procedures in place to ensure staff were suitable to work at the service.

Medicines were managed safely. Only trained staff administered people's medicines. We found one person's medicines had not been administered in line with the prescriber's guidance. However, this had only just occurred at the time of our inspection and records had not yet been audited. The provider immediately invoked the medicines error procedure and commenced a full investigation.

The provider carried out regular health and safety checks. Procedures were in place to deal with emergency situations.

Staff were well supported and received the training they needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to meet their nutritional needs.

People's needs had been assessed both before and after they started using the service. This information was used to develop personalised care plans. These were reviewed so that they reflected people's current needs.

People had opportunities to participate in their preferred activities, such as outings, jigsaws, crafts, painting and DVDs.

Although relatives gave positive feedback about their family member's care, they also knew how to raise concerns if required.

The service had a registered manager. Relatives and staff said the registered manager was approachable and supportive.

Staff had opportunities to provide feedback about the service, such as one to one supervision and staff meetings.

The provider carried out a range of internal and external quality assurance checks to ensure people received good care.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Doric View Short Break 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 checked 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 was a comprehensive inspection.

This inspection took place on 15 and 19 September 2017 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure that they would be in.

One inspector carried out this inspection.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service and the clinical commission group (CCG).

The provider completed a provider information return (PIR) prior to the inspection. 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.

People had limited communication which meant they were unable to tell us about their experiences of living at the service. We spoke with five relatives. We also spoke with the registered manager, two support workers and an apprentice. We looked at the care records for three people who used the service, medicines records for people using the service and recruitment records for five staff. We also looked at a range of records related to the quality, management and safety of the service.

Good

Is the service safe?

Our findings

Relatives told us they felt the service was a safe place. One relative commented, "I do think [family member] is safe there. I wouldn't send [family member] otherwise." Another relative described the service as "100% safe." Staff also said they felt the service was a safe place for people to stay. One staff member said, "I think it is safe. We do all our health and safety checks. We use the proper equipment to hoist people." Another staff member told us, "We make sure equipment is safe."

Staff knew about the provider's whistle blowing procedure. They confirmed they would not hesitate to use it if required. One staff member said, "I would have to [report concerns]. I wouldn't let something go on. Our customers come first." Staff had completed safeguarding training which meant they had a good understanding of safeguarding including how to raise concerns. One staff member told us, "I would report it immediately to a manager or senior. If they didn't do anything I would go above them." The provider's safeguarding log showed there had been no safeguarding concerns about the service since October 2016.

Staff told us there were enough staff to meet people's needs in a timely manner. One staff member told us, "We are well staffed. We get extra staff to cover one to ones so people get the proper time they are entitled to." Another staff member said, "I have no concerns with staffing levels. We always get extra staff if customers need one to one." We observed during our time at the service staff were always on hand to offer support and assistance to people when required.

There were effective recruitment checks in place. The provider carried out a range of pre-employment checks before new staff started working with people using the service. This included requesting and receiving references and checks with the Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people.

The provider had systems in place for the safe management of medicines. Staff had completed relevant training and had their competency checked to ensure they had the appropriate skills and knowledge. Medicines related records were usually accurate. However, we did find a recent discrepancy with the records for one person where the amount of medicine recorded as administered was not consistent with the person's prescription on two occasions. This had occurred in the days preceding our inspection and we noted the records had not yet been audited. We raised this issue with the registered manager who immediately conducted an investigation and invoked the provider's procedures for dealing with medicines errors. Medicines were stored securely.

The provider carried out regular health and safety checks and risk assessments so that the premises and specialist equipment were safe for people. Records showed these were up to date at the time of our inspection and included checks of fire, electrical and gas safety. There were also emergency procedures in place to ensure people continued to receive care during unforeseen emergency circumstances. Personal emergency evacuation plans (PEEPs) were in place for each person which provided details of their individual support needs in an emergency.

Detailed records were maintained of incidents and accidents that took place in the service. We viewed these record which showed all incidents had been thoroughly investigated and action taken to keep people safe.

Good

Is the service effective?

Our findings

Staff confirmed they were well supported and received the training they required to care for people appropriately. One staff member told us, "I am very well supported. You can go to [registered manager] with any kind of problem and she will help you." Another staff member commented, "I am very supported. We have a good staff team, we all work together." The provider's training matrix identified some training courses as essential for care staff to complete, such as safeguarding, first aid, moving and assisting, health and safety and infection control. Training and supervision records confirmed supervisions, appraisals and training were up to date when we inspected the service. One staff member said, "[Registered manager] is making sure we all have our proper training."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service lacked capacity and were unable to consent to their stay at Doric View. We found appropriate DoLS authorisations were in place for each person. We found examples of MCA assessments and best interest decisions in people's care records. For example, where people were unable to consent to their stay at the service.

Staff showed a good understanding of the strategies required to help people make choices and decisions. Care plans described the most effective strategies to use when communicating with people. For one person, this meant giving plenty of time to process information and to use some Makaton. One staff member commented, "We support people with what they would like to wear and what they want to eat. We show them clothes and get people to choose. We put items of food on the bench and get people to choose. From reading people's care plans you get to know their choices."

