

HF Trust Limited

Dinnington

Inspection report

1 Ash Avenue, Dinnington, Newcastle Upon Tyne,
Tyne and Wear, NE13 7LA
Tel: 0117 906 1700
Website:

Date of inspection visit: 17 June 2015
Date of publication: 14/09/2015

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

This inspection took place on 17 June 2015 and was announced. We gave 48 hours' notice for this inspection because there were only two people living in the service and they were frequently out during the day.

We last inspected this service in April 2014, when it was found to be complying with all the regulations inspected.

Dinnington is a small residential care home for adults with a learning disability. It does not provide nursing care. It has two beds and had two people living there at the time of this inspection.

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.

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 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.

Summary of findings

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.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. Staff had been trained in this important area and were aware of their responsibilities regarding protecting people's rights.

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. Relatives we spoke with confirmed this.

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.

The service was well-managed. There was a culture of openness and the views of people and staff were taken seriously. Systems were in place for auditing the quality of the service and for making improvements.

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. People told us they felt secure and well looked after by the staff team.

Risks to people were regularly assessed and appropriate actions taken to keep people safe.

Staff were fully aware of their responsibilities to recognise and report any potential safeguarding issues.

People's medicines were safely managed.

Good



Is the service effective?

The service was effective. People said staff supported them well and their needs were met.

Support workers were experienced, well-trained and had the skills they needed to provide effective care. Staff received appropriate supervision and appraisal of their work.

People's rights under the Mental Capacity Act were respected and no-one was being deprived of their liberty.

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

Good



Is the service caring?

The service was caring. People told us they were well cared for and were treated with respect.

Staff demonstrated a sensitive and caring manner in their interactions with people, and listened to what they said.

People told us they were encouraged to be as independent as possible and that staff respected their privacy and dignity at all times.

Good



Is the service responsive?

The service was responsive. People's needs and wishes were assessed and detailed, person-centred support plans were in place to meet those needs.

People were supported to enjoy an active social life and to follow their hobbies and interests.

People told us they felt listened to by staff and said they would share any complaints or concerns they had.

Good



Is the service well-led?

The service was well-led. People told us they were happy with the way their service was managed.

Support workers told us they received clear leadership and support and were treated with respect.

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

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 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 inspection took place on 17 June 2015. The inspection was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection team was made up of one adult social care inspector.

We reviewed the information we held about the service prior to our inspection. This included the notifications we had received from the provider about significant issues such as safeguarding, deaths and serious injuries the provider is legally obliged to send us within required timescales.

During the inspection we toured the building and talked with two people, the registered manager and three support workers. We 'pathway tracked' the care of the two people, by looking at their care records and talking with them and staff about their care. We reviewed three staff personnel files; and other records relating to the management of the service. We spoke by phone with two relatives and two professionals who supported the service.

Is the service safe?

Our findings

People told us they felt safe living in the service. One person said, "I'm settled and safe, here. The staff look after me." A second person said, "I have no worries living here. I feel safe and protected."

Relatives said they felt the service provided safe care. One relative told us, "They are very well looked after." A second relative said, "They are very safe. They don't go out on their own."

Professionals told us they felt the service was safe. One commented, "I have never had any concerns at all about this service."

The service had a clear policy on the safeguarding of vulnerable adults. This was in line with Department of Health guidelines and expectations of the local safeguarding adults team. Records were set up for the reporting of safeguarding incidents, but the registered manager told us there had never been a safeguarding incident at the service. Our records confirmed this. All staff were given regular training on the recognition and reporting of abuse.

Staff were familiar with the concept of whistleblowing (exposing poor practice) and told us they would report any abuse or bad practice they observed. One support worker said, "I've done it before." The registered manager told us there had been no incidents of whistle blowing in the previous year.

Systems were in place for the safekeeping of all monies held on behalf of people. Cash was kept in a safe, and accounts were detailed and regularly audited.

Risk assessments had been carried out. These covered risks to people (for example, for working with animals), to staff (such as lone working) and environmental risks. Appropriate steps were taken to minimise the likelihood of harm.

Staff were provided with personal protective equipment such as disposable gloves and aprons. These were not usually needed as no personal care was given to people. Staff told us they felt the service was safe.

All accidents and incidents were recorded and analysed, to see if lessons could be learnt. No accidents had taken place in the previous twelve months. Incidents of challenging behaviour were also recorded, including the steps taken to minimise risks to the person and others around them.

Systems were in place to ensure the safety of the building. These included regular checks of fire systems and equipment, hot water systems and building security. Any issues noted were reported to the provider and dealt with promptly. There were clear plans for emergency situations, including the need to evacuate the building and relocate people. There was a 24 hour 'on-call' system for staff to ring for advice.

