HF Trust Limited

Dinnington

Inspection report

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Dinnington
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Tyne and Wear
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Date of inspection visit:
27 June 2017
19 July 2017

Date of publication:
15 August 2017

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

The inspection took place on 27 June and 19 July 2017 and was unannounced. This meant the provider and staff did not know we were going to visit.

We last inspected this service in June 2015, when it was found to be complying with all the regulations and we rated the service as 'Good.'.

Dinnington is a small residential care home for two adults with mild learning disabilities. Two people were living there at the time of this inspection who did not require assistance with their personal care but did need support to manage a specific health condition. We discussed with the manager the current registration of the service and heard how they were looking at whether the service could be run as independent supported living accommodation.

The service had a registered manager who had been in post since 2012. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager was registered manager for another two of the provider's services, namely a care homes and a domiciliary care agency so spent their time between these services.

People told us they felt safe and protected in the service. They said they were well looked after by the staff. Any risks they might encounter in their daily lives were assessed by the staff and actions were taken to minimise any harm to them. Staff had been trained in safeguarding issues and knew how to recognise and report any abuse.

People's medicines were managed safely.

There were enough staff to meet people's needs in a timely way, and to support people to have a good quality of life. Any new staff were carefully checked to make sure they were suitable for working with vulnerable people.

There was an established and experienced staff team who had a good knowledge of people's needs and preferences. They were given support by means of regular training, supervision and appraisal.

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 had been trained in this area and were aware of their responsibilities regarding protecting people's rights. However the manager needed to ensure when 'best interests' decisions were made a record was kept of all the people involved in making this decision.

People's specialist dietary needs were fully understood and they were supported to have a healthy and enjoyable diet.

People's health needs were regularly assessed and managed. Staff responded promptly to any changes in a person's health or general demeanour.

People told us they were well cared for and were happy and contented in the service. They told us staff treated them respectfully and protected their privacy and dignity at all times.

People felt involved in their care and support. They said they were encouraged to make choices about their lives and to be as independent as possible.

Clear, person-centred support plans were in place to meet people's assessed needs. These plans incorporated people's wishes and preferences about how their support was to be given.

People enjoyed active social lives and were supported to use the full range of community resources.

People told us they had no complaints about their care, but would feel able to share any concerns they had with their support workers.

Systems were in place for auditing the quality of the service and for making improvements.

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 remains good	**Good**
Is the service effective? The service remains good	**Good**
Is the service caring? The service remains good	**Good**
Is the service responsive? The service remains good	**Good**
Is the service well-led? The service remains good	**Good**

Dinnington

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

An adult social care inspector completed this unannounced inspection on the 27 June and 19 July 2017. We visited the service and the provider's Newcastle office at the Regent Centre, Gosforth, which is where the manager is based.

We reviewed the information we held about the service prior to our inspection.

During the inspection we spoke with the two people who used the service. We also spoke with the manager and two support workers.

We spent time with people in the communal areas of the home and with people's permission their bedrooms. We observed how staff interacted and supported individuals. We also looked around the service and observed the meal time experience. We looked at both people's care records, rotas and training records, as well as records relating to the management and operation of the service.

Good

Is the service safe?

Our findings

People told us they liked the staff and from our observations we found that they were relaxed, able to follow their own routines and supported to remain safe. One person said "I am happy. The staff are good and make sure we are alright"

None of the people required support with their personal care, however they did need assistance to manage a particular health condition, associated with risks around eating. Risk assessments were tailored to the needs of each individual and covered eating and managing money and records of these assessments had been regularly reviewed. Staff had a good understanding of the risk management strategies to be used.

Regular checks of the premises and equipment were also carried out to ensure they were safe to use and required maintenance certificates were in place. Accidents were monitored, but no one had been involved in an accident for a number of years.

Staff told us that they regularly received safeguarding training. We saw all the staff regularly completed safeguarding training. Staff told us that if concerns were not being addressed they would not hesitate to raise them with the provider and external parties. However, they had never found this to be an issue.

Staff had also received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies.

Incidents were extremely rare but staff recorded these when they occurred. We discussed how some of the information suggested the staff response to an individual had caused the upset. The manager told us they had identified this issue and had taken action to ensure staff improved the way these records were written because the content of the incident forms had not accurately reflected what had happened.

No one had been employed at the service since the last inspection but we had found at the previous inspection that the provider operated a safe and effective recruitment system.

Staff worked flexibly, with the staff rota organised to meet people's individual needs, wishes and social activities. Staff and the two people told us they felt there were enough staff to keep people safe and well cared for. One staff member told us, "The rotas are organised to ensure there is always one-to-one support for each person during the day and overnight one of us works a sleep-in. We find this works very well." The rotas confirmed this was the case.

People's medicines were managed safely. Staff received training to handle medicines, and medicine administration records (MARs) were correctly completed. Medicines were safely and securely stored, and stocks were monitored to ensure people had access to their medicines when they needed them. One person managed their own medicines, and this had been risk assessed.

Good

Is the service effective?

Our findings

People told us that the staff understood them and knew how to effectively support them. They told us that staff had a very good knowledge of their specific health care needs and assisted them to manage these effectively. One person said, "The staff really know me and I am pleased with the service." Another person told us, "I get on with all the staff and we work well together."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS) authorisations. 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 were being met.

Staff understood when DoLS authorisations would need to be sought. We found that in line with the MCA code of practice a capacity assessment was only completed when evidence suggested a person might lack capacity. None of the people lacked capacity to make informed decisions about residing at the home but did experience difficulty understanding how to safely manage their dietary needs. In relation to these issues there were records to confirm that a 'best interests' decision had been made, but no evidence was recorded to show the discussions had taken place with the person's family or external health care professionals. This was despite the provider setting out on their 'best interests' template that all the above parties should be consulted. We raised this with the manager who undertook to rectify this immediately and record all of the people who had been involved in making 'best interests' decisions on the forms.

