Mrs Sally and Mr A Colombini

Dean House

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

Dean House is a long established care home in Torquay that provides personal care for up to 13 people with learning disabilities. There were 13 people living there at the time of our inspection. Some people had lived at the home for over 15 years, and were now developing long term physical health conditions associated with ageing or their learning disability.

One of the registered providers held the position of the home's registered manager. 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 registered manager was in the process of retiring and an application was being made by another person to become the registered manager. They were already the person in day to day control of the home and are referred to in this report as the manager as that was the role they were fulfilling. The registered manager visited the home three days every week.

This inspection took place on 16 January 2016 and was unannounced. The previous inspection of the home had taken place on the 14 November 2013, when the home had been found to be meeting all the standards inspected.

Summary of findings

Risks to people had not always been clearly assessed and actions to mitigate risks had not always been recorded in a clear action plan. We found that some hot surfaces had not been fully protected and the hot water regulator to a bath and hand wash basin had failed. This meant the temperature of the water being delivered to this area could present risks to people. However we did not identify any people had suffered poor care as a result.

People told us they felt safe at Dean House. They told us it was like living with a family, and we saw people were settled, relaxed and comfortable living there. Relatives told us they had confidence in the home's management and that their relation was safe and happy at the home.

Staff understood their responsibilities with regard to safeguarding people, and people were supported by sufficient numbers of staff. The staff team had not changed for several years which helped ensure people received consistent care from people who knew them well. Some historic staff recruitment practices had not been thorough, but the manager was taking action to address this retrospectively.

People told us they liked the food and had a good choice available to them. People told us they had been involved in choosing the meals and several had chosen to lose weight. They were working with the staff to provide healthy versions of their favourite meals. We saw people being actively involved in making choices about foods they wanted to eat.

Medicines were stored and administered safely. Staff had received training in the medicines they were giving to people and the systems were regularly audited to make sure that safe practice was maintained.

Staff had received training in and understood the Mental Capacity Act 2005. People's capacity to make decisions was kept under review. The manager was aware of actions that would need to be taken where people had reduced capacity. Staff understood people's communication where this was not verbal. Advocacy services would be identified for people if they needed additional support in making decisions.

Each person had a care plan which detailed their choices and preferences in relation to their care. Plans were written with people or their relations and were available in formats people could understand. They reflected people's wishes, skills and aspirations as well as areas in which they needed support. The manager was enthusiastic about helping people develop new skills and have new experiences. People followed an active programme of individual activities. One person told us they were "very busy all the time".

Staff confirmed there were clear lines of authority within the management structure and they knew who they needed to go to, to get the help and support they required. Staff said they had a very good relationship with the manager who was always available if needed. They told us the manager was "really wonderful".

Policies were in place for dealing with any concerns or complaints and this was made available to people and their families in appropriate formats. People said they would be happy to speak with the registered manager or staff if they had any concerns.

The manager undertook audits of practice at the home and there were other quality assurance systems in place such as residents meetings and questionnaires. The results of feedback were included on the home's development plan and people received feedback on the actions taken. Records were well maintained.

The building was subject to an ongoing programme of refurbishment, but all areas seen were clean and comfortable. People told us they were involved in keeping their own rooms clean, and were proud of them.

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?

Requires improvement

The home was not always safe.

Risks to people had not always been assessed or actions recorded on how the home was mitigating the risks.

Staff understood their responsibilities with regard to safeguarding people.

People were supported by sufficient numbers of staff. The staff team had not changed for several years which helped ensure people received consistent care from people who knew them well. Some historic recruitment practices were not thorough, but the manager was taking action to address this retrospectively.

Medicine practices were safe.

Is the service effective?

Good

The home was effective.

Staff received the training they needed for their job role and were knowledgeable about people's care needs. People told us they had confidence in the staff, liked them and spoke positively about the care they received.

People's rights were supported, including the right to make decisions for themselves. Advocacy was available if people needed support to make decisions or express their wishes.

People had access to community healthcare professionals, such as GPs and community nurses.

People told us they liked the food and had a good choice available to them. People were being supported to follow healthy eating principles, and lose weight if they wished.