Staffing levels were based on the individual needs of the people living in the service and agreed with the service commissioners. The registered manager told us any change in need that required extra staffing hours was negotiated with service commissioners. Staff worked flexibly, with the staff rota organised to meet people's individual needs, wishes and social activities. Staff told us they felt there were enough staff to keep people safe and well cared for. One person told us, "We have enough staff."

The provider had robust systems in place to check the suitability of applicants for employment. These included taking up references from previous employers and checking any previous convictions with the Disclosure and Barring Service (DBS).

Staff had been given regular training in the safe handling of medicines, and had their competency in the administration of medicines checked annually by the registered manager. Appropriate systems were in place for the ordering, storage and disposal of medicines. Records of the administration of medicines were clear and up to date.

Is the service effective?

Our findings

People told us their needs were met in the service. One person said, "I get good support." A second person told us, "The staff know what they are doing. I'm happy with my care."

A relative told us, "It's a great staff team; they are very, very good." Another relative said, "They cope very well, and it's good care."

A health professional told us, "The carers always seem to know exactly what they are doing. They keep a diary of events and update me. They seem very perceptive about people's needs."

The staff team was very experienced, with an average of over five years working with the people in the service. This meant they had a very good understanding of the personalities and needs of the people they worked with. The registered manager told us they considered the support workers to be very skilled, both in general caring tasks and in the management of the particular condition that affected people in the service.

New support workers received a three day induction at the provider's office, covering person-centred support, safeguarding, professional practice and working with people with learning disabilities. They then completed the 12 week Care Certificate e-learning training package.

All support workers had received all the areas of training required by legislation, such as health and safety, food hygiene, first aid and fire safety. This was regularly updated using computerised e-learning. The registered manager told us they were moving away from computerised training, as they felt face-to-face sessions with a qualified training provider offered staff a better learning experience.

Some support workers had been given specialist training with regard to a specific genetic condition that affected both people living in the service, and the skills acquired from this training had been shared with other support workers. The registered manager told us the provider was resourcing further training relevant to working with people with this condition.

Support workers told us they were given frequent opportunities for further training, both to meet the needs of

people and to assist with their own professional development. One worker told us, "We are encouraged to go on lots of training. For example, I asked to do a Makaton (sign language) course and I am now doing this."

Support workers told us they felt well supported by the registered manager and the provider. Support workers said they received formal supervision of their work from the registered manager every eight weeks. Minutes of these sessions showed they were taken seriously and gave the worker an opportunity to discuss care practice, training needs, safeguarding issues and personal development. Workers also received an annual appraisal of their work performance, at which goals for the coming year were agreed. One support worker said, "Our views are taken seriously and we are listened to."

All staff had been trained in the implications of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. These are legal safeguards to protect the rights of people who may lack mental capacity to make some decisions around their care and welfare. Records showed that, where necessary, assessment had been undertaken of people's capacity to make particular decisions. Where the assessment concluded the person was not able to make an informed decision about issues such as their diet and their personal finances, decisions had been made for them in their best interests. The registered manager told us they were in the process of re-assessing people's mental capacity and were seeking the input of an independent mental capacity advocate (IMCA) to advise on this process.

Although the provider's policy allowed for physical restraint in the event of an emergency situation (for example, if a person attempted to run into traffic), the registered manager and support workers told us this had never happened in practice.

People were asked to sign a form to confirm they gave their permission for certain actions such as having their photograph taken for identification purposes. Support workers were very clear they always asked people for their permission before carrying out any interventions such as offering their prescribed medicines or entering their bedrooms. They told us they always respected a person's right to withhold their consent, and people we spoke with confirmed this. One person told us, "They always ask my permission."

Is the service effective?

People told us support workers took good care of their health. Support workers said people's general health needs were kept under constant review, and they attended the general practitioner of their choice. Routine appointments were made with, for example, podiatrists, dentists and opticians, and records were kept of the outcome of such appointments. Where appropriate, people were referred for

specialist treatment. Due to a specific health condition, both people living in the service had agreed to accept a weight-reducing diet, on the advice of a dietician. Although professional advice was being followed, we noted the service had not carried out a specific assessment of people's nutritional needs. The registered manager told us this would be sourced immediately.

Is the service caring?

Our findings

People told us they felt their support workers were very caring and treated them very well. One person told us, "The staff are fine. They talk nicely to me. I like all the staff; they are all nice to me." A second person commented, "Staff treat me fine. They treat me with respect."

A relative told us, "The staff care for my (relative) extremely well." Another relative said, "(My relative) seems very happy there."

