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Dunraven House and Lodge

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

Dunraven House and Lodge is registered to provide personal care to people who live in their own home. The service provides a supported living service to people who live in flats and houses close to a care home that the provider manages. The provider reported that only four of the people receiving a supported living service were receiving personal care support at the time of the inspection.

This visit to the service took place on 29 February 2016. This was an announced inspection which meant the provider knew two days before we would be visiting. This was because the location provides a supported living service. We wanted to make sure the provider would be available to support our inspection, or someone who could act on their behalf. The provider was available throughout the visit.

The provider was an individual who was in day to day charge of the service. The service does not have a condition of registration that they need to have a registered manager in place, because the provider was undertaking that role.

The systems to ensure restrictions placed on people by the provider were lawful and authorised by the Court of Protection had not been followed. Some people had restrictions on access to their medicines and on informing staff of their movements. These restrictions had been placed on people because the provider assessed they were necessary to keep them safe. However, the provider had not taken action to ensure these restrictions were authorised by the Court of Protection before imposing them on people.

People who use the service were positive about the support they received and praised the quality of the staff. Comments from people included, "I like the staff and feel comfortable with them" and "I feel safe. They do a very good job".

People told us they felt safe when receiving care and were involved in developing and reviewing their care plans. Systems were in place to protect people from abuse and harm and staff knew how to use them. People said there were enough staff to provide the support they needed and staff arrived when they said they would.

Staff understood the needs of the people they were providing care for. Staff were appropriately trained and skilled. They received a thorough induction when they started working for the service and demonstrated a good understanding of their role and responsibilities. Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

The service was responsive to people's needs and wishes. People had opportunities to provide feedback about their care and there was a complaints procedure. People said they were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue.

The provider regularly assessed and monitored the quality of the service provided. Feedback from people

was used to make improvements to the service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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.

Risks people faced were managed effectively and there were arrangements in place to deal with emergencies.

People felt safe when receiving care. There were sufficient staff to meet people's needs safely.

Systems were in place to ensure people were protected from abuse.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The systems for ensuring restrictions on people's liberty were lawfully authorised, were not effective and did not protect people.

Staff had suitable skills and received training to ensure they could meet the needs of the people they cared for.

People's health needs were included in their care plans and staff supported people to stay healthy.

Is the service caring?

Good ●

The service was caring.

People spoke positively about staff and the care they received.

Care was delivered in a way that took account of people's individual needs.

Staff provided care in a way that maintained people's dignity. People's privacy was protected and they were treated with respect.

Is the service responsive?

Good ●

The service was responsive.

People were supported to make their views known about their care and support. People were involved in planning and reviewing their care.

People were confident they would be taken seriously if they raised any concerns or complaints about the service.

Is the service well-led?

Good ●

The service was well-led.

There was strong leadership and direction, which was based on staff providing care in the way they would expect to receive themselves.

There were clear reporting lines through to senior management level and the provider was present in the service on a daily basis.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned. Quality assurance systems involved people who use the service, their representatives and staff and were used to improve the quality of the service.

Dunraven House and Lodge

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 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 visit to the service took place on 29 February 2016. This was an announced inspection which meant the provider knew two days before we would be visiting. This was because the location provides a supported living service to people who live in their own homes. We wanted to make sure the registered manager would be available to support our inspection, or someone who could act on their behalf.

The inspection was completed by one inspector. Before the inspection, we reviewed all of the information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider.

At the time of the visit 20 people were receiving a supported living service, but only four of them were receiving support with personal care. Our inspection of the service was restricted to people who were receiving personal care, as this is the 'regulated activity' that is covered under the Health and Social Care Act 2008.

As part of the inspection we spoke with three people who use the service, the provider and four staff involved in the delivery of care to people. We looked at the records relating to care and decision making for all four people who receive personal care. We also looked at records about the management of the service. We received feedback from a social care professional who had contact with the service.

Is the service safe?

Our findings

People told us they felt safe when staff visited them to provide care and support. Comments from people included, "I like the staff and feel comfortable with them" and "I feel safe. They do a very good job".

