

Trident Reach The People Charity Dimmingsdale Bank

Inspection report

21 Dimmingsdale Bank
Quinton
Birmingham
West Midlands
B32 1ST

Tel: 01214227500
Website: www.reachthecharity.org.uk

Date of inspection visit:
20 March 2017

Date of publication:
19 April 2017

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 14 June 2016. During that inspection we found that although the provider was not breaching any regulations the service required improvement. This was because we had concerns about how staff were deployed to support people engage in activities they enjoyed, medication reporting, risk management and how people were being supported to choose how they make decisions about their care. As a result we undertook a focused inspection to check whether the provider had made those improvements. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection in June 2016, by selecting the 'all reports' link for Dimmingsdale Bank on our website at www.cqc.org.uk"

The focused inspection took place on 20 March 2017 and was unannounced. Dimmingsdale Bank is a care home for up to seven people who have learning disabilities. At the time of our inspection, six people were using the service.

There was a registered manager in place who was present during our inspection. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

All the people we spoke with said they liked living at the home. People's relatives said the service met the needs of the people who use it and spoke very highly of the care staff and registered manager.

People told us that they felt safe in the home. Staff had received training and could explain the actions they would take if they felt a person was at risk of or experiencing abuse.

Staff knew how to support people to take their medication as prescribed however records were not always completed consistently. There were clear instructions for staff about how to administer 'as and when required' medication. There was no clear guidance on the temperature at which medication was to be stored.

There were enough staff to support people to participate in activities they liked. People engaged in a wide range of activities in the home and community. Staff responded promptly to people's requests for support or to offer reassurance.

People and, where appropriate, their relatives, were consulted about their preferences during care reviews. The registered manager took action to ensure that people's views were respected.

Staff working in this home knew how to meet the needs of the people who lived there. We saw that staff communicated well with each other.

The registered manager consulted people in the home, their relatives and visitors to find out their views on the care provided and used this information to make improvements, where possible.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

We found that action had been taken to improve safety.

There were sufficient and suitably deployed staff, to keep people safe and promptly respond to people's request for support.

There was improved guidance for staff about when to administer people's 'as required medication.' Further action was required to improve the recording and storage of medication.

People told us that they felt safe in this home.

Staff could explain the actions they would take if they felt a person was at risk of or experiencing abuse.

Is the service responsive?

Good ●

We found that action had been taken to improve how the provider responded to people's specific care needs.

There were sufficient staff to support people to engage in activities they enjoyed.

Staff knew people's preferences and how they liked to be supported.

The manager responded appropriately to comments and complaints about the service.

Is the service well-led?

Good ●

We found that action had been taken to improve leadership at the service.

The registered manager had taken effective action in response to concerns raised in our last report.

The registered manager had effective systems to monitor the performance of the home.

People expressed confidence in the registered manager and staff enjoyed working at the service.

Dimmingsdale Bank

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.

We undertook an unannounced focused inspection of Dimmingsdale Bank on 20 March 2017. This inspection was done to check that the provider had made improvements after our 14 June 2016 inspection. We inspected the service against three of the five questions we ask about services: is the service safe, responsive and well-led? The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

As part of planning the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make and we took this into account when we made the judgements in this report. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We also contacted health professionals who supported some people who used the service for their views. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit we spoke with the registered manager, four members of care staff and one agency care staff. We spoke with three people who lived in the home. We also spoke with the relatives of three people on the telephone. We observed a staff shift handover meeting. We also observed staff practices and how they supported and interacted with people. We sampled records including three people's care records, staffing records, complaints, medication and quality monitoring.

Is the service safe?

Our findings

All of the people we spoke with told us that they felt safe in the home. We saw that people looked relaxed in the company of staff. One person's relative told us, "The manager is very approachable, [service user is] just very happy. I have no worries." Another person's relative told us, "Yes, he's definitely safe." A member of staff told us, "If there are any risks for me to know about the Senior [care staff] will tell me before my shift starts."

The registered manager and staff told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused. One member of staff said, "We often get safeguarding training. I would go to the manager, wouldn't hesitate." There was information displayed around the home informing staff and visitors about how to report any concerns about people's safety. Records showed that the registered manager had notified the appropriate authorities when a person had experienced or was felt to be at risk of harm.

The registered manager conducted regular environmental checks to ensure the premises and equipment were safe to use. Maintenance records showed that when environmental risks to people's safety had been identified, prompt action had been taken to address them. During our visit the registered manager conducted a planned test of the fire detection and prevention systems. We noted that these worked appropriately and staff appeared familiar and confident to follow the set procedures.