A professional who supported the service commented on the "Very, very supportive and caring staff. They show genuine care and tenderness." Another professional commented, "(Person's name) always seems very happy and comfortable with the carers. They have good eye contact and a good, relaxed rapport."

We observed workers spoke to people in a pleasant and respectful way, and that relationships were positive and supportive. The atmosphere in the service was calm and relaxed. Support workers told us they felt they worked in conjunction with people, and were proud of the service they provided. One worker told us, "It's a very caring place" and other workers agreed. A second support worker commented "People come and tell us their problems – it's like a family."

Workers received training in equality and diversity issues, and the registered manager told us these issues were regularly discussed in staff meetings. People's needs in areas such as personal relationships, including physical relationships, and spiritual needs were recognised and supported. One person attended church regularly.

People were given information about the service, including their rights and how to make a complaint, in the service user guide. There were occasional house meetings to discuss formal issues such as policy changes. However, as the service was so small, most information was passed on informally, as part of involving people in the day-to-day running of the service.

Each person had a 'communication profile' which gave information on areas of communication difficulties and guidance to staff on how to achieve effective communication. The registered manager told us that, with this help, people were able to communicate their wishes very clearly. Our observations confirmed this. People were

also invited to attend the provider's 'voices to be heard' group, but usually declined their invitations. One person had previously been part of the provider's national service user focus group. The registered manager said plans were in place to involve people in the recruitment of new workers.

Support workers' in-depth knowledge of people and their normal demeanour meant they were able to pick up any changes in a person's well-being and respond appropriately. Good written communication between staff shifts meant that issues were shared with the full staff team and carefully monitored. People's well-being was a section of the monthly review of each person's support plan.

Data protection and confidentiality policies were in place and staff told us they were aware of the importance of keeping people's personal details confidential. People were asked to give their written consent for the sharing of personal information with relevant professionals. The care records were stored securely in a locked office. The registered manager told us they had never experienced any problems regarding workers respecting people's confidential information.

People had their own rooms which they were able to keep locked, if they wished. They were encouraged to do their own household chores and support workers did not enter people's rooms unnecessarily. People told us workers always knocked and waited to be invited in. One said, "We have our privacy." The registered manager told us the issues of privacy and dignity were regularly discussed in team meetings. People's dignity was enhanced by discussing and negotiating people's daily activities, and giving tactful guidance regarding social norms, for the example, the suitability of work clothing.

People were encouraged to be as independent as possible, within a risk-assessed environment. For example, both people were assessed as being unacceptably vulnerable to harm if they were out in the community without the support of their workers. However, with support, they were free to use as wide as possible a range of community facilities. People's support plans focussed on their abilities and preferences. For example, one person's plan included, "I will get myself up each morning without any help." Where a need for intervention was established this was kept at the minimum appropriate level. For example, "I may need to be reminded to wear appropriate clothing for the weather."

Is the service responsive?

Our findings

People told us the service responded well to their needs. They said they were given choices, had active social lives and were settled in the service. One person told us, "I'm happy living here. I like everything. If I wasn't happy, I'd tell (registered manager)." A second person said, "I am being helped to be more independent, and I'm learning to do more for myself."

A relative told us, "The staff respond to issues very well. They are very helpful and do all sorts of things. If I text, they come back to me even if off duty."

A professional who supported the service told us, "I can't fault the staff; they really get involved." Another professional said, "The carers always seem fully aware of (person)'s needs. They always let me know how things are going, and inform me of any changes. They are not reactive – they even pre-empt some of my questions. "

Support workers told us they worked hard to respond appropriately to people's needs and wishes, and had good leadership in this respect. One worker told us, "(The registered manager) understands the needs of the people we work with and models good, person-centred care."

All support workers had undertaken training in 'person-centred active support'. This is a structured approach to supporting people with learning disabilities to maximise their engagement in meaningful activities, including domestic activities, education, employment and leisure activities.

People's needs were assessed in detail. Assessment documents included a 'pen-picture', a communication profile, health and personal care needs, the person's preferred daily routines and their likes and dislikes. From these assessments, highly personalised support plans had been drawn up to guide workers on how best to meet the person's identified needs and preferences. Support plans were written in the first person (for example, "I wish to ..."), which gave a good insight into the person's thoughts, wishes and feelings about their support. Support plans paid close attention to the emotional impact of staff interventions and other dynamics within the service. For example, one person's plan for helping them handle their

emotions stated, "Allow me space to calm down and discretely observe me until I am calm." People told us they had been involved in discussing their support plans and agreed with the contents.