Staff received mandatory training in a number of areas to support people effectively. Mandatory training is courses and updates the provider thinks are necessary to support people safely. This included training in areas such as health and safety, fire safety, first aid, infection control, moving and handling and food hygiene. Additional training was also provided in areas such as working with people who had particular health conditions. We found people who used the service were supported by staff who had sufficient knowledge and skills to perform their roles.

No new staff had been employed in the service but if there had been we found that the provider ensured new employees completed an induction programme, which incorporated the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected.

Staff we spoke with during the inspection told us the manager completed supervision sessions and conducted an annual appraisal with staff. Supervision is a process, usually a meeting, by which managers provide guidance and support to staff. We saw records which showed that staff had received an annual appraisal and supervision sessions on a regular basis.

We saw evidence in care plans of input from external healthcare professionals such as GPs, nurses and specialist doctors. We saw that people had hospital passports. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health if they are admitted to hospital.

We found that staff knew what people preferred to eat and ensured each individual had meals that they enjoyed but met guidelines around how to manage their health condition. We heard that the staff were good at cooking and took pride in making healthy meals that people enjoyed. From our review of the care records, we saw that both people were within the healthy ranges for their height.

Good

Is the service caring?

Our findings

People were complimentary about the support provided by staff at the service, describing them as kind and caring. One person said "Oh it is good here the staff do care about us a lot." Another person said, "The staff are great."

The staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history, preferences and had used this knowledge to form therapeutic relationships. We saw that staff addressed people by their preferred names and spoke with them in a friendly but professional way at all times. We found the staff were warm and friendly.

We found that people went out on a daily basis and were very independent. Staff worked with people to assist them to identify their triggers for any deterioration in their health. Staff also assisted people to reduce the adverse impact of their conditions on their day-to-day lives.

The atmosphere was relaxed and friendly. Staff demonstrated a kind and caring approach when supporting people. We saw staff sought people's views and engaged people in conversations about their day. Staff spent time chatting, encouraging, laughing, and joking with people. People we spoke with were complimentary of the staff who supported them.

One person's fiancé had stayed over on a Friday night and we heard from the people who used the service that staff were adept at supporting the couple during these visits and provided good relationship advice.

Staff knew how to access advocacy services but at the time of the inspection people did not need this support. Advocates help to ensure that people's views and preferences are heard.

At the time of our inspection no one was receiving end of life care. Care records contained evidence of discussions with people about end of life care so that people could be supported to stay at the service if they wished.

The environment was designed to support people's privacy and dignity. People's bedrooms had personal items within them.

Good

Is the service responsive?

Our findings

People who used the service needed support to manage their health condition and dietary requirements. Staff also needed to prompt people to attend to everyday activities. We saw that the staff were effective at supporting people to eat a healthy diet. We saw that staff intervened and de-escalated situations as people became overwhelmed by their health condition and before it caused a major issue for the person.

We found the care records were well-written and clearly detailed each person's needs. We saw as people's needs changed their assessments were updated as were the support plans and risk assessments. We saw that incident records were maintained and that the manager used this to review how effective staff were when working with the two people who used the service.

We saw staff had given consideration to the impact people's learning disabilities had upon their ability to understand events and engage in every-day activities. We observed that staff used this information to provide meaningful occupation for people and to organise outings and visits that people would enjoy. We found that people went out to paid and voluntary work, went for extended visits to their family, enjoyed dog agility classes as well as going to church. Also people routinely went to cinemas, shopping and carpet bowling.

We found that the staff made sure the service worked to meet the individual needs and goals of each person.

The provider had developed an accessible complaints procedure, which was on display. We also found that relatives were provided with a copy of the complaints procedure. We found the manager and staff were always open to suggestions, would actively listen to them and resolved concerns to their satisfaction. Staff told us that they would not hesitate to support people voice their views about the care they received.

We looked at the complaints procedure and saw it clearly informed people how and who to make a complaint to and gave people timescales for action. We saw that no complaints had been made in the last 12 months. The manager discussed with us the process they would use for investigating complaints and we found that they had a thorough understanding of the procedure.

Good

Is the service well-led?

Our findings

People and staff spoke positively about the service and people said they were proud of where they lived. They thought the service was well run and completely met their needs. One person said, "I cannot praise them enough they are great." A member of staff told us, "We try to make sure the home runs well and always meets their needs."

Staff told us, "I love working here. The manager and deputy manager are very good and make sure the home is well-run". Another staff member told us, "We as a team really take pride in the way the service runs."

The service had a clear management structure in place led by a manager. The manager had registered with the Care Quality Commission in 2017. They were also a registered manager of a domiciliary care agency oversaw the operation of supported living service so spent their time between these services. The staff told us the manager visited the service on a weekly basis and there was also a team leader who routinely worked in the service.

We found that the provider had systems in place for monitoring the service, which the manager fully implemented. The manager completed monthly audits of all aspects of the service, such as medicine management, infection control, learning and development for staff. They used these audits to inform their review the service. We found the audits routinely identified areas they could improve upon. We found that the manager produced action plans, which clearly detailed when action had been taken.

Staff told us they had regular meetings and felt able to discuss the operation of the service and make suggestions about how they could improve the service. A member of staff said, "We are involved in making sure the home is working right." The people who used the service told us they were also involved in making decisions about how their home was run.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The manager knew they needed to inform CQC of significant events in a timely way by submitting the required notifications but had never needed to do so. They had displayed their previous CQC performance ratings, both at the service, and on their website in line with legal requirements. This meant people who are interested in the service can see how well they have performed against the regulations.