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident the provider would listen to them and act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with. The service had worked with the safeguarding team where any concerns had been raised.

There were arrangements in place to deal with emergencies. Staff confirmed there was an on call system in place which they had used when needed. This enabled staff to receive support and guidance from senior managers or the provider if needed.

Risk assessments were in place to support people to manage the risks they faced. Assessments included details of support people needed to maintain a safe environment in their home, strategies to support people if they became distressed and anxious, and action to support people if they were admitted to hospital. People had been involved in the process to assess and plan management of risks. Staff demonstrated a good understanding of people's needs, and the actions they needed to take to keep people safe. Processes were in place to review risks following incidents and make changes to the way staff worked where necessary.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions which may prevent them working with vulnerable people. Staff confirmed these checks were completed for them before they were able to start work in the service.

Sufficient staff were available to support people. People said staff provided the support they needed and they knew who the staff were. All of the staff we spoke with said they felt there were sufficient staff to provide the care and support people needed.

People who were assisted with medicines felt confident in the support they received from staff. Staff kept a record of medicines they had supported people to take. Staff told us they had received medication training and underwent refresher training and received competency assessments. Training records in the service confirmed this.

Is the service effective?

Our findings

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 legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection.

There were some restrictions in place for people which had not been authorised by the Court of Protection. One person did not have access to their own medicines. The person's medicines were stored in a safe in their home, but only staff had access to the key. This person's care plan for medicines stated support from staff was needed, but did not include details of the restriction in place. A mental capacity assessment specific to the decision to impose this restriction on medicines was not available in the person's records. There was some information about the person's capacity to consent, but this was contradictory. In a care plan review, dated December 2015 staff had recorded that the person had capacity to make their own choices and decisions. However, in the mental capacity section of the care plan, dated February 2016, staff had stated the person did not have capacity to make any 'major / important decisions' about their life. These assessments were not specific to the person's capacity to make decisions about the management of their medicines. The person told us they couldn't refuse to let staff provide care to them with their medicines.

Another person had information in their support plans about restrictions relating to leaving their home on their own and staff knowing where they were. The support plan made reference to staff knowing the person's 'whereabouts' and stated if the person has not told staff they were 'on overnight leave' and had not returned home by 10pm, they should activate the missing person's procedure. The records did not contain a capacity assessment specific to the person leaving their home alone and there was no authorisation of this restriction by the Court of Protection.

We discussed these restrictions with the provider during the inspection. The provider did not feel these examples were restrictions for people. The provider stated it was their duty to know where people were so they could ensure they were safe. Although the provider was taking action to keep people safe, they had not identified these practices involved placing restrictions on people's freedom. The systems to ensure these restrictions were lawful and authorised by the Court of Protection had not been followed.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said they received regular training to give them the skills to meet people's needs, including a thorough induction and training on meeting people's specific needs. Comments from staff included, "Training includes assessments to make sure we have understood it" and "There is plenty of training. We have work books to complete, which help us to develop our skills". Staff told us they were able to obtain formal qualifications through the diploma in health and social care at levels to suit their role and experience. The

training records demonstrated there was a comprehensive training programme, with new staff completing the care certificate to give them a basic understanding of caring skills and further courses to develop those skills.

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. These supervision sessions were recorded in staff files. Staff said they received good support and were also able to raise concerns outside of the formal supervision process.

Where people were assisted with meal preparation, they were given a choice and involved in the process. People told us they were also able to have meals in the adjoining care home managed by the provider if they wanted to.

People told us they were able to see health professionals where necessary, such as their GP, mental health nurse or psychiatrist. People's support plans described the support they needed to manage their health needs. There was information about monitoring for signs of a mental health crisis, details of support needed and health staff to be contacted.

Is the service caring?

Our findings

People told us they were treated well and staff were caring. Comments included, "Staff are very kind and they treat me well" and "I am happy with the care they provide. The staff are kind". We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and privacy.

Staff had recorded important information about people, for example, personal history, plans for the future and important relationships. People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided, for example people's preferences for the way staff supported them with their personal care. This information was used to ensure people received support in their preferred way.