The registered manager had assessed and recorded the risks associated with people's physical and mental conditions as well as those relating to any activities which may have posed a risk to staff or people using the service. Staff were knowledgeable about how to keep people safe and the risk presented by their specific conditions and we saw staff managing people in line with their care plans. We saw that people's care plans were updated as people's conditions and the associated risks changed. Records for a person whose behaviour could put themselves or others at risk of harm contained details of how to identify and minimise the risk of them exhibiting this behaviour. We saw that staff monitored the person's behaviour and the registered manager had maintained and reviewed records of untoward incidences which had enabled them to take action to reduce the likelihood of them reoccurring.

People were supported to move around the home safely. We observed staff act appropriately when hoisting and moving people to ensure they minimised any risk of harm. People were supported to be independent in their mobility as much as possible. But when necessary there were clear instructions about the actions staff could take to assist people to remain safe. We often saw staff speak to people or intervene if they thought people were putting themselves at risk of harm.

Staff told us that they had undergone checks through the Disclosure and Barring Service (DBS) prior to starting in their roles. The registered manager was supported by the provider's Human Resources department to obtain suitable references. Staff also confirmed to us that the registered manager had taken up references on them and they had been interviewed as part of the recruitment and selection process. People were supported by staff who were suitable.

We saw that there were enough staff to support people safely on each shift. A person's relative told us, "In the past staff turnover has been a concern but the manager is getting it together now. It's more substantial". Since our last inspection, the registered manager had taken action to recruit to vacancies and ensure a consistent staff group. This had reduced the need for agency staff use. We spoke to one member of agency staff who told us they had attended the service several times and found that they were familiar with the needs of the people they supported. During our visit, we observed this member of staff take a person out to the cinema. The member of staff confirmed they were experienced in meeting the person's needs and the person appeared relaxed in their company. Later in the day there were enough staff available to also take a person on an unplanned trip to a local shop. Records showed that when necessary, additional staff had been deployed to support people to make planned visits to the community and to go on holiday. The registered manager told us they would review current staffing levels if an additional person joined the service so as to ensure all the people who used the service would continue to be supported in line with their needs and wishes.

We saw that staff appeared unhurried and were prompt to respond to people's needs or offer reassurance. We saw staff in communal areas have time to engage in activities with people. The registered manager told us that when rostered staff were absent, their shifts would be covered by regular staff working additional hours or regular agency staff. Records sampled confirmed this. People were supported by staff they were familiar with and who knew them and their needs.

People received their medicines safely and when they needed them. Since our last inspection the registered manager had taken action to improve guidance for staff about medicines which were prescribed to be administered 'as required' (PRN). There were instructions for staff providing information about the person's symptoms and conditions which would mean that these medicines should be administered. We noted however that staff did not follow a consistent approach when recording if PRN medication had been administered so it was not immediately clear when checking if people had received their medication as prescribed.

People's medicines were administered by staff who were trained to do so. One member of staff told us how they had received training in the use of an epi pen and commented, "We know the triggers [when to use it]." Two members of staff explained how they supported one person to take their medication by playing their favourite music. This prepared the person to expect their medication and a member of staff told us, "It keeps him calm." We observed a member of staff support a person to take their medication. The person was supported at a pace which met their needs and staff explained to the person what the medication was for. People's medication was regularly reviewed by health professionals to ensure it was still appropriate. Although details about the risks associated with people's medication were stored in the medication room, this information was not available in people's care records. Staff did not have easy access to information which could promptly alert them to any signs that a person may be having an adverse reaction to their medication. We counted one person's medication which showed that they had received their medication as planned.

We saw that medicines were kept in a suitably safe location. Staff regularly recorded the temperature of the room in which medicines were stored and some staff had taken action when they felt that the room was too warm. However there was no clear guidance to identify the temperature range at which medicines should be stored. This did not ensure staff would consistently take the appropriate action to maintain a suitable room temperature. Some medicines may lose their effectiveness if stored at the wrong temperature.

Is the service responsive?

Our findings

At our last inspection we were concerned that people were not always supported to engage in activities they liked. At this inspection we found improvements had been made. During our visit, one person visited a cinema as planned. Records showed this was an activity the person had enjoyed previously. Another person received prompt support when they said they would like to visit a local shop. Three people were supported to attend a day centre which records said they enjoyed and we saw that people received support with personal care when they wanted. Staff told us they often took people out into the community and one person who used the service told us how she liked to make visits into the community to have her hair and nails done. The registered manager showed us that extra staff were on shift when necessary to help people engage in other activities they enjoyed such as going on holiday. Last year all the people who used the service were supported to go on a holiday of their choosing.

