

Vivo Care Choices Limited

# Dover Drive Short Stay 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

Dover Drive Short Stay Service is a residential care service that provides short stay services to people with learning disabilities and physical disabilities. This service is currently registered for six people over two adjoining houses, numbers 18 and 20 Dover Drive. However, the provider is in the process of changing this to providing a short stay service to four people in one house, 20 Dover Drive. At the time of inspection two people were using the short service service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's medicines were managed safely and effectively. People had person centred support plans in place. The information was used to personalise support to meet each person's needs. Risks to people were assessed and appropriate plans were in place to keep people safe.

The provider and registered manager had audits and checks on different aspects of the service in place, for example, health and safety and medicines. These were effective in identifying if there were areas needing to be improved. Incident and accidents were analysed for patterns and trends.

Staff were recruited following safe processes and received appropriate inductions into the service. Staff also received supervisions and attended regular meetings. Feedback from staff we spoke with was all positive and we were told how supportive the registered manager, deputy manager and senior were.

Relatives were happy with the service and they felt people were safe whilst using the service. There were sufficient numbers of staff in place and they understood how to provide people with safe, person centred care and support.

During the inspection we observed warm and comfortable relationships between staff and people using the service. People were encouraged and supported to maintain and improve their independence.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 22 May 2017).

Follow up

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

Why we inspected; This was a planned inspection based on the previous rating.

## 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** ●

# Dover Drive Short Stay 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

This inspection was carried out by one inspector.

### Service and service type

Dover Drive Short Stay Service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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

We gave the service 24 hours' notice of the inspection. This was because the service is a short stay service and people are often out. We wanted to be sure there would be people and staff at service to speak with us.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five relatives about their experience of the care provided. We spoke six members of staff including the registered manager, deputy manager, senior support worker and support workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records who regularly stay at the service and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies. We spoke with three professionals who regularly worked with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives felt their family members were well looked after and very safe when staying at Dover Drive Short Stay Service. One relative told us, "[Person] is very safe." Another relative told us, "You have to have great trust and I do." We observed that people were comfortable in the presence of staff.
- Staff had received safeguarding training that was regularly updated, understood safeguarding responsibilities and had confidence in managers to address any concerns.
- We saw that safeguarding referrals had been appropriately made by the registered manager and the provider had safeguarding policies in place for staff guidance.

Assessing risk, safety monitoring and management

- There were appropriate assessments in place for risks that may arise whilst supporting a person. These were detailed and offered guidance for staff on how to keep people as safe as possible while protecting their freedom. These were updated each time the person was due to stay at the service.
- Equipment and utilities of the house that people lived in were checked regularly to ensure they remained safe for use.
- Each person had a Personal Emergency Evacuation Plan (PEEP) in place. This informed staff of the safest way to evacuate a person from the building in an emergency.

Staffing and recruitment

- We looked at three staff recruitment records and all were in order with all relevant checks completed. Checks such as criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out. This helped to ensure that only people who were suitable to work with vulnerable adults were employed by the home.
- The registered manager had followed the company's disciplinary procedures appropriately and in accordance with policies.
- The service had their own bank staff so that there was continuity of staff for people using the service and their families.

Using medicines safely

- Medicines were managed safely in the service.
- Each person had their own secure medicines box in their rooms and these were managed well.
- We looked at medicines records and these were completed appropriately.

Preventing and controlling infection

- Staff had completed appropriate training and were aware of the need to control the potential spread of infection.
- There was sufficient access to personal protective equipment such as gloves and aprons.

#### Learning lessons when things go wrong

- We saw how lessons were learnt through any errors that had been identified, for instance medication errors had been identified and this was used as a learning opportunity. One relative said, "The work they've put into this to get this right. They've worked very hard, I'm impressed."
- We were able to see new processes had been developed and implemented. We received positive feedback from staff regarding the effectiveness of the new processes.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- Staff and managers were aware of the relevant standards and guidance and used these effectively to assess people's needs and plan their care.
- People and their relatives were involved in discussions about their support and their outcomes were good. Relatives we spoke with told us how they were fully involved in all of their care planning meetings.

Staff support: induction, training, skills and experience

- Staff completed an induction and training to help them effectively meet people's needs. Staff we spoke with discussed how specific training had been helpful and interesting and were able to discuss how it had given them confidence when supporting people.
- Staff received regular supervision. Both permanent staff and bank staff we spoke with told us that they felt well supported.

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

- Staff mainly provided the meals for people. Some people enjoyed helping with food preparation under staff supervision.
- Staff were aware of people's allergies and how they needed their meals to be provided. For example, if people required their diet to be gluten free then information regarding this was available for staff. There was also guidance related to safely supporting those people with swallowing difficulties or at risk of choking or aspiration.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Due to the nature of the service, most health appointments were dealt with by people's families.
- Where there was contact with health professionals this was documented so staff could monitor any changes in people's health needs.
- People's health needs were outlined in the records we viewed, and these were updated regularly.
- Staff worked closely with other agencies such as social workers, GPs and day services to make sure that people's needs were met. One social care professional commented, "Staff keep me regularly updated on [Persons] wellbeing and have offered them brilliant support throughout."