Is the service caring?

Good

The home was caring.

People said they were cared for well. They told us the staff respected them and were always caring and friendly.

Staff respected people's privacy and dignity. We saw people had a good relationship with the staff supporting them.

People had been asked about their wishes for the end of their life.

Summary of findings

Is the service responsive?

Good

The home was responsive.

People were supported to live their lives the way they chose, and their preferences and choices were respected.

Care files included a summary of people's care needs and more detailed information where specific care needs had been identified.

People were able to continue with or develop their hobbies and interests, and learn new skills.

People were confident that any complaints or concerns would be managed well.

Is the service well-led?

Good

The home was well-led.

The manager had made appropriate applications to ensure the registration of the home reflected the regulated activities carried out and the person in day to day control.

There was a positive atmosphere at the home, and people were involved in having a say about the home. Quality assurance and quality management systems were in place to ensure people received a consistent high quality experience of their care.

Records were well maintained.

Dean House

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 Saturday 16 January 2016 and was unannounced. One social care inspector undertook the inspection.

Before the inspection we reviewed information we held about the service. This included previous contact about the home and notifications we had received. A notification is information about important events which the service is required to send us by law. We also contacted the local authority quality team to gain their views of the quality of the service provided.

On the inspection we spoke with eight people who lived at the home, the registered manager, the manager of the service, four visitors and three members of staff. We looked around the premises, spent time with people in the communal areas and observed how staff interacted with people throughout the day. We also looked at four sets of records related to people's individual care needs; three staff recruitment files; staff training, supervision and appraisal records and those related to the management of the home, including quality audits. We also looked at the way in which medicines were recorded, stored and administered to people.

Requires improvement

Is the service safe?

Our findings

People and their relatives told us they felt Dean House was a safe place to be. One relative said "Yes we are very happy that (person's name) is safe here. We have full confidence in the home and the management here". A person who lived at the home said "I am safe here. They look after everything so I don't worry".

We found risks to people had not always been fully assessed. Actions taken to mitigate risks were not always recorded and evaluated through a thorough risk assessment process. However we did not find that people had experienced poor care as a result. Where risks had been identified there were not always detailed plans in place to reduce these. For example, there was no detailed nutritional risk assessment or management plan in place for one person who had recently lost weight. The home had taken actions when the person's weight loss had been identified. They had contacted the GP and were awaiting a visit from the dietician. They were monitoring the person's food intake and recording this each day. However there was no risk assessment in the person's file or detailed action plan as to the actions the home was taking in the meantime to support the person with their weight loss. No-one at the home had received an assessment of any potential choking risk, although this was a known increased risk for people with a learning disability.

Risks from the environment were being assessed on a regular basis. However on the inspection we identified some unprotected radiators had a very hot surface temperature. This could present risks to people if they had prolonged contact with them, such as if they fell against them. The manager told us this would be addressed immediately. We also identified in one bathroom that the water temperature regulator had failed, causing the water temperature to the wash hand basin and bath to be in excess of 50 degrees centigrade. This presented a risk of scalding, although we were told no-one would use this bathroom unsupervised by staff. This gave us concern that the risk assessment process in use was not always thorough or regular enough to identify risks to people.

People were protected because there were systems in place to recognise and report any concerns about abuse or abusive practices. Staff had received training in safeguarding adults and there was clear information available on the action they should take if they had a concern over someone's safety and welfare. Staff understood how and to whom concerns should be reported, including what action to take when the manager was not available. People at the home had been supported to understand their rights and how to raise any concerns about their care. Information about reporting abuse was available in formats people could understand. The manager also had put a system in place to alert her to any concerns from people who could not express themselves verbally. People told us they would be happy to speak with the manager if they were worried about anything.

There were enough staff on duty to meet people's needs. Both care staff on duty had worked at the home for over three years and knew the people living at the home well. They told us they felt there were enough staff available to support people. In the week additional staff were available for activities on a daily basis and this meant people had support to go out where this was wanted or needed.

