

# 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 ●

# Summary of findings

## Overall summary

This inspection took place on 21 and 25 September 2017. The inspection was unannounced on the first day and announced on the second. We last inspected this service on 15 September 2015 and gave the home a rating of 'Good' in all areas and 'Good' overall. At this inspection we found the service remained 'Good'.

White Doves is registered to provide personal care to people within a supported living service. There were 31 people using the service at the time of our inspection. This included people with a learning disability and mental health needs. People required varying levels of support from the provider, with some having short care visits and other people had the support of one or more members of staff throughout the day and night.

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.

The provider had taken over a new contract with the local authority in March 2017. This had led to an increase in the numbers of people they provided personal care to and the transfer of some staff from the previous provider. Most people and staff we spoke to felt this transition had been well managed by the provider and they were kept informed of changes and important updates.

People and their relatives told us they continued to feel safe, and staff treated them well. The management team 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 to support people safely within their homes and to provide them with support whilst accessing the local 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. However we found some recording errors which the provider addressed immediately. People were supported to attend health care appointments 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. Staff supported people to maintain their independence as much as possible.

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 continued to be supported to go on holiday and to access the local community when they wished. Activities, interests and hobbies were arranged according to people's individual preferences, needs and abilities. People were encouraged to maintain links with friends and family.

People, their relatives and most staff, felt the management team were kind, supportive and promoted an open culture. Positive communication was encouraged and any identified concerns were acted upon by the management team and provider. People, relatives and staff were kept updated and informed about the recent change in provider with regular meetings.

Staff were supported by the management team through team meetings and supervision sessions. Staff felt valued and listened to by the management team and felt their training and induction supported them to meet the needs of people they supported.

People and relatives told us they knew how to make a complaint if they needed to and were confident concerns identified would be dealt with in a timely manner. The provider monitored complaints to identify any trends and patterns and made changes to the service in response to concerns or complaints.

People and relatives were encouraged to provide feedback about the support they received. The provider acted on the feedback to improve the quality of support the service provided. The provider carried out regular quality checks to ensure the service maintained a high level of support to people.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# 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 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 inspection took place on 21 and 25 September 2017 and was unannounced on the first day and announced on the second. One inspector conducted the inspection. The office of White Doves was situated in a supported living service that supported five people. We were able to talk with four people who used this service and observe interactions between staff and people during our visit.

Before our visit we asked the provider to complete a Provider Information Return (PIR). The PIR 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 found the information in the PIR was an accurate assessment of how the service operated, such as, what they did well and areas they identified for improvements.

We reviewed the information we held about the service. We looked at information received from relatives, from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. They told us they had received no information of concern about the service.

We spoke with six people and three relatives. We spoke with the provider, the registered manager, the deputy manager, a care coordinator, a team leader and six support workers. We also spoke with one healthcare professional who provided specialist support.

We reviewed four people's care plans to see how their support was planned and delivered. We reviewed management records of the checks the provider made to assure people received a quality service.

# Is the service safe?

## Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and safe staffing levels continued to support people. The rating continues to be Good.

People told us they continued to feel safe. One person told us, "Yes I am safe here." Another person told us being able to lock their own front door made them feel safe and knowing staff were always available if they needed them. One relative we spoke to told us; "I think [person] is safe in their care, that reassures me."

Staff were knowledgeable about the different types of abuse that can occur, and who to report concerns to. "One staff member said, "Abuse can be emotional, sexual and even financial. I would report this to the manager and even tell the CQC if I wasn't happy." Another commented, "I would report any concerns if I saw a member of staff doing something wrong. After all, I think to myself, that could be my family [member]."

People told us if they felt unsafe they would tell staff. 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. Easy to read information is written in an accessible way for people to understand.

People's care plans contained information for staff about the triggers that could cause adverse changes in people's behaviour. Staff knew how to identify people's triggers and how to respond to prevent the behaviours escalating to keep people safe. There was a system in place to identify risks and protect people from harm. Each person's care file had a number of risk assessments completed. Where risks had been identified, staff had guidance and information that helped them to manage risk, such as people accessing the local community safely and how to manage any challenging behaviours.

