

Desmond House Limited

# Desmond House Limited

## 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 

### Overall summary

Desmond House is located in the north of Hull and close to local amenities. The accommodation consists of two adjacent semi-detached houses linked together and has two floors which are accessed via stairs. There are sufficient communal areas including two lounges and a dining room.

The home offers support for up to 19 adults who have mental health needs. There were 17 people residing at the service at the time of the inspection.

The service was last inspected 27 March 2013 and was found to be compliant with the regulations inspected at that time.

People were cared for by staff who had received training and understood the need to safeguard them from harm. Staff could recognise the signs of abuse and knew who to report this to; this meant people who used the service were protected from harm.

People's medicines were handled and stored safely and staff received safe handling of medicines training.

# Summary of findings

Staff were appropriately trained and provided in enough numbers to meet the needs of the people who used the service. However, some training may need more regular updating; we have made a recommendation about this. Staff had been recruited safely and this meant people were not exposed to staff who had been barred from working with vulnerable adults.

People were provided with a wholesome and nutritious diet which was monitored by staff to ensure people were leading a healthy lifestyle.

Staff had received training in how to ensure people's human rights were protected so they could make informed decisions about their chosen lifestyle. People were supported to make informed choices and decisions which were in their best interest. Systems were in place to make sure people were protected and did not take any unnecessary risks. Staff had a good understanding of the principles of the Mental Capacity Act 2005 and the use of Deprivation of Liberty Safeguards.

People had access to health care professionals when needed, for example their GPs, and were supported by staff to attend hospital appointments.

People were involved with their care plans and could have a say about how their care was delivered. People who used the service had good, relaxed and friendly relationships with the staff. Staff understood people's needs and how they should be supported to lead a lifestyle of their own choosing. People were supported to maintain friendships outside of the service and visitors were made welcome.

People were supported by staff to undertake activities both inside and outside of the service and were enabled to lead an independent life. People could make complaints and they were confident these would be listened to and acted on.

People who used the service were asked for their opinion about how the service was run. Other stakeholders who had an interest in the welfare and wellbeing of the people who used the service were also asked for their opinions; this included relatives and health care professionals. The registered manager undertook audits which ensured the service was safe and well run.

# Summary of findings

## 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.

Staff knew how to recognise abuse and received training about how to report this to keep people safe.

Staff were recruited safely and provided in enough numbers to meet people's needs.

Staff handled people's medicines safely and had received training.

Good



### Is the service effective?

The service was effective.

People were provided with a wholesome and nutritious diet which was monitored by the staff.

Staff supported people to make informed decisions when needed and provided people with important information to help them to make choices.

Staff received training to meet people's needs, however, this could be updated more frequently.

Staff supported people to lead a healthy lifestyle and involved health care professionals when required.

Good



### Is the service caring?

The service was caring.

Staff were caring and understood the needs of the people who used the service.

Staff involved people with their care and people who used the service had an input into any decisions made.

Staff respected people's privacy and dignity and upheld their rights.

Good



### Is the service responsive?

The service was responsive.

Activities were provided for people to choose from.

People were supported to access health care professionals when needed.

A complaints procedure was in place which informed people who they could complain to if they felt the need.

Good



### Is the service well-led?

The service was well-led

The registered manager consulted people about the running of the service.

Audits were undertaken to ensure people lived in a well-maintained and safe environment.

The registered manager held meetings with the staff to gain their views about the service provided.

Good



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## 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 was planned to check whether the registered provider was 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 was unannounced and took place on the 19 and 21 May 2015. The inspection was undertaken by one adult social care inspector.

The local authority safeguarding and quality teams, and the local NHS, were contacted as part of the inspection to ask them for their views on the service and whether they had any ongoing concerns. We also looked at the information we hold about the registered provider.

During our inspection we observed how the staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI) in the dining room and the lounge. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spoke with five people who used the service and four staff; this included care staff and the cook. We also spoke with the registered manager and the registered provider.