Robust recruitment systems were now in place to ensure suitable staff were employed. The staff group at the home had not changed for the last three years and some historic recruitment practices were not as comprehensive as would be expected under current legislation. The manager was seeking to close some gaps retrospectively. However all staff had been checked for references and disclosure and barring service (police record) checks, and been subject to an interview process. The manager was planning to involve people living at the home further in the home's recruitment process when new staff were appointed.

There were safe systems in place to ensure people received their medicines at the correct time and as they were prescribed. Medicine administration records were clearly signed and where there was a gap in the recording this had been identified by the manager for the staff member on duty to explain why this had not been completed. There was a handwritten correction on one chart, which was not double signed or dated as would be recommended. The manager addressed this immediately. Medicines were stored safely and a staff member had responsibility for checking stocks, reordering and returning medicines to the pharmacy. Records showed the local pharmacist responsible for providing medicines to the home had recently reviewed each person's medicines as well as the home's practices and found no significant issues of concern. Staff told us they had received training in the

Requires improvement

Is the service safe?

administration of medicines and were confident they understood the systems in use. No-one at the home managed their own medicines, and we were told this was through people's choice.

All areas of the home seen were clean, warm and comfortable. Some people told us they kept their own rooms clean with staff support and were very proud of this. People were also involved in doing some personal laundry if they wished. Staff had access to gloves, aprons and anti bacterial hand washes. An infection control audit had been carried out and was due to be reviewed. The manager was planning to take advice from the local infection control team to support people at the home understand infection control principles and good handwashing techniques, as well as review their laundry systems.

Good

Is the service effective?

Our findings

Staff were knowledgeable about people's care needs and had the skills and knowledge to support them. People spoke positively about the care they received and the staff. One person said "The staff are very good. I like them all. I like it when they are around."

Staff told us they had received the training and support they needed to do their job, and one told us they were keen to do and learn more about the people they supported. The manager showed us a training matrix for the home, indicating the overall core and service user needs specific training staff had undertaken. There were also individual training profiles for staff including copies of certificates for the training they had undertaken. One staff member told us about the additional support they had received from the providers with undertaking training, and how they had benefitted from this.

Training was also provided in health and safety topics such as safe moving and handling, fire safety, food hygiene and infection control. The manager was seeking additional specific training for supporting people with a learning disability and dementia and had obtained specialist resources to help staff develop skills in this area Any new staff would be enrolled to undertake the Care Certificate, a training and development course designed to provide staff with information necessary to care for people well. The manager told us she worked at the home every day and was very much 'in touch' with the staff group. They told us how they had identified and worked with any conflicts within the group. Staff at the home were very familiar with the people at the home and their needs. The manager told us that this had led to systems for staff supervision and development needing to be more creative to ensure they did not become too repetitive. The manager was now having small regular practice discussion topics with staff and recording them for each staff member. The manager told us this was providing more effective and immediate feedback for staff on performance issues or topics of interest rather than waiting for a planned supervision programme. The manager was intending to link this with the annual appraisal system in place.

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.

We checked whether the service was working within the principles of the MCA. The manager and staff could tell us clearly how each person at the home made their views and wishes known, either verbally or physically. They told us they would respect this. Throughout the inspection we saw people being consulted about what they wanted to do and making choices about their day. We identified with the manager one person was slowly losing capacity to make decisions. The manager had already contacted the local Learning Disability team to request a specialist assessment of their needs. Staff had received training in, and had a good understanding of, the Mental Capacity Act 2005 and the presumption that people could make decisions about their care and treatment.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that no applications had been submitted at Dean House, and did not identify that there were people at the home who required this. However the manager was aware of the requirements of the legislation and kept this under review.

People told us they liked the food and had a good choice available to them. At the inspection several people living at the home had decided to lose weight and were following healthy eating principles. One told us "The food is lovely here. We talk about what we want each meal. I'm on a diet because I have arthritis. Not a special diet but just being careful and doing lots of walking. And I go swimming". We saw people planning menus and expressing choices about what they enjoyed. These were then adapted where possible to create healthier versions. We saw pictures of people doing baking, and one person told us how they had enjoyed this. One person was having their food intake monitored to ensure they ate enough. Staff in the home understood people's preferences and likes and dislikes, including any food allergies were on display in the kitchen.

