

# S.M.S. Care Limited

# Dixon House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Dixon House is a residential care home providing personal care and support for up to 11 people with a learning disability. This is larger than current best practice guidance. However, the potential negative impact of the home being bigger than most domestic properties was eased by the building design fitting into the residential area. At the time of the inspection eight people were using the service.

The service in the main, 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 opportunities for them to gain new skills and become more independent. Some progress was needed with goal planning and this was ongoing.

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

People and their relatives were happy with management of the service. However, the provider had not given proper attention to overseeing the service and checking people were receiving safe and effective care. There had been changes in management and leadership which had influenced on the day to day running of the service. Staff did not have access to policies and procedures to guide their conduct and there were no development plans for the service.

People said they felt safe at the service, but we found the provider had not ensured people were provided with a safe environment. Some risks had not been properly assessed and managed. We found some shortfalls with the support people received with medicines. We have therefore made a recommendation about the management of medicines. Staff were aware of safeguarding and protection matters. Staff recruitment checks had not always been fully completed, the registered manager took action to introduce better systems.

Although people were happy with the support they received, there were some shortfalls with ensuring staff had enough skills and knowledge. We made a recommendation about staff training and development. Some progress was needed to ensure people's assessed needs could be appropriately met at the service and in providing a homelier environment. 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. People were satisfied with the variety and quality of the meals. People were supported with their healthcare needs.

People made positive comments about the caring and friendly attitude of staff and said their privacy and dignity was respected. Staff were respectful of people's choices and opinions and had an awareness of their individual needs. Staff had enough time to support people and listen to them.

People had a support plan to respond to their needs and choices. People were supported with their chosen activities, relationships and community involvement. Activities and goal planning were not properly included in people's support plans, but the registered manager agreed to make improvements. People did

not have any complaints about the service they received. They had access to a complaint's procedure and were confident they could raise any complaints and concerns.

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 2 September 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

At this inspection we have identified breaches in relation to risks to people's health, safety and wellbeing and monitoring and oversight of the service. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to ensure improvements are made. We will monitor the progress of improvements, working alongside the provider and local authority. We will return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Dixon House

## 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

The inspection was carried out by one inspector and an Expert by Experience on the first day and one inspector on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Dixon House 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority safeguarding and quality monitoring teams. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service about their experience of the care and support provided. We spoke with four members of staff including support workers, the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed people receiving support and looked around the accommodation. We reviewed a range of records. This included two people's care records and medicine records. We looked at two staff files in relation to recruitment and records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at servicing certificates, maintenance records and information to confirm progress.

# 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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- The provider had not ensured people were protected from the risk of avoidable harm. For example, maintenance and safety checks on the fittings and equipment were out of date. A moving and handling hoist could not be used to provide safe support. Although people's skin integrity was monitored, risks had not been properly assessed. Staff alarm call systems were not provided to support to people with mobility needs. There was a lack of health and safety risk assessments and maintenance management plans.

The provider had failed to protect people against the risks to their health, safety and wellbeing. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider commenced action to make improvements to mitigate risks during our visit and we received further assurances of some progress following the inspection.
- The registered manager completed assessments of risks to individuals, including the risk of falls, diet and nutrition, support with finances and manual handling. Staff were provided with guidance on how to manage risks.

### Learning lessons when things go wrong

- The provider had processes to monitor incidents and make improvements, to help reduce risks to people. Staff were aware of their responsibility to report and record any untoward events. The registered manager said there had not been any recent incidents or accidents, they assured us an incident which occurred during our visit would be reviewed using a 'lessons learnt' approach.

### Using medicines safely

- The provider had safe processes for managing people's medicines. People received their medicines as prescribed. Staff providing support with medicines had completed training and their competence had been assessed.
- Some matters needed further attention. For example, medicine management policies and current recognised guidance, was not accessible to staff, medicines management risk assessments were not personalised and medicines storage temperatures were not monitored.

We recommend the provider consider current guidance on managing medicines and take action to update their practice.

### Staffing and recruitment

- The recruitment procedures had not consistently ensured staff were suitable to provide safe care and support. For example, the reasons for leaving previous jobs had not been clarified and a full employment history had not been sought and checked for gaps. The registered manager rectified this shortfall during the inspection and introduced a recruitment checklist to support safer practices. Disciplinary procedures supported the management of unsafe and ineffective staff conduct.
- There were enough staff deployed to support people effectively. The registered manager monitored staffing arrangements in response to people's needs. People indicated there were enough staff available to support them. A relative said, "There always appears to be enough staff"
- We observed there were enough staff on duty during the inspection. Staff told us they felt staffing levels were satisfactory, including management support and on call arrangements. The registered manager confirmed staff recruitment was ongoing, including for the position of deputy manager which would help strengthen the leadership of the service.