We looked at four care files which belonged to people who used the service, four staff recruitment files, training records and other documentation pertaining to the management and running of the service; we also looked medication records.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe at the service. Comments included, “I trust the staff”, “I feel safe because there’s always someone around” and “I like the staff, they see me right.”

When we spoke with staff, they were able to describe the registered provider’s policies and procedures for reporting any abuse they may witness or become aware of. Staff told us they would report anything of concern to the senior on duty or directly to the registered manager; they were confident the registered manager would report any concerns raised with the appropriate authorities. Staff told us they could also contact the registered manager out of hours, which they found reassuring.

Staff were able to describe the different types of abuse they may witness or become aware of and said these included, psychological, sexual, physical and emotional. They were aware of changes in people’s behaviours which may indicate they were subject to abuse, for example becoming withdrawn or low in mood. They were also aware of physical signs which may indicate people were being abused, for example, bruises. We looked at training records which showed staff had received training in how to safeguard people from abuse and how to recognise abuse. The training also informed staff of the best way to report abuse and their duty to protect people.

People’s human rights were respected and they were not discriminated against because of their race or cultural beliefs. Staff understood the importance of respecting people’s rights and ensured they were treated with dignity and respect at all times. People’s right to lead a lifestyle of their own choosing was respected by the staff and they were supported in this. For example, they could spend time in their room and pursue individual hobbies and interests if they wished.

People’s care plans contained risk assessments which had been undertaken to keep people safe. These were individual to the person and contained information about how staff were to support people within the service and when going out into the local community. The risk assessments detailed what level of independence people had and their ability to undertake activities alone. Care plans contained contingency plans which people had

agreed. For example, a few of the people who used the service could access the local community independently and plans were in place if people became distressed or felt threatened in any way while away from the service. The plans included emergency phone numbers and contact details of the service.

The registered manager had audits in place which ensured the safety of the people who used the service. They audited the environment and made sure repairs were undertaken in timely way. Emergency procedures were in place which instructed the staff in what action they should take to ensure people’s safety if the premises were flooded or services like gas and electric failed. People’s care plans contained detailed evacuation plans which instructed the staff in how to evacuate the person safely in the event of an emergency.

Staff were provided in enough numbers to meet people’s needs. We saw rotas which showed us enough staff were deployed on all shifts to ensure people’s safety. Staff told us they felt there were enough staff on duty and they could spend time with people who used the service undertaking activities and accompanying them in the local community. Staff told us they didn’t feel rushed and never felt they neglected people’s needs due to staffing levels.

We looked at recruitment files of the most recently recruited staff; these contained evidence of application forms being completed which covered gaps in employment and asked the applicant to give an account of their experience of caring and supporting people. The files contained evidence of references obtained from the applicant’s previous employer where possible, and evidence of checks undertaken with the Disclosure and Barring Services (DBS). This meant, as far as practicable, staff had been recruited safely and people were not exposed to staff who had been barred from working with vulnerable adults.

Medicines were stored and administered safely. Systems were in place to make sure all medicines were checked in to the building and an on-going stock control was kept. There was a record of all medicines returned to the pharmacist. We looked at the medicines administration record sheets and these had been signed by staff when people’s medicines had been given; staff used codes for when medicines had not been given or refused.

# Is the service effective?

## Our findings

People told us they felt the staff were trained to meet their needs. Comments included, “I think the staff are ok, they seem to know what they are doing”, “The staff care for me and see that I’m ok” and “They seem well trained.” People told us they enjoyed the food. Comments included, “The food is brilliant, you can have whatever you want”, “It’s marvellous, the cook is fantastic” and “I’m a vegetarian and they make sure I get the right food.”