We saw in people's files that they saw their GP or the community nurse promptly if they needed to do so. People were encouraged to attend community healthcare services and hospitals for reviews of their needs and other reviews

Good

Is the service effective?

were carried out at the home on a regular basis. Each person had received an annual health check, and people had been encouraged as a part of this to take part in “well woman” or “well man” preventative healthcare clinics.

Equipment such as the stair lift and hoists were serviced regularly and a maintenance contract was in place so that any issues could be remedied quickly. Clinical waste arrangements were managed by an external contractor. Portable electrical appliance testing was in place, and the electrical systems and gas safety were tested regularly. Fire systems were in place and people living at the home were involved in fire drills and instructions to ensure they were clear about what actions to take in case of a fire.

People were able to furnish their rooms to make them feel homely. People said they were very happy with their bedrooms: One person told us about how they had been involved in making decisions about their room. They told us they had chosen the colours, bedding and other furnishings. Other areas of the home were subject to an ongoing improvement plan, including the replacement of windows and re-decoration.

Good

Is the service caring?

Our findings

People, including staff and relatives regularly referred to the home as being "like an extended family" during the inspection. People told us they liked living at the home and with the other people there. The home was a happy and busy environment. People were relaxed and at ease in the home and were welcoming to visitors. A visitor said of their relation "We know she's happy here – she's been here 15 years – we know she is happy because when we are out for a while she says she wants to come home and she is happy to do so".

We saw people who had been out returning to the home greeting the staff and manager with affection and pleasure. Interactions between people were supportive and considerate. People took an interest in each other's well-being, and what they were doing during the day. One person described other people at the home as their friends, and told us they liked to be with them. People clearly felt comfortable with staff, and there was much joking and gentle teasing between people and staff.

Staff treated people with respect, and were careful to respect their privacy. For example they checked with each person if it was alright before we went into the person's room and introduced us individually to the people living at the home in ways they would understand. One person went out with their family and staff were active in re-assuring them that we would not enter their room while they were out. People had keys to their rooms and to the front door. Staff made sure they knocked on people's doors and said who they were before entering. This helped to respect people's privacy.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way. Signs were available on bathroom doors to remind people using the facilities independently to keep the door closed and locked while they were in there.

People were encouraged to retain their independence and care records included a focus on strengths and skills that people had developed and retained as well as areas of support needed. Some records about people's care were available in picture or other easy access formats to help people understand them. The manager told us that information, for example about how to make a complaint was also discussed at residents meetings to help people understand what to do.

People's wishes regarding how and where they wished to be cared for at the end of their lives was described in the care plans. This had been discussed in depth with people at their level of understanding. Records included music people would like to be played at their funerals and what they wanted to happen to them after their death. Although no-one at the home was receiving end of life care the manager told us that she would try everything to ensure that people remained at the home for their last few days if the home were able to support them with this. If people went into hospital then the home's management sent staff to be with them at all times so they were not distressed in a strange environment. They told us that when one person had been ill at the home they had remained with them 24 hours a day to ensure they had support and re-assurance. The person had recovered. This told us that the home's management and staff cared about the well-being of the people they were supporting.

People and relatives told us they could contact the manager at any time, and they were kept in touch with any developments regarding their relation. The manager was developing new ways of doing this, for example using technology and social media.

Good

Is the service responsive?

Our findings

Each person at the home had a set of care records in relation to the support they needed. The records comprised of a main care plan, including a daily plan of support needed; a person centred plan in a picture and simplified text format; a healthcare plan and a daily diary, which the person themselves wrote with staff. Plans were based on assessments of the person's needs and had been updated regularly. They included information on how people were supported to make choices and had been compiled and reviewed with the person or their relatives if appropriate.

Plans reflected the individual person's needs. For example, one person's care plan identified they required a hoist to assist them with moving and positioning. There were pictures and plans available to demonstrate how this should happen. Staff had been hoisted themselves using the same equipment as a training exercise, so that they could experience how this felt for the person. This meant they could better understand when the person became anxious during this process. Another person was identified as being at risk from pressure damage. District nurses were involved in managing the person' skin care and managing any deterioration in the person's condition. They had provided specialist equipment to support the person and relieve pressure, such as a hoist, air mattress and pressure relieving cushion. Staff were clear about the care the person needed and how this was delivered.