Staff knew how to support people to express their preferences. One person told us, "I've got key workers; they sort things out for you." When people were unable to verbalise their preferences we saw that they had access to communication aids which enabled them to express their views. There was guidance for staff about people's preferred communication styles in their care records. Staff demonstrated that they supported people in line with his guidance and in one instance we observed a member of staff sing to a person in order to let them know they were nearby. The person smiled and responded positively. One member of staff told us, "You know the different sounds he makes. It's really lovely to see him interact with you."

Staff supported people in line with their expressed preferences. One person told us, "They take me to the shops and outings and they take me on holiday." Staff told us how they had supported people to choose new decorations for the home. We saw that people's bedrooms were decorated in styles of their choosing and one person was being supported to renew their membership of their favourite football club. We observed staff supporting people to engage in activities they knew they enjoyed such as colouring or listening to music. One person was being supported to organise a significant birthday party.

People were encouraged and helped to maintain contact with people and organisations who were important to them. A person's relative told us, "I just visit whenever I want to. I just go." Several people were supported to operate mobile phones so they could stay in touch with relatives and friends. There were regular visitors to the home and relatives told us they were made to feel welcome. We saw that people were supported to visit their chosen place of worship and pursue their chosen religious beliefs.

Staff knew how to respond to people's care needs. One member of staff told us, "He now holds his own toothbrush. Small achievements are massive." We saw that plans had been updated in response to changes in people's needs and behaviour and on a regular basis. We saw that people had regular meetings with staff to review their care and express how they wanted to be supported. Actions from these meetings were reviewed by the registered manager to ensure people had been supported in line with their wishes. Plans contained instructions for staff about how people needed and preferred to be supported. We observed a shift handover and saw that people's latest care needs were discussed with the new staff shift so they were

aware of any changes to people's conditions and specific wishes.

People who used the service and relatives we spoke with said they felt comfortable to complain if something was not right. Staff understood the provider's complaints process and said the registered manager would listen and take action if they received information of concern. One member of staff told us that the registered manager, "Is very good. She is approachable." The registered manager told us that they were supported by other staff from the provider's head office to investigate and respond appropriately to complaints. We reviewed one complaint and saw that it had been dealt with in line with the provider's complaints policy and resolved to the complainant's satisfaction.

There was a process to review concerns and complaints to identify how similar events may be prevented from happening to other people. People could be confident that their concerns would be handled in line with good practice.

Is the service well-led?

Our findings

The provider had regard to concerns from our last inspection. They had reviewed their monitoring of the service and undertaken action to improve the quality of the care people received. The registered manager had taken action to develop a consistent staff group who were suitable deployed to ensure people took part in activities they liked. Actions from meetings held between people who use the service and their key workers were monitored and reviewed by the registered manager to ensure people were being supported in line with their preferences. Systems to ensure people received their medication safely had been improved although further action was required to monitor that medication was being stored appropriately and staff were fully aware of any potential risks associated with each person's medication. The registered manager had taken action to improve the quality of the service.

People living in the home and relatives told us that they felt that the home was well run. A person's relative told us, "They've looked after her very well. She's looked after now more than she's ever been." One member of staff said, "Communication here is really good. Clients are given choices, we are always asking them what they want to do." Throughout our visit we observed the registered manager and staff regularly approach people to offer support and check on their wellbeing. People appeared relaxed and comfortable with these discussions.

Staff we spoke with expressed their confidence in the leadership. Members of staff told us that the registered manager was supportive and led the staff team well. Staff described an open culture, where they communicated well with each other and had confidence in their colleagues and in their manager. One member of staff said, "There is always someone to ask if I'm unsure about something." Another member of staff said that the registered manager prompted staff to express their views of the service and welcomed their comments.

Staff told us and records confirmed they had regular meetings with the registered manager and were able to discuss aspects of the service which could be improved. Staff had annual appraisals to improve their knowledge and vision of the service. All the staff we spoke with understood and shared the registered manager's drive to provide person centred care to people living at the home. One member of staff told us, "The people are the most important thing."

The registered manager understood their responsibilities to the Care Quality Commission. In addition to responding to concerns identified during our last inspection, a review of incidences showed the registered manager had notified us of events and submitted additional information as and when they were required to do so. In line with their duty of candour, the registered manager had provided open and transparent responses to enquiries and safeguarding investigations by other parties. The latest inspection ratings were displayed at the home and on the provider's website.

The registered manager conducted regular checks to ensure the environment and equipment were regularly maintained and safe. They had systems for monitoring incidents and accidents to ensure that there had been an appropriate response and to determine any patterns or trends. The provider also conducted regular

reviews of the service and when necessary identified actions required to improve the quality of the service. The provider and registered manager regularly reviewed these actions to ensure they had been effective.