People were involved in decisions about their support. People had been involved in developing their support plans, including information about the coping strategies they used and how they recognised signs that they were becoming unwell. People had regular individual meetings with staff to review how their support was going and whether any changes were needed. Details of these reviews and any actions were recorded in people's support plans. The service had information about local advocacy services and had made sure advocacy was available to people. This ensured people were able to discuss issues or important decisions with people outside the service.

Staff received training to ensure they understood the values of the service and how to respect people's privacy and dignity. People told us staff put this training into practice and treated them with respect. Staff described how they would ensure people had privacy, for example ensuring they respected people's homes and making sure personal conversations took place in private. Staff were careful to protect people's personal records throughout the visit, ensuring they were not left in areas where others could see them.

Is the service responsive?

Our findings

People's needs were set out in support plans, which they had been involved in developing. The plans included a one page profile, which set out what the person would like staff to know about them and what was important to them. There was a 'recovery star' that people had been supported to develop. These set out the areas where people felt they needed support to aid their mental health recovery and to increase their independence.

The support plans generally contained detailed information about people's needs and the support staff should provide to meet them. One person had a catheter at the time of the inspection. Their care plan contained details about the catheter, prompts for staff to provide help if needed and contact details of the community nurse overseeing the person's catheter care. However, the plan did not contain detailed information about signs of an infection or blockage. We discussed this with the provider, who told us the person was able to tell staff about any problems. We saw staff had responded promptly to involve the community nurse when the person had developed an infection. Although staff had provided good support to involve other health professionals when needed, the provider said they would ensure additional information was included in the support plan.

Support plans had been reviewed regularly with the person. The plans had been amended where necessary following the review and people's views were recorded in the plans. The plans contained detailed information about strategies for managing situations in which people were distressed and could become aggressive. The process for reviewing incidents included reviewing the support plans to ensure they contained up to date information about the best ways to support people. People told us they were happy with the information in their support plans and we saw people had signed the plans to indicate their agreement with them.

Staff told us the support plans contained the information they needed to be able to provide the support people needed. Staff said there were good systems to report any changes in people's needs to the senior staff, who would then work with people to amend the plans. This helped to ensure staff had up to date information about people's needs.

People said they were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. The provider reported the service had a complaints procedure, which was provided to people when they started using the service. Staff were aware of the complaints procedure and how they would address any issues people raised in line with it. Records showed complaints had been investigated and a response provided to the complainant.

Is the service well-led?

Our findings

The provider was an individual who was in day to day charge of the service. The provider and senior management team had clear values about the way care and support should be provided and the service people should receive. These values were based on ensuring staff provided care that they would expect to receive themselves. Staff valued the people they supported and were motivated to provide people with a high quality service.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us managers gave them good support and direction. Comments from staff included, "The provider has a good understanding of what is happening in the service. She is very open and supportive"; "I feel well supported. Action is taken whenever it is needed to resolve any shortfalls" and "The provider knows what is happening. She keeps us on our toes".

The provider had systems in place to review incidents in the service and submit notifications to CQC where necessary. Action had been taken to review incidents and amend the support people received when necessary.

The management team completed regular audits of the service. These audits included assessments of incidents, accidents, complaints, training and staff supervision. The audits were used to develop action plans to address any shortfalls and plan improvements to the service. These action plans were regularly reviewed and updated, to ensure they had been implemented effectively. The provider had started a new auditing systems, based on the Care Quality Commission's fundamental standards. This had started assessing the service against the standards set out in the 'safe' key question. It was planned that the system would go on to assess all of the five key questions that are included in the inspection process.

Satisfaction questionnaires were sent out asking people, their relatives, staff and professionals their views of the service. The results of the most recent survey had been received and had been collated by the provider. Action plans had been developed to address issues people had raised in the surveys.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how they expected staff to work. The management team attended a number of conferences and events to keep themselves up to date with changes within the care sector and current best practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had not ensured that restrictions placed on people for the purpose of receiving care were lawfully authorised. Regulation 13 (5).</p>