Staff told us they felt they received training which equipped them to meet the needs of the people who used the service. They told us they received training in health and safety, safeguarding adults, fire and infection control. Records we saw evidenced this. However, the records also showed this was not updated on a regular basis. The registered manager told us they updated staff training every three years as not all of the training needed updating annually. It was discussed with the registered manager that some training should be updated more frequently. **It is recommended that the registered provider seeks clarification from a reputable source about the frequency of staff training.**

Newly recruited staff received an induction and the registered manager told us they were developing this in line with good practise guidelines. The training staff received was mainly via eLearning; the registered manager showed us what this looked like as a member of staff worked through some training. The member of staff told us they enjoyed this way of learning as their knowledge was tested after each unit. The majority of staff were trained to

level two or three of a nationally recognised qualification in caring. Records we looked at showed staff received regular supervision and an annual appraisal to set goals and learning development for the next 12 months.

The Care Quality Commission [CQC] is required by law to monitor the operation of the Mental Capacity Act 2005 [MCA] Deprivation of Liberty Safeguards [DoLS], and to report on what we find. The principles of MCA are to protect people through the use of legislation who need important decisions making on their behalf. The registered manager told us none of the people who used the service were subject to a DoLS as they all had the capacity to make an informed decision and had insight into their actions; however they were aware of the procedure to follow if an application was ever thought necessary.

People were provided with a wholesome and nutritious diet which was of their choosing. People’s preferences had been recorded in their care plans as to what they enjoyed eating. The cook told us they had a good knowledge of people’s likes and dislikes and made every effort to accommodate these within the menu. There was a choice of meals at both lunch and tea time. The meal provided on the day of inspection looked appetising and well presented. People’s weight was monitored and referrals were made to dieticians when required. The lunch time experience was relaxed and informal with people sitting at the dining table talking with each other and the staff. Staff offered people choices and plenty of food was available if people wanted it.

People’s care plans showed they had access to health care professionals when needed and were supported to attend appointments at their GPs and hospital when required. The outcomes of any appointments were recorded in people’s care plans and changes made where necessary.

# Is the service caring?

## Our findings

People we spoke with told us they found the staff kind and caring. Comments included, “They are all great here, do anything for you”, “Staff are brilliant, they support me lot” and “I think the staff are ace, they are my friends.”

We saw staff had a good relationship with the people who used the service. Interaction was easy and relaxed and there was lots of joking and general banter. Staff understood people’s needs and could describe these to us. Staff were seen to be discreet when asking people if they required any assistance or when responding to requests for assistance; this ensured people’s dignity was maintained.

Staff told us they respected people’s differences and their right to lead a lifestyle of their own choosing. They told us they would support people and enable them to maintain their independence and would not judge people’s preferences. They had a good understanding of how to support people and how to be an advocate for them; this encouraged people to feel part of the service and express themselves openly and without fear of being judged. Staff understood the importance of maintaining confidentiality and respecting the trust people had in them. Staff told us

they would not discuss any aspect of people’s care unless it was to share important information with colleagues or with someone who had an interest in the wellbeing of the person, for example, health care professionals, the person’s GP or their social worker.

We heard staff asking people what they would like to do and how they would like to spend their day. There was an emphasis on keeping people active and supporting them to pursue individual hobbies and interests which staff supported them to achieve. People’s preferred daily activities had been recorded in their care plans and they had been involved in this process. Staff recorded what they did to support people to lead their chosen lifestyles, for example, access the local community, keeping in touch with friends and relatives and maintaining their independence. People had signed their care plans to indicate they agreed its content and how they needed to be supported by staff.

We heard staff asking people about their wellbeing and how they were that day. Staff showed genuine interest in people and concern for their wellbeing, advising and talking to them about best strategies to achieve their plans for the day, for example, visiting friends.

# Is the service responsive?

## Our findings

People we spoke with told us they were happy with the level of support they received from the staff. Comments included, “Staff are there when I need them, they listen to what I have to say” and “They [the staff] help me get through the day.” People told us they knew they could make complaints and who they should speak to. Comments included, “I would see [the registered manager’s name] if I had any concerns.”