For example, one person's care records advised staff to use a calm voice and give the person space and time to relax and calm down. However we saw one person's risk assessment had not been fully updated following a serious injury, but this was in the process of being completed during our inspection visit. Staff we spoke to were knowledgeable about the risk and what steps to take to reduce further incidents.

People and relatives told us there enough staff to meet the individual needs of people who used the service, both in their own home and within the local community. Staff shifts were arranged so they were available to offer support that fitted in with each person's day and staffing levels reflected the needs of people requiring one to one support. The provider had retained some staff from the previous provider, after taking on the new contract with the local authority. To support staff numbers some agency staff had been employed for a brief period of time but the service was now fully staffed.

The provider had a missed calls policy in the event a person did not receive their support visit; and support calls were monitored by the care coordinator. The registered manager told us, "The care coordinators oversee this and regularly visit people to ask if staff are on time." There had been no missed calls recorded.

We checked the administration of medicines. We found medicines were stored securely. Medicines, when no

longer required, were disposed of safely to ensure people were protected. People, and their relatives, told us they received their prescribed medicines on time from staff that had been trained to do this. However when we looked at the medicine administration charts (MAR) we found missing signatures on three charts. We discussed this with staff who checked people's daily record charts, these indicated people had received their medicines. The registered manager told us this was a recording issue and would be addressed immediately and daily checks of the MAR charts would now take place. In addition this would be discussed with staff to ensure accurate records were maintained.

Checks and observations were carried out on staff to ensure they remained competent to give medicines safely and were following good practice guidelines. Some people received medicine 'as required'. There were written protocols for administering this medicine, explaining when it should be given and why. For example, medicine given to people having epileptic seizures. We observed staff supporting people to take their medicines and saw they took their time and explained to the person what they were doing.

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. Staff we spoke to confirmed they were not able to start work at the service until their DBS and references had been received.

## Is the service effective?

### Our findings

At this inspection, we found staff continued to have the same level of skill, experience and support to enable them to meet people's needs as we found at the previous inspection visit. The rating continues to be Good.

During our visit we saw staff effectively met people's needs. One person told us how staff had recently supported them to receive medical attention. A relative told us, "They know [person] well and are well trained, they deal with things very well." Another commented, "Yes, I think they are well trained."

Staff told us they received regular supervision (one to one) meetings with the management team to discuss their role and were encouraged to complete ongoing training and development. Staff new to the home received an induction to ensure they understood their role and responsibilities and had the knowledge to support people effectively. The registered manager told us all new staff would be required to complete the Care Certificate. This is a set of national standards for staff working in health and social care to follow and provide them with the knowledge and skills to give safe, compassionate, high quality care and support. One staff member we spoke with confirmed they were undertaking this training. "I had a good induction and I am doing the Care Certificate. When I started I also 'shadowed' more senior staff."

Staff told us the management team encouraged them to keep their training and skills up to date. The registered manager maintained a record of staff training, so they could identify when staff needed to refresh their skills. As part of regular training the competency of staff's skills were regularly assessed and 'spot checks' (unannounced observation) carried out to ensure they were putting their training into practice.

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. In the community this is known as a Court of Protection. Staff we spoke with had received training and understood the requirements of the MCA and respected the decisions people were able to make. Staff told us they would respect people's decisions to refuse the care and support they were offered. "One told us, "We always give choice and options, if someone refuses support we try again later but if that continued I would tell the manager." Another told us, "You can never assume someone does not have capacity to choose."

The registered manager had a good understanding of the MCA and DoLS legislation. At the time of our inspection visit only one person was subject to an approved application with the Court of Protection. We saw staff regularly attended multi agency meetings to discuss the on-going support required by the person; however we could not see the most recently approved order in the person's records. The deputy manager told us this had not yet been received from the person's social worker and they took immediate action during our inspection visit to contact the social worker and request the updated copy.

People were able to prepare their own meals independently, however some required assistance from staff. One person told us they received this support and went on to say, "I have been out shopping with the staff. I have a menu planner and I am having cheesy pasta today."