#### Preventing and controlling infection

- The provider had arrangements to for the prevention and control of infection. Cleaning schedules ensured hygiene standards were maintained. All the people spoken with were satisfied with the cleanliness of the home. One person told us, "The place is absolutely spotless and the laundry is done every night."
- Staff had access to personal protective equipment and they had completed training on infection control and food hygiene. Suitable equipment, including laundry facilities were provided. However, we raised questions around location of freezers and dry food storage, in the laundry area. The registered manager agreed to seek advice on this matter.

#### Systems and processes to safeguard people from the risk of abuse

- The provider had satisfactory processes to protect people from abuse. Staff were aware of safeguarding and protection matters. They described what action they would take if they witnessed or suspected any abusive practice. The local authority safeguarding protocols were available at the service; however, the provider's abuse and protection policies and procedures were not readily accessible to staff. The registered manager took action to rectify this matter.
- We observed people were relaxed in the company of staff and managers. People indicated they felt safe at the service they said, "I have carers to look after me and make sure I'm safe" and "I would tell [registered manager] if I wasn't happy and they would change things."



# 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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had inconsistent arrangements for staff training and development. Records were not available to confirm suitable refresher training was in date, identified or planned. The registered manager openly acknowledged the shortfalls and described their intentions to make improvements. Staff told us of the training they had previously attained, including nationally recognised qualifications in health and social care.
- Staff had not had formal individual supervision meetings for over six months. However, the registered manager had reinstated the supervision programme. Staff had been requested to complete and return their self-evaluation forms.

We recommend the provider ensures staff receive the learning and development they need to meet people's needs, including ongoing updates.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Assessments of people's needs required some development. The registered manager told us there had not been any new people at Dixon House in the last two years. However, we noted some people admitted did not have a learning disability in line with the services intended purpose. This matter needed to be reviewed, to ensure the people's needs were effectively met in line with the service's statement of purpose.
- People's needs and choices had been assessed within the support planning process. Some assessments were not in line with recognised guidance. For example, nutritional screening and skin integrity assessments.

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

- The provider offered a satisfactory standard of furnishings and accommodation. Progress was ongoing to upgrade and adapt the premises. A ramp had been fitted at the front entrance. We noted parts of the ground floor accommodation, were plain and less homely. However, the registered manager had identified this as an area for further development.
- People appeared relaxed and comfortable with the accommodation. They had been supported to personalise their bedrooms with their own belongings, such as photographs and soft furnishings. People said, "I have a cosy bedroom with all my things" and "My room is lovely; I like to chill out in here."

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.

- The service was working within the principles of the MCA. People's capacity had been considered. Action had been taken to apply for DoLS authorisations by local authorities in accordance with the MCA code of practice. The registered manager confirmed further applications were due to be submitted.
- Staff understood the importance of gaining consent, promoting people's rights and supporting their choices. We observed examples of people consulted about their support and with routine decisions.

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

- The provider offered food and drink choices to encourage a balanced diet. People's specific dietary needs and preferences were known and catered for. People were happy with the meals and catering arrangements. They told us, "The food is great, we have a variety of food, you can have what you want" and "The food is good, we have a menu, the staff sort that out."

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

- People received support to meet their healthcare needs. Care records included people's medical histories, healthcare support needs and appointment attendance. People had 'healthcare passports' to share information when they moved between services.
- People said they had attention from healthcare professionals. They said, "If I am poorly, I tell the staff and they tell the doctor" and "I go to the dentist, [staff member] takes me."

# 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

- Staff treated people with respect, compassion and kindness. People told us they liked the staff and how they were supported. They said, "The staff are all okay," "[Staff member] is happy and helpful all the time" and "There is lots of fun and banter with the staff and others." A relative commented, "I see staff talking respectfully to all the people that live here." We observed staff were understanding and considerate when responding to people's needs and providing support.
- The registered manager and staff knew people well. They were aware of people's needs and preferences. Care records contained 'personal profiles' which included background histories, important relationships, likes and dislikes. One person said, "The staff get to know you, the staff are really good."

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

- Staff supported people to make choices in their daily lives. We saw staff offering people choices, enabling them to make their own decisions and responding their preferences. People said, "I get up when I want, I get dressed I choose my own clothes and go and make my own breakfast" and "I chose my own wallpaper and bedding." Staff had time to talk with and listen to people.
- People had been involved with planning their support and ongoing reviews, some people had signed in agreement with them. A relative commented, "They have a review every year, it covers care, activities, food and things in general. They make us very welcome." There was an annual residents meeting for group consultation and shared decision making.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people's independence and respected their privacy and dignity. Each person had their own bedroom and had been offered keys to the doors. They could spend time in the privacy of their rooms and other areas of the home. One person said, "Staff knock before they come in if the door is closed."
- Staff enabled and encouraged people to do as much as possible for themselves. We observed people doing things for themselves and others. Some people had responsibilities for domestic chores, including, cleaning and shopping. Two people did voluntary work in the community. A relative gave a specific example, of how staff had motivated and supported their relations independence and dignity.

