Livlife (UK) Limited

Dulwich Manor

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?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

Dulwich Manor is owned by Livlife (UK) Limited. The service is situated in Derby, and provides care and support for up to 9 people over the age of 18 years with either a learning disability or a mental health need. At the time of this inspection there were seven people accommodated.

This inspection took place on 22 and 23 April 2015. The first day was unannounced.

At our last inspection in June 2014 the service was not meeting the regulations we inspected with regard to the care and welfare of people, ensuring staff had the necessary training to provide relevant care and having systems to ensure the quality of services provided to people. We followed up these issues and found improvements had been made, though further improvements were needed to ensure people were supplied with a service that meets fundamental standards.

A registered manager was in place. 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 and associated Regulations about how the service is run.

Summary of findings

Since our previous inspection in June 2014, we had received information from the local authority stating that the service had made improvements to the premises, staff training and quality assurance, but more progress was needed.

People and their relatives said they felt safe in the service.

Testing of fire systems was in place though structural fire requirements had not been fully installed.

The service was not completely following the guidance in people's risk assessments and people were at risk of unsafe care.

Staff had received training on how to protect people who used the service from abuse or harm. They demonstrated they were aware of their role and responsibilities in keeping people as safe as possible.

The Commission had not been informed of a situation of potential abuse to people which meant that monitoring action to prevent these situations and keep people safe could not be considered.

Staffing levels needed to be reviewed to ensure people's needs were always met.

We found people received their prescribed medication in a safe way by staff trained in medication administration.

Detailed risk assessments had not always been undertaken to inform staff of how to manage and minimise risks to people's health from happening.

The provider supported staff by an induction and some ongoing support, training and development. However, effective training had not been provided to all staff, though we saw evidence this had been planned for the near future.

The Mental Capacity Act (MCA) 2005 is legislation that protects people who may lack capacity to consent to their care and treatment. We found examples where the manager was following this legislation, which informed us that people's capacity to consent to specific decisions had been assessed appropriately.

People who used the service had their dietary and nutritional needs assessed and planned for, though treatment prescribed from a GP and medical specialist had not been fully included in a person's care plan to ensure effective care was provided. People received a choice of what to eat and drink and staff supported them to maintain their health and they liked the food provided.

People who used the service and relatives told us they found staff to be caring, compassionate and respectful. Our observations found staff to be kind and attentive to people's individual needs.

Proper referrals have been made to medical professionals to respond to concerns about people's health.

People were encouraged to be as independent as possible. People had their rights respected in terms of privacy, dignity and independence.

Activities were provided though provision was limited and needed to be expanded to respond to people's preferences.

Complaints had been followed up, though the complaints procedure did not contain full information as to how to make a complaint which may have prevented the service responding to concerns that would otherwise have been made.

The provider had internal quality and monitoring procedures in place. These needed to be strengthened to prove that necessary actions had been implemented to provide a well led service.

The manager enabled staff to share their views about how the service was provided by way of staff meetings and supervision. Staff said management provided good support to them. These issues were well led.

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 service was not consistently safe.

Recruitment procedures designed to keep people safe were not completely and needed improvement to ensure references came from previous management employers.

Neither the local safeguarding authority nor the Commission had been informed of a situation of potential abuse to a person, which meant that monitoring action to prevent these situations had not been comprehensively taken.

Medication had been supplied to people as prescribed. People were given their medicines when they needed them.

Recruitment procedures designed to keep people safe were in place so needed improvement to ensure references came from previous management.

Staff were not aware of how to report concerns to all relevant agencies if the service had not acted properly to protect people.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Risk assessments were not fully in place to protect people people's health.

The provision of training to staff was not up to date to ensure all staff had the necessary skills and knowledge, though training had been planned for the near future

Staff had been aware of the process of assessing people's mental capacity to ensure people were able to choose how they wanted to live their lives.

Staff received supervision to support them to provide care to people.

People and their relatives reported that care was available when needed.

People reported told us the food was of good standard.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People and their relatives said staff were kind and caring, treated them with dignity and respected their choices.

