

Vivo Care Choices Limited

Dorin Court Bungalow Short Break Service

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: Dorin Court Bungalow Short Break Service is registered to provide accommodation and personal care to up to five people on a short break or respite basis. There were three younger adults using the service at the time of the inspection.

What life is like for people using this service:

Since our last inspection in November 2017 improvements had been made. Risks to people had been mitigated and action had been taken to rectify any shortfalls identified as part of the providers own quality assurance systems.

The new registered manager had made changes to the running of the service which had led to improved outcomes for people and staff. People's relatives and staff felt the service was well led and the registered manager 'listened' was 'open', 'approachable' and 'pro-active'.

People received safe and effective care from kind and caring staff. Staff knew people well and had a good understanding of their personality traits and emotional needs as well as their health and social care needs.

People and their relatives had been fully involved in the assessment and planning of their care before they started using the service. A care plan had been developed with each person detailing their likes, dislikes, preferences and care needs. The registered manager had identified some people's care plans needed updating and was in the process of completing this piece of work.

Consent had been sought before any care had been delivered in line with legal requirements. 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.

Staff treated people and their relatives with kindness, dignity and respect. People's privacy was protected and confidential information was stored securely. People were supported and encouraged to remain independent and do as much as possible for themselves. People enjoyed the range of activities on offer and were encouraged and supported to take part in social events at the service. Mealtimes were relaxed, informal and social occasions. People enjoyed the homemade food on offer and their dietary needs and preferences were met.

Steps had been taken to make sure people were safe. Risks to people had been assessed and minimised in the least restrictive way. The environment had been adapted to meet the needs of people who used wheelchairs and was clean, safe and hygienic. The premises and equipment had been routinely serviced and checked to make sure it was safe. Staff had access to protective clothing such as gloves and aprons and had completed training in infection control.

There were enough safely recruited and trained staff on duty to meet people's needs and respond to request for assistance. Staff felt supported by the registered manager and had completed the training they needed to meet people's assessed needs. Management and staff worked in collaboration with other stakeholders such as health and social care professionals and people's relatives.

A complaints procedure was in place for people to follow. Although no complaints had been received there was a system in place for complaints to be recorded and responded to.

Rating at last inspection: Requires improvement (report published January 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service was rated good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was Effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was Caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was Well-Led.

Details are in our Well-Led findings below.

Dorin Court Bungalow Short Break Service

Detailed findings

Background to this inspection

The 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.

Inspection team: This inspection was completed by one adult social care inspector.

Service and service type

Dorin Court Short Break Service is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was announced. The inspection activity started on the 3 January 2019 when we asked the registered manager to send us information about staff training and supervision and announced that we would visit the service on the 10 January 2018. The inspection activity finished on the 15 January 2015 we spoke to relatives of people who used the service.

What we did:

Our plan took into account all the information the provider sent us since the last inspection. We also considered information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We obtained information from the local authority commissioners and safeguarding team. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to populate our 'planning tool' and plan our inspection.

During the inspection, we spoke with three people using the service and the family members of four people that used the service to ask about their experience of care. We also spoke with the registered manager, deputy manager, a quality officer and two support workers.

We looked at four people's care records and a selection of medication and medication administration (MARs). We looked at other records including quality monitoring records, recruitment records for four members of staff and training records for all staff. We also looked at records of checks carried out on the premises and equipment. Details are in the Key Questions below.

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.

At our last inspection in November 2017 we found the provider was in breach of regulations because risks to people had not always been mitigated. During this inspection we found improvements had been made and legal requirements were met.

Assessing risk, safety monitoring and management

- People's relatives told us they felt their loved one's safety was maintained at the service. One relative told us they felt their loved one was "Very safe there".
- Individual risks to people had been assessed with the involvement of the person and their relatives. Care records provided information for staff to follow about people's individual risks and how to keep them safe from harm.
- Regular safety checks were completed on the premises and equipment which were also routinely serviced.
- A fire risk assessment had been completed which was reviewed regularly.
- Personal emergency evacuation plans (PEEPS) were in place for each person detailing the support individuals needed to leave the building in case of an emergency.
- There was guidance in place for staff to follow so the service could continue to function in the event of an emergency such as loss of power, flood or fire.
- Cleaning materials and other substances hazardous to health were stored in locked cupboards.