# 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 remained the same. This meant people's needs were met through organisation and delivery.

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

- Staff provided people with personalised care and support, in response to their needs. Each person had a support plan which was designed to meet their assessed needs and choices. The plans were written in a person-centred way and provided guidelines for staff to follow. One staff member said, "We have ongoing access to support plans, to skim through and double check things. It tells us all about [their needs and routines] and how we can support them."

- People spoke positively about the support they received. They said, "The staff know what I like and want" and "The staff do everything for me, they talk to me and tell me what's going on."

A staff member said, "Everything is based around them and what they want to do."

- Staff kept daily records of people's well-being. There were regular staff 'hand over' discussion meetings to share relevant information. People were aware of their care records, one person told us, "The staff are told to write everything down that happens."

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

- Staff supported people with relationships, activities and community engagement. People described the activities they enjoyed, including dancing, shopping, the gym, cafes and voluntary work. Activities and goal planning were not always reflected and managed in the support plan process. However, the registered manager assured us of their intentions to make improvements.

- Staff encouraged and supported positive relationships. People had opportunity to maintain and develop links with people in the community. They described how they kept in contact with their families and friends. One person said, "[My family] come to visit whenever they want." Relatives told us they visited regularly and were always made welcome. One said, "We feel we are all part of the family; everyone uses our first names."

- There was a key worker system, each person had a named worker who oversaw key elements of their support. People and their relatives knew who their keyworkers were, this helped provide consistency.

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.

- The service had responded to the AIS. People's sensory and communication needs were assessed and responded to in their support plans. Staff engaged and communicated with people using ways best suited to them. Some information was available in different formats, such as easy-to-read format and in large print.

#### Improving care quality in response to complaints or concerns

- The registered manager and staff listened to and acted upon, people's concerns and complaints. People were encouraged to discuss any concerns on an ongoing basis. They said, "I would tell the staff" and "I would tell [the registered manager] or my key worker if things were not right." A relative said, "If we had any concerns at all, we would go to [the registered manager] they would listen."
- A complaints procedure provided guidance on raising concerns. Systems were in place to support the management and recording of complaints, however the registered manager told us no complaints had been received.

#### End of life care and support

- The service did not provide end of life care. However, where possible, people's preferences and choices in relation to end of life care, including spiritual needs and funeral arrangements were sought and recorded.

# 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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had not established processes to identify and progress shortfalls in the quality of the service. For example, there were shortfalls in ensuring people had a safe environment and maintained equipment, risk assessments were lacking in some matters, staff training and development needed attention. There was a lack of regular auditing and checking of processes to monitor and improve the service.
- The registered manager was responsible for the day to day running of the service, they had been absent and had not been working on a full-time basis. There was no deputy manager to strengthen and support the leadership arrangements. The registered manager had identified several shortfalls at the service and described their intentions and actions to make improvements.
- The provider had informal arrangements to oversee the service. The nominated individual attended the service regularly, but there was a lack of effective systems to ensure shortfalls were identified and followed up in a timely way. The services policies and procedures were not accessible to staff. There were no development plans to monitor and direct improvements.

The provider did not have effective systems in place to ensure the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager and staff expressed a practical understanding of their role to provide person-centred support. People said, "[The registered manager] helps me the most and is my best friend here" and "It's really nice. This is like a home here, another family."
- We found some matters could be improved, including shared goal planning and providing a homelier environment, and reviewing the aims and direction of the service. The registered manager was proactive in their response to the findings of the inspection and was keen to move matters forward.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and staff consulted with people and monitored their experience of the service. This was achieved through daily discussion, reviews and meetings. People previously had the opportunity to

complete satisfaction surveys and this consultation process was to be re-introduced.

- Staff told us the registered manager was supportive and approachable. Staff meetings were held; various work practice topics had been raised and discussed. Staff told us they could voice their opinions. One staff member said, "We can speak up, raise concerns and definitely make suggestions for improvement."

Working in partnership with others

- The service worked in partnership with relatives and a variety of health and social care professionals to ensure people received the support they needed.

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

- The provider understood and would act upon their duty of candour responsibilities by promoting a culture of openness and honesty. No incidents had occurred that we were aware of, which required a duty of candour response and action.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to protect people against the risks to their health, safety and wellbeing.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have effective systems in place to ensure the quality and safety of the service.