Staff supported people to attend appointments with healthcare professionals and sought medical assistance if they had any concerns about people's health. People we spoke with confirmed this and one relative told us, "They tell me what is happening if they get the doctor out." The registered manager was open and transparent with us that one person's family were not updated about a brief hospital attendance in the early hours of the morning. They told us this had been an oversight and they would ensure this did not happen again. However a member of staff had accompanied the person to hospital and the on call manager attended and remained at the service to ensure people continued to be supported.

Care plans included input from healthcare professionals supporting people, for example there was detailed information in one person's records about how to manage their epilepsy. A healthcare professional we spoke with told us staff supported people to a good standard and sought advice and guidance when required. In addition a member of the staff team always attended healthcare meetings to discuss the person's care and support needs.

## Is the service caring?

### Our findings

At this inspection we found people continued to enjoy the same positive interactions with staff as they had during our previous inspection. The rating continues to be Good.

People we spoke to told us staff continued to be kind and caring. Comments made were, "The staff are very nice, lovely." And, "The staff are OK, they help me. I am very happy." Relatives told us they were happy with the care and support received by their relations.

Following the change in provider some relatives told us they had initially been concerned about how the change might affect the standard of care their relation received. However, all spoke positively and one told us, "I can't fault them at all. We had previously considered moving [person] when the last provider was here, but not now. Things have improved massively." Another told us, "I feel [person] is very well cared for, some of the original staff are still here. They explain to the new staff how to support [person]."

During our visit to people we observed there was a happy, relaxed atmosphere and there were strong and meaningful relationships between staff and the people they supported. One staff member told us, "I just love the people here, making their day better is what I love." Another told us, "The best part of this job is supporting people to live their life."

The registered manager told us staff generally provided support to the same people to enable continuity of care to be delivered. Several of the staff from the previous provider had transferred to White Doves and most people still received care and support from staff they were familiar with.

People told us they 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 have their shower and breakfast before taking their medicines. Another person liked to make their own breakfast and clear their plate away. People chose how they wanted to spend their day and what time they got up and went to bed at night. The registered manager told us, "We believe in giving people choices and control, that's so important."

We asked people if they were treated with dignity and if their privacy was respected. One person told us, and we observed, that staff knocked before entering people's rooms. They commented, "People should knock before coming into my flat and they do." Staff knew the importance of maintaining people's dignity when assisting with personal care, for example closing doors and curtains and giving the person privacy.

People were happy to show us their flats and we saw they were personalised with individual choices of décor and personal items such as music CD's and soft toys. People were supported to maintain their own independence and one person told us how they liked to clean their flat. They told us, "I like to do the polishing and vacuuming."

Staff understood the importance of maintaining confidentiality and said they would not discuss personal

information with someone unless the person was authorised for them to share it with. Care records and important information about people were kept safe and secure.

## Is the service responsive?

### Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

Staff were available to support people whenever they needed their assistance. One person told us, "There is someone here when I need them, even at night." People told us the service supported them in accessing interests and hobbies that met their needs. Some people attended a local farm during the week and one person told us, "I like to go there and help clean out the horses." On the day of our inspection visit staff supported a person to attend a science and technology museum.

Care records were centred around the person, for example their likes and dislikes, the level of support needed and how they wanted to receive care. We saw care plans were reviewed and updated regularly. Staff told us and records confirmed, people who used the service were involved in planning their own care. Where appropriate relatives were consulted to obtain their views. One relative told us, "There is great communication; we meet every six weeks to discuss things. I can also e mail in between if I have questions."

Care plans were tailored to meet the needs of each person. For example, one person's plan stated they required support to make hot drinks and contained detail for staff on how to communicate effectively with them. For example, to speak clearly, provide information in short sentences and not to rush the person's response. However their plan had not been updated to reflect the change in their condition. We discussed this with the team leader who told us they were in the process of completing this and were awaiting an update from healthcare professional. During our visit they completed the care plan and the staff we spoke to were knowledgeable about the person's change in needs and the additional support they required.