Systems and processes

- There were systems in place for the recording and monitoring of accidents and incidents that occurred at the service.
- All staff had completed safeguarding training; had a good understanding of what constituted abuse and knew how to raise any concerns. The registered manager was aware of how to follow local safeguarding procedures.
- The provider had a whistleblowing policy and staff felt confident any concerns would be taken seriously.
- Staff had completed moving and handling, infection control and health and safety training and understood their responsibilities for keeping people and themselves safe.
- Staff described to us how they used distraction techniques when people were feeling anxious to reduce the risk of situations escalating and harm occurring.

Staffing levels and recruitment

- Staff were recruited safely and all required pre-employment checks were completed before they started work.

- Sufficient numbers of suitably qualified and trained staff were on duty to meet people's needs and keep them safe.
- A team of relief staff were employed to maintain safe staffing levels when staff took unexpected leave. This helped to make sure people received support from staff who understood their needs.

Using medicines safely

- Medicines were administered to people by trained and competent staff.
- Medicines were stored securely in people's rooms.
- Medication administration records (MARs) were accurately and fully completed.
- A relative confirmed that staff always checked whether there had been any changes to their loved one's medicines before each stay.
- People assessed as safe to do so administered or assisted with the administration of their own medicines.

Preventing and controlling infection

- The service was clean and hygienic.
- Personal protective equipment (PPE) such as gloves and aprons were available for staff to use.
- There service had been awarded a 5-star food safety rating by the Environmental Health as part of their 'scores on the doors' scheme.

Learning lessons when things go wrong

- The registered manager made sure lessons were learnt from any incidents and any changes to people's support needs were communicated to the staff team.
- The registered manager had overview of accidents and incidents and monitored them for themes and trends.

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 physical and emotional care needs had been holistically assessed and planned for before they used the service for the first time. The person and their relatives were consulted as part of this process.
- Assessments were obtained from other health and social care professionals when needed to help plan effective care for people.
- Staff had access to and followed up to date good practice guidance and legislation.

Staff skills, knowledge and experience

- People's relatives felt that staff had the knowledge and experience they needed to support their loved ones effectively and had no concerns about the support they received from staff. A relative commented "The staff support (person's name) very well and know what to do if they are unsettled".
- There were systems in place for new staff to receive an induction to their role which included shadowing experienced staff and completing training before working unsupervised.
- All staff were required to complete training relevant to their role and received regular training updates.
- Staff received supervision from their line manager and an annual appraisal of their performance at which they could discuss their learning and training needs and future development needs.
- Staff knew people well and how best to meet their needs.

Supporting people to eat and drink enough with choice in a balanced diet

- We saw people enjoyed the food provided which was homemade and of a good standard.
- Staff told us drinks and snacks were freely available throughout the day and that those assessed as safe to do so could help themselves to drinks and snacks from the kitchen.
- Care plans outlined the nutritional needs of people and included their dietary needs and preferences.
- People who needed help to eat were supported appropriately.

Adapting service, design, decoration to meet people's needs

- The service comprised of two bungalows which were joined by way of a sun room which contained a range of seating. There were two kitchens, dining rooms and lounges which were homely and domestic in character. This provided people with a choice of where they wanted to spend their time.
- Wet rooms contained grab rails and were fully adapted to meet the needs of people who used wheelchairs.
- The premises were fully accessible. Corridors were wide and well-lit to promote safe mobility.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent,

effective, timely care within and across organisations

- There were arrangements for information to be passed between people's relatives and staff from the day centres that people attended.
- Staff had the contact details of the healthcare professionals such as GP's involved in people's care.
- People's health was monitored and any changes recorded. We heard one staff commenting on the fact that a person was very quiet and not looking their usual self. The registered manager took the persons temperature which was slightly raised and contacted their relatives to inform them.
- A relative told us staff knew their loved one well and supported them appropriately when they had been unwell.

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 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.
- Staff had received training in the MCA and always gained peoples consent when supporting them.
- The registered manager understood their responsibilities under the MCA and knew to arrange a best interest meeting where required.