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

- The service previously provided support to a maximum of six people over two purpose-built houses, one house had two bedrooms and the other house had four bedrooms. This had recently been reduced to

providing support to a maximum four people in the four bedroomed house.

- The building was light, airy and spacious. There was a sensory room available, and we saw this being accessed by people staying in the home. The registered manager was able to show the refurbishment plans that were in place to further improve the environment.
- People's rooms were spacious and had equipment needed to support their day to day life during their stay.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were trained in the MCA and understood the importance of seeking consent before supporting people. We people making decisions about aspects of their daily lives.
- DoLS applications had been made appropriately. A system was in place to monitor authorisations and when they needed to be reapplied for.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives were happy with the level of care people received from staff. One relative commented, "The staff support is marvellous." Another told us "They are very good and very helpful in times of need."
- Staff showed a commitment to making the respite experience as stress free as possible. This included making sure that if a person needed their own space in the service due to having behaviours that challenge then this was accommodated supportively.
- Staff told us they respected people's differences and provided them with person-centred care. For example, we observed one person who had food orientated interests had cookery programmes on their television for their enjoyment.
- Staff demonstrated their awareness of people's likes and dislikes and this was documented in people's support plans. Staff knew which people required space and time to settle.

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

- Person centred information was recorded in people's records. This included what activities helped the person feel more at ease.
- People and their relatives were fully involved in support planning. We were told by the registered manager, staff and relatives that the service conducted a pre-admission phone call to families for an update on the wellbeing of the person coming in to the short stay service and how communication was very good throughout the stay.
- Individual support plans stated the best way to communicate with each person to understand their choices. This included the use of objects, symbols and pictures to ensure the person was able to express their views.

Respecting and promoting people's privacy, dignity and independence

- Support plans documented ways to encourage a person's independence. Examples included using specific equipment for people to use when drinking to enable independent drinking and how one person enjoys baking. The support plans documented how to support the person to buy the ingredients, then returning to prepare the food using contrasting bowls to aid vision to stir ingredients together.
- Records regarding people's care and treatment were stored securely. This respected people's rights to confidentiality.
- People's privacy and dignity was promoted by staff. For example, we saw bedroom and bathroom doors were closed when people received support.
- Staff helped people if they were moving to their own accommodation.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had personalised care plans which contained details of their preferences. For example, people's support plans documented 'What makes me happy', 'What might upset me or cause me to worry' and 'How best to support me'.
- The registered manager and staff knew the people they supported well, including their dietary needs and preferences, activities they preferred, how best to approach people and how to support people if they became agitated or upset. We were able to discuss people's needs in depth with staff.
- Relatives we spoke with told us that they were fully involved with support plans and that these were reviewed regularly. One relative commented "They listen to the families." Another relative said "Yes I'm very involved in the care plans."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in support plans.
- Staff were very clear on how people communicated their needs. This included using pictures, objects of references or supporting people to point to what they wanted.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People usually stayed at the respite service for short periods of time. However, daily activities were offered to ensure people enjoyed their time at the service.
- The service had regular social gatherings that all the parents, carers and friends were invited to. Forthcoming events included coffee mornings and there was a Christmas Festivities plan on dates throughout December.

Improving care quality in response to complaints or concerns

- Relatives we spoke with knew who to go to if they wanted to make a complaint.
- Complaints were dealt with appropriately and in a timely manner.
- On speaking to relatives one issue was raised. When we discussed this with the registered manager this was investigated and actioned straight after the inspection.

## End of life care and support

- Due to the service offering respite accommodation, staff did not provide end of life support.
- Staff had people's relatives and next of kin details so that if people's needs changed or they fell ill during a respite stay the next of kin would be informed. This enabled people and their families to act on and where necessary, make end of life care decisions.
- The registered manager confirmed any known end of life wishes would be recorded in people's support plans and we saw that the provider has a policy in place.

## 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were a range of audits in place to ensure people were supported appropriately and safely. This included, regular health and safety checks and detailed medicines audits.
- When actions were identified through the audit system, they had been addressed to improve the service and reduce the likelihood of the same issue arising again.
- The registered manager was aware of their regulatory requirements, including what events they needed to notify CQC about. They had submitted notifications in line with legal requirements.
- The registered manager, deputy manager and the staff we spoke with were clear with regards of what was expected of them within the service.
- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed at the service.
- The registered manager understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about any incidents, providing reasonable support, providing truthful information and an apology when needed. The registered manager understood their responsibilities.
- Relatives were kept informed of incidents and outcomes of any concerns or complaints.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We saw evidence of how the registered manager and staff worked closely with others to achieve positive outcomes for people using the short stay service.
- Support plans held information on objectives people had set for themselves and how they achieved them.
- Relatives we spoke with offered positive feedback about the registered manager and staff at Dover Drive Short Stay Service. One relative said, "I can't believe my luck. The support from the staff and deputy is marvellous." Another relative said "When [person] is there they are well looked after and that puts me at rest."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff were supported to express their views and contribute to the development of the service at team

meetings. The staff that we spoke with said that they could approach the registered manager, deputy manager and senior at any time.

- Relatives we spoke with said that they felt happy to speak with staff about anything relating to the service.
- Professionals we spoke with gave positive feedback on the working relationships that had with Dover Drive Short Stay Service.