People's care and support plans were evaluated with them every two months. People were asked their current views on their health and well-being, diet, social and spiritual needs, communication issues and social activities. In addition, people's care and support plans were formally reviewed with them every year, with family members and involved professionals also asked to contribute their views.

People were encouraged to make their own day-to-day decisions, with workers giving a range of options, where appropriate. We noted people followed different interests, ate different foods, bought their own clothing and socialised to different degrees. People could also make bigger decisions. For example, one person chose their own holiday destination and was supported to plan as much of the trip as possible themselves. People confirmed they were encouraged to make their own decisions. One person said, "I make my own choices and staff don't interfere."

People enjoyed an active and varied social life. People told us they chose to be involved in activities including line dancing, carpet bowls and going to the gym. They attended a day service which offered opportunities such as trips out, walks and arts and crafts. Within the service, people enjoyed activities such as knitting, number games and games consoles. One person told us, "We have lots of activities. We go to a day centre and we have trips out. There's nothing I can't do." A second person said, "Church is important to me. I love singing and have loads of friends." This person also told us they assisted with teaching at a line dancing class.

The provider's policy on complaints stated that people had the right to complain and that they were to be empowered by being regularly reminded of that fact, and supported to complain if they wished. The service had an 'easy-read' complaints form which was given to people, along with help to fill it in, if they so wished. No formal complaints had been recorded in the complaints log. The registered manager said there had been one recent issue, regarding the presentation of a person's meal, which had been discussed in a staff meeting and resolved to the satisfaction

Is the service responsive?

of the person. They said this would be added to the complaints log. We asked the person about this concern. They told us, "It all got sorted out, with no 'come-back' on me."

Arrangements were in place to facilitate any admission to hospital. Each person had a 'hospital passport' on their personal file which gave hospital staff information regarding their medicines, medical history and current symptoms, and their social, spiritual and nutritional needs.

Is the service well-led?

Our findings

People told us they were happy with the way the service was managed. One person commented, "(The registered manager) is a good manager." When we asked people how the service could be improved, both said they were happy with the ways things were. One person said, "I can't think of any improvements. (The registered manager) listens to me."

Relatives told us they thought the service was well-managed. One relative said, "I have no issues at all with the management of the home. I'm very satisfied with the service."

A professional who supported the service told us, "I have nothing but praise for this home."

Support workers told us they felt the service was well-led. One worker commented, "We are definitely well-managed. (The registered manager) is a wonderful manager, very accommodating, very approachable and represents us well." Another worker said, "We have clear leadership – you know where you stand." Other workers told us the registered manager was fair but challenged any perceived poor practice; used the knowledge and skills of the staff team in decision-making; delegated appropriately; passed on relevant information; and provided good support.

We noted a culture of openness whereby both people and staff felt able to speak freely and honestly. The registered manager told us, "Staff know they can talk to me and raise any issues, and those issues will be dealt with." They told us they encouraged people and staff to make suggestions for the improvement of the service, and said all suggestions were considered seriously. Examples included changes to the use of the service's car and the guidelines for bringing personal dogs to the service.

The registered manager said they were open to reviewing their own actions and decisions, to check if, for example, they had given clear messages regarding their expectations of staff. They told us, "There is always room for improvement. I am continually appraising my performance."

The registered manager told us their vision for the service was one where the emphasis was on moving away from a residential care model to a supported living scheme, where people were setting their own goals and maximising their independence.

Systems were in place for checking the quality of the service. Support workers had delegated responsibilities for checking areas such as health and safety, building maintenance and equipment servicing. Appropriate actions were taken when deficits were noted, with electrical equipment checks being introduced and fire extinguishers serviced. The registered manager read and signed off these audits.

The registered manager carried out a monthly audit against the five quality domains ("Is the service Safe; Effective; Caring; Responsive; and Well-led?"). This audit identified and addressed areas for immediate improvement (for example, a support worker required refresher training in some areas, and this was then booked). It also looked at areas for the development of the service.

However, we noted the audit covered both of the service locations managed by the registered manager, as did the resulting action plan. This made it difficult to understand the effectiveness of the audit for this service, without the verbal input of the registered manager. The registered manager told us the quality systems were currently under review and agreed to take this up with the provider to improve the transparency of the audit systems.

Feedback from people using the service was gathered informally on a daily basis, and formally in regular reviews. The registered manager told us the provider was in the process of implementing an annual questionnaire for people's views about the service and their care.

The registered manager told us they received good informal support from their line manager, who was always available for advice and guidance. They said they had not received formal supervision as often as the provider's policy stated (every two months) in the past year, but that sessions were now being booked in at the required frequency.