People’s care plans we looked at described the person and what areas of daily living the staff need to support them with, for example, some aspects of personal care. The care plans contained information about how the person preferred to spend their days and the choices they made with regard to daily life, for example, meals, getting up, going to bed and what they liked to wear. Care plans contained assessments which identified areas of daily life where people may have needed more support, for example, nutrition and any behaviour which may put the person or others at risk of harm. These assessments were reviewed on a regular basis or as and when people’s needs changed.

People’s care plans contained a record of reviews undertaken which involved the person, their relatives where appropriate, staff and health care professional involved with the person’s care. The reviews recorded the opinions of all those involved, including the person, about how their care was being provided and whether there

should be any changes. Reviews were held regularly and emergency reviews had been held when people’s needs had changed rapidly, for example deterioration in the person’s mental health needs.

The staff supported people to access the local community and to keep in touch with friends and relatives. People’s care plans documented what activities they had undertaken on a daily basis.

Some people preferred to spend most of their day in their room and staff respected those wishes. However, staff were aware that some people could become isolated and cut off from the rest of the service so they made sure they were regularly asked if they needed anything or if they wanted to join in the organised activities. We also saw staff visiting people in their rooms and spending time with them to ensure they did not become isolated or depressed. Staff told us this was an important part of their job.

The registered provider had a complaints procedure in place and this was displayed around the service. Staff told us they were aware of how to handle complaints they may receive. They told us they would try and resolve the problem immediately if they could but for more complex complaints they would refer the complainant to the registered manager who kept a log of all complaints received. This showed what the complaint was, how it had been investigated and whether the complainant was satisfied with the way the complaint had been investigated. Information had been provided to people about how they could consult outside agencies if they were not satisfied with the way their complaint had been investigated; this included the local authority and the Local Government Ombudsman.



# Is the service well-led?

## Our findings

People we spoke with told us they were consulted about the running of the service. They said, “We are asked our views and they are acted on”, “We have regular meetings and [the registered manager’s name] asks us if there is anything we would change” and “[The registered manager’s name] asks me every day how I am.”

The registered manager told us they tried to create an open culture at the service where staff were enabled to share their knowledge and experience and feel empowered. This was achieved through regular staff meetings and staff supervision where their practice, and issues which might be affecting the smooth running of the service were discussed. The meetings were also used as a time to celebrate achievements and good things about the service, for example what went well and any events which enhanced the quality of life for the people who used the service.

Staff we spoke with were aware of their responsibilities, for example, to protect people from harm and to report any abuse; they were also aware of procedures in place which guided them to undertake this effectively. Staff were aware of their responsibility to support people to be independent and to lead a lifestyle of their choosing. Staff were enthusiastic and proud of the service they provided to people; they were also positive about the achievements people had made while at the service, for example, recovering from illnesses or regaining previous skills and interests.

The registered manager had systems in place which gathered the views of people who used the service, their relatives, staff and health care professionals who visited the service. These were mainly in the form of surveys and questionnaires. These were given out periodically and

respondents were asked for their opinions on aspects of the service provided. The results were analysed and a report made of the findings. If any issues were identified these were addressed using an action plan with timescales for achievement.

We saw meetings were held with the people who used the service; a record of these was kept. Topics discussed included entertainment, activities, food, outings and the general running of the service. This ensured, as far as practicable, people who used the service and other stakeholders could have a say about how the service was run.

The registered manager had systems in place which evaluated the environment and helped to identify areas for improvement; it also monitored the level of cleanliness of the service. At the time of the inspection some of the bedrooms had been identified as needing refurbishment. The registered manager told us they were in the process of discussion with people who used the service about what colour paint and wall paper they would like in their rooms and which carpet they would like. This showed people were included in the running of the service and any intended changes.

All accidents and incidents were recorded and an analysis of these was undertaken to identify any trends or patterns. The registered manager told us if they identified any trends or patterns, and this involved staff practice, they addressed this through the registered provider’s disciplinary process and provided re-training if this was felt appropriate. They told us they would not tolerate poor practice and if this continued despite the re-training they would deal with it effectively.

The registered manager understood they had a duty to notify the CQC of any incidents which may affect people or the smooth running of the service.