Staff showed consideration for peoples' individual needs and provided care and support in a way that respected their individual wishes and preferences.

We saw no evidence from people's records that they had been involved in planning for their care needs.

Summary of findings

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Risk assessments of peoples' plans of care, needed to provide people with safe care, were not always in place for staff to follow, although people and their relatives told us that they had received care that met their needs.

Activities had been provided but not always in line with peoples expressed preferences.

Staff had relevant information on people's needs as they had read people's care plans.

The complaints had been made People and their relatives told us that they had received care that met their needs.

Complaints had been appropriately investigated although but the complaints procedure did not give comprehensive detailed information as to how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Incidents involving people had not always been reported to us so that we could consider whether we needed to inspect the service to ensure it was meeting its legal obligations to keep people safe.

We found out systems had been audited to try to ensure the provision of a quality service, though issues identified had not all been followed up.

Staff told us the registered manager provided good support to them and had a clear vision of how quality care was to be provided to people and their rights respected.

People told us that management listened and acted on their comments and concerns.

Dulwich Manor

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 & Social Care Act 2008 Regulated Activities Regulations 2014, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 22 and 23 April 2015 and was unannounced. The inspection team consisted of one inspector and an expert by experience on the first day and one inspector onf 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.

We also reviewed information we received since the last inspection including information we received from the local authority and the fire service. We had received information in February 2015 that the service had not met fire regulations and was subject to an improvement notice, so we followed up this issue.

During our inspection we spoke with the registered manager, the deputy manager, the provider, a visiting social worker, the area manager, six people that lived in the service, three relatives, a community nurse and three care staff.

We observed how staff spoke with and supported people living at the service and we reviewed three people's care records. We reviewed other records relating to the care people received. This included the fire records, audits on the quality and safety of people's care, staff training and recruitment records and medicine administration records.

Requires Improvement

Is the service safe?

Our findings

We spoke with six people who used the service and three relatives.

All the people who lived in the service said that they felt safe living there. One person said; ''Yes, (I feel) safe''

We spoke with three relatives. They all said they felt their relatives were safe living in the home. One relative said; "'Yes, she is safe here."

At our last inspection in June 2014 we had concerns about the premises, so we followed this issue up. We found that a number of issues had been improved to keep people safe. For example, installing a ramp and grab rail to the front of the home to give support to people.

At the time of this inspection the service had been served an improvement notice from the fire service. The manager explained that this had entailed structural works to be carried out, and building regulation approval had been needed. This was confirmed by the fire officer. There was evidence these works had commenced by the creation of the new doorway in the lounge to create a proper fire lobby area. Since the inspection, the fire officer has stated that improvements to the premises have been carried out. This means that people are better protected and safer from fire risks.

We looked at fire records to see whether people had been protected from fire risks. We found that testing fire equipment had been carried out regularly. Fire drills have been regularly conducted to ensure staff knew what to do in the event of an incident to ensure people were safe.

We saw a referral to the local authority in January 2015 where a person may have been abused by another person. We asked the manager why a safeguarding notification had not been reported to us. He said he thought this had happened but we had no record of it. The manager said he would follow this procedure in the future. This will help to ensure people are kept as safe as possible when abuse takes place.

We saw that people had risk assessments in their care plans designed to keep them safe. Risk assessments were also available as to general risks in the home. For example, there was a risk assessment relating to nutrition, falls, pressure sores, and a behavioural risk assessment that included how to manage risks to the person and other people.This provided proof that the manager had tried to minimise risks to people safety.

Referrals are made to external health professionals where specific needs are identified. For instance we saw that a person had been identified as having 'challenging behaviour'. There had been referral to a community psychiatric nurse and staff had recorded behaviours and behaviour management plans outlining actions to be taken to divert and manage their behaviours. Staff were aware of these plans to ensure people safety.

The provider had safeguarding policies and procedures in place. These were designed to protect people from harm. Staff we spoke with had an understanding of their responsibilities and told us they would immediately raise any concerns with their line management. If management did not act properly, staff knew of relevant agencies to