People were empowered to take control of their own healthcare needs where this was possible. For example one person carried their own diary for monitoring their epilepsy. This was kept in a sparkly book and entitled a "Record of my Turns". This helped the person feel in control. They recorded any incidents themselves with staff support, which had helped to reduce any fears they had. The person was proud of their involvement in this process.

Since the last inspection of the home the local authority had ceased providing activities in local day centres. The home's management had developed the activities they provided for people during the week. They found this had led to people being more positively challenged, learning new skills and having more personal opportunities to take part in activities of their choice. For example one person had enjoyed going out to local hairdressers rather than having people come into the home to cut their hair. They had then indicated they would like to learn more about how to apply make-up and this was being provided for them. Other people had developed new activities they enjoyed such as walking on Dartmoor and shopping. The manager told us "People have voices now and I love it".

During the inspection people were following individual activities of their choice. One person told us they were "very busy all the time". Three people went out for coffee or to stay with relatives and other people were doing puzzles, watching DVDs of their choice, watching television or helping out at the home. People told us about relationships that were important to them and we were told that people could visit at any time. People were consulted at residents meetings on any activities they would like to be involved with, and also during care plan reviews. The home had a computer and people were encouraged to develop new skills with this and maintain contact with people of significance to them via social media. Some elements of this were monitored to ensure people were not placed at risk due to their vulnerability.

The manager had purchased a minibus which meant that people were able to go out at short notice if they wished. One person told us they enjoyed going out in the minibus most of all.

There was a policy in place for dealing with any concerns or complaints and this was made available to people and their families. It was also available in the home's hallway and in simplified text versions in each person's room. People said they would speak with the manager or staff if they had any concerns or wanted to make a complaint but they had not needed to as they were happy with the care and support they received. People expressed confidence in the home's management to address any concerns they might have.

Good

Is the service well-led?

Our findings

People told us the home was well managed and they had confidence in the manager and registered providers. The manager was in the home every day working directly with people and lived next door to the home, so was always accessible to people living there. The provider had owned the home for over 30 years, and the manager had known some of the people living there since their admission over 15 years ago. The manager was passionate about the home and supporting the people living there to lead a full and active life. They told us they were very proud about the developments that had taken place at the home and how people's opportunities had been expanded. They said they were always looking for ways to make things better for people. They regularly researched best practice advice from professional sources and attended local forums to learn about developments in care practice. Information could be seen around the home reflecting developments in good practice in learning disability services.

There were clear lines of responsibility within the management structure and staff knew who they needed to go to, to get the help and support they required. They told us they felt the home was well managed. One told us the manager was "really wonderful" and that they constantly worked hard to improve the home, putting people living there first. Relatives expressed confidence in the home's management at all levels.

People's views on the running of the home and the quality of the services provided were sought both formally, through the use of questionnaires and at care plan reviews and informally though daily discussions. These had been sent to stakeholders and relatives as well as people living at the home and staff. People received direct feedback about the outcome of any suggestions or comments they made and any issues were included on the home's action plan, which was under development for this year. The action plan for the previous year had been completed, including changes to the building. People told us they were always being asked about the home and if there was anything they would like.

There were thorough systems in place for managing information relating to the running of the home. Regular audits were undertaken, for example of medicines management, and health and safety at the home. The manager was reviewing the frequency of some of these to ensure they met people's changing needs. The manager was pro-active in seeking feedback about the service and was approaching the Environmental Health Department of the local authority to request an inspection as one had not been undertaken for some time.

Records were well maintained and kept up to date. People's personal records were reviewed with them to ensure they reflected their personal choices and preferences. The home had purchased a proprietary system of policies and procedures which were then tailored to meet the needs of the home. This helped to ensure they were regularly updated to reflect changes in legislation. Staff understood where these were located.

The manager had made an application to remove the regulated activity of "Personal Care" as this was no longer needed at the home. They had also started to make an application to become the registered manager of the home. This would then reflect the actual situation as to the person in day to day control of the home.