People were supported with nutrition in line with their needs. Care plans described the support people needed with eating and drinking. This included details of practical support people needed and details of any specialist equipment people needed. We observed staff followed these care plans when supporting people.

Good

Is the service caring?

Our findings

Relatives told us they were happy with their family member's care. One relative commented, "I think it is excellent. [Family member] always seems happy when they come home." Another relative said "Fabulous, [family member] absolutely loves it. As soon as we pick him up he asks when am I coming back." A third relative commented, "I am more than happy, [family member] is happy."

Relatives also told us staff members were kind, considerate and caring. One relative said, "The staff have been lovely with [family member]." Another relative told us, "I find them lovely, they are so nice. They treat [family member] lovely, they go beyond their job." Whilst at the service we observed warm and friendly interaction between people and staff. Some staff had worked with people for many years and knew their needs particularly well. We noted when staff interacted with people this was done in a calm and relaxed manner. One relative said, "Staff have a good understanding of [family member]." Another relative said, "Staff very much know [family member's] needs."

Staff understood the importance of maintaining dignity and respect. They described how they adapted their care practice to ensure privacy was maintained at all times. This included closing doors when supporting people, always asking people where they would like to be supported and keeping people covered up as much as possible when providing personal care.

Staff told us promoting people's independence was a priority within the service. They told us about how they encouraged people to do as much for themselves as possible. One staff member commented, "We encourage people to take cups back to the kitchen and help people to do what they can." Another staff member said, "People are involved in all decision making. If someone requests to help in the house we try to include them. Some people get involved in making meals."

Care records were personalised and included information about people's care preferences including their likes and dislikes. Each person had a document called 'All about me' which included details of what was important for each person, such as family and friends as well as other important information about each person. For example, any interests and hobbies. Care records also provided staff with prompts about topics of interest when engaging people in conversation. This meant information was available to help staff get to know people better. One relative commented, "[Family member] has a book that tells them [staff] what he likes and doesn't like."

Good

Is the service responsive?

Our findings

People's needs had been assessed when they started using the service and the information gathered was used to develop personalised care plans. Part of the assessment involved identifying any cultural or religious needs people had so that these could be met during their stay. Care plans clearly identified the individual support each person needed from staff when staying at the service. This included details of people's chosen daily routines to help ensure they received consistent care that met their needs and preferences. This also involved any particular strategies to help the person settle in when they arrived at the service. For example, one person liked to go to bed at a specific time and needed the door to be left open to help them feel safe and secure. Care plans had been reviewed to keep them up to date with people's current needs.

A range of standard assessments were also completed to protect people from a range of potential risks. The provider used recognised tools to carry out these assessments. Where a potential risk had been identified, care plans identified the support people needed to keep them safe.

Staff supported people to participate in their preferred activities. Care plans contained information about how people liked to spend their time and the activities they preferred. For example, one person liked to have a picnic, trips out, spending time in the ball pool, swimming and outings. Records showed people had been able to take part in some of these activities.

Staff told us people were involved in a range of activities such as outings, jigsaws, crafts, painting and DVDs. One staff member said, "We are good at chatting with people, interacting with people. We are good at getting people out and about to the places they want to go." One relative told us, "[Family member] usually takes things to do. Staff take [family member] out for lunch or shopping a lot. [Family member] is doing things every day." Another relative said, "[Family member] loves the minibus, they take him out. They are fab with [family member]."

Relatives gave us only positive feedback about the care people received at the service. They told us they knew how to raise concerns and would not hesitate to do so if needed. One relative commented, "I don't have any concerns I think it is really good. If I had any concerns I would go to [registered manager]. She would sort it straightaway." Another relative said, "I have no concerns, if I had any I would go to [registered manager] or staff. I have no worries in that respect." Previous complaints had been logged and fully investigated. Where needed action had been taken to resolve complaints and prevent the situation from happening again. There had been two compliments received about the service since January 2017. One was to thank the provider and staff for how well they had looked after their relative.

Good

Is the service well-led?

Our findings

The service recently appointed a new 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. The registered manager had been proactive in submitting the required notifications to the Care Quality Commission.

Relatives and staff told us the registered manager was supportive and approachable. One relative said, "[Registered manager] is lovely, absolutely lovely, [deputy] is fab. Nothing is a problem. I ring them twice a day. Everything I need to know they tell me. If they can help they will." Another relative commented, "[Registered manager] is lovely." A third relative told us, "I find [Registered manager] very approachable." One staff member told us, "I can relate to [registered manager] and [deputy], they are very approachable. They would listen, take your concerns into consideration and deal with it." Another staff member said, "[Registered manager] is easy to talk to. She is supportive."

Staff members described the service as having a friendly and welcoming atmosphere. One staff member said, "The atmosphere is relaxed and happy. I love my job." Another staff member described the atmosphere as "nice, happy and chatty."

Staff had opportunities to provide feedback about how to improve the service and people's care. One staff member said, "My views are listened to. In supervisions we have a chat and we have team meetings." Another staff member commented, "We have team meetings. [Registered manager] is really good, she listens to everybody, listens to new ideas."

The provider had an effective system of quality assurance checks to ensure people received a good standard of care. Records showed these were done consistently and covered a range of areas including medicines management, care plans, infection control and health and safety.