Information about how people had spent their day and other events was recorded in daily logs which staff read at the change of shift and there was a communication book so staff could inform each other of important information. This meant that staff were kept up to date with any changes in people's support needs.

People and relatives told us they felt comfortable to raise any issues or concerns with staff if they had any. One person told us, "I would tell the staff or the manager if I wasn't happy about something." We saw easy read information about how to make a complaint, or compliment, was available to people with photographs of the management team and contact numbers. One relative told us, "They sort out any issues I have immediately."

The registered manager told us they had not received any formal complaints. However they devised a communication book during our inspection visit so the management team could record any informal concerns or complaints to identify trends and patterns so improvements could be made.

## Is the service well-led?

### Our findings

At this inspection, we found the service and staff continued to be as well-led as during the previous inspection. The rating continues to be Good.

The service had increased the number of people it provided support to in March 2017 and several staff from the previous provider had transferred to the provider. The registered manager told us this had been a big challenge for everyone involved as the time frame to take on the new contract had only been two months. In addition an experienced manager from the previous provider had been due to transfer over, however plans changed at short notice and they chose not to.

The registered manager told us this had meant restructuring the management team to ensure people and staff were appropriately supported. They acknowledged that the change in employment had been difficult for some staff. They told us, "It was hard, staff morale was low for some but we had to make sure we did what was best for the individuals we support. They always come first. We had changes in some staff but now I feel the team are happy." They went on to say several existing staff from the previous provider were retained and this meant people continued to receive support from staff they were familiar with.

There was a clear management structure in place. To support the registered manager there were additional members of the management team including the deputy manager, two care coordinators and a team leader. The provider told us, "We have expanded the management team to meet organisational needs; I think the service is focussed and accountable."

The management team met with people, relatives and staff members prior to the change in provider to share information and listen to concerns. One relative told us they found this useful and they were able to raise any questions or concerns they had. They commented, "They do listen to me, they are trying really hard to do the right thing. [Person] is much more settled now." The registered manager told us regular coffee mornings would be held to continue to keep people and relatives updated and allow them opportunities to discuss the service provided.

People and their relatives spoke positively about the management team and the transition to the new provider. People we spoke with were happy with the service provided, comments made were, "I like them." And, "I am very happy." Comments made by relatives were, "It was a very smooth change, I know who the manager is and I am happy." Another told us, "I think the service is very well led, the deputy manager is brilliant, and you are always listened to. They are very professional."

People were asked to give feedback about the service. The registered manager had produced an easy read complaints and compliment form. We saw recent results and people had been positive about their support. One person had commented, "The staff cheer me up and put me in a positive mood."

Most staff told us they felt valued by the provider and well supported by the management team and regular team meetings were held. Staff told us they felt appreciated and able to share their views and comments

about the service. As part of the team meetings staff were able to discuss people they were supporting and this was used as an opportunity to discuss their needs and share important information. There was a 24 hour on call manager for staff to contact for advice outside office hours.

Staff were supported using a system of supervision meetings, observations, and yearly appraisals. Regular supervision meetings (one to one meetings) provided an opportunity for staff to discuss personal development and training requirements to keep their skills up to date. The management team conducted regular 'spot checks' of staff to ensure they were competent at their job. Staff were also able to provide their opinions on a monthly feedback form and a staff survey was due to be published shortly after our inspection visit. One member of staff told us, "The management listen and support me. We are definitely valued and listened to." However one member of staff we spoke with felt communication from the management team could be improved.

The management team completed regular audits to assess the quality of the service. They checked people's care plans were completed and regularly reviewed and that medicines were administered safely by staff who continued to be competent to administer them. They monitored and analysed accidents, incidents and falls to identify themes and trends to reduce the likelihood of them re occurring. This ensured the service continuously improved.

The registered manager and provider told us they were committed to improving the service delivered to people. The provider visited the service regularly to speak with people and conduct quality checks of the service provided, for example the accuracy of care plans and the support people required. The registered manager told us, "We are not looking to expand anymore at the moment until everyone is settled and changes are imbedded. We want to ensure quality, first and foremost."