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; equality and diversity

- People's relatives felt their loved ones were treated with kindness, dignity and respect. Comments people made included "The staff care about (person's name) and how they are feeling. I know that and he does too. That is really important to us and to him".
- Staff understood and supported people's communication needs and choices. Staff observed body language and maintained eye contact and listened patiently and carefully when speaking with people.
- We saw staff communicating with one person with a communication book which contained pictures and symbols that the person understood.
- Staff knew people well and displayed positive, warm and familiar relationships when interacting with them. We observed people and staff sharing jokes together and chatting about what they had been doing.
- People and their relatives had been given the opportunity to share information about their life history, important relationships, likes, dislikes and preferences. Staff used this information to help them get to know people and talk to them about things they were interested in.
- People and those that mattered to them were involved in every aspect of their care.

Respecting and promoting people's privacy, dignity and independence.

- People were supported to maintain their appearance in line with their own preferences and choices.
- Where possible people had a preference of what room they stayed in.
- Staff told us doors were shut when they supported people with their personal care.
- People were supported to be independent. We saw staff encouraging people to eat independently and to choose how they spent their time.
- One staff member told us that they always encouraged people to do as much as possible for themselves such as making their own drinks and snacks.

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

- People and their relatives were fully involved in the care planning processes.
- People's choices and wishes were respected as far as possible for example which room they would like to stay in.
- Care records detailed people's likes and dislikes, and preferences.

Is the service responsive?

Our findings

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

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

Personalised care

- People's personal needs and preferences were documented within their individual care plans.
- People and their relatives were involved with the on-going assessment and care planning process. A relative told us a member of the management team was due to visit them soon to go over their loved one's plan. They also told us staff checked whether there had been any changes in their loved one's needs and amended the care plan accordingly before each visit.
- The registered manager told us they were updating people's care plans and checking with people's family members whether the information the care plans contained remained up to date.
- Staff told us they adapted the activities on offer to the people who were staying at the service. They explained most outings took place at a weekend when they usually went out in the mini bus to visit local attractions, go to the cinema or go shopping.
- We saw people looked comfortable at the service and chose for themselves how they spent their time. We saw one person chose to play music in their room, another person instigated conversation and a craft activity around one of their favourite celebrities and arranged with staff to watch a DVD after their evening meal.
- A relative told us staff had asked them what sort of activities their loved one enjoyed and confirmed these were provided. They also told us staff had consulted with them about the sort of outings and activities their loved one would like to be arranged for the future.

Improving care quality in response to complaints or concerns

- Relatives told us they would feel able to raise concerns and felt listened to. One relative commented "I've never complained but I'd be able to express any concerns to the manager and would be listened to".
- Although no complaints had been made there were systems in place for complaints to be investigated and responded to in line with the providers policies and procedures. The registered manager told us the provider would be informed about any complaints which would be monitored for themes and trends.
- People had the opportunity to discuss the running of the service, make suggestions and raise concerns at resident and relative meetings.

End of life care and support

- The service did not provide support to anyone who was receiving end of life care and was not designed to provide this level of care.

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

At our last inspection in November 2017 we found the provider had identified that risk assessments were not fit for purpose but had not taken any action to remedy this. During this inspection we found improvements had been made.

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

Engaging and involving people using the service, the public and staff; Working in partnership with others

- People's relatives felt the service was well managed. One relative told us they had the opportunity to attend meetings for relatives and carers. They told us the registered manager could answer their questions and was very 'supportive and 'forthcoming'
- Staff felt the registered manager was approachable and the service was well run. Staff enjoyed working at the service and their morale was high. One staff member told us the service people received and staff morale had improved a lot since the registered manager had joined the service. Staff told us the registered manager was approachable now they were based at the service and felt their views were taken seriously.
- People, their relatives, staff and other stakeholders had the opportunity to give their views of the service and make suggestions for improvement through meetings and satisfaction surveys. One staff member explained how the new registered manager encouraged staff to make suggestions and supported their ideas.
- The service worked in partnership with outside agencies including health and social care professionals such as local GP's, day centre staff and social workers.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong; Continuous learning and improving care.

- Regular staff meetings had been held at which the registered manager delivered key messages and updates to the staff team.
- Arrangements were in place for whistle-blowing concerns to be investigated.
- The registered manager told us they were always looking at ways to improve the service and the support they provided and attended meetings with their peers to share learning and exchange ideas.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Audits were undertaken by the registered manager and provider to monitor the standards and quality of the service. These systems had been effective in driving improvement and improving outcomes for people.
- All aspects of the running of the service was audited and checked including health and safety, staffing, medication care planning and medication. When shortfalls had been identified action had been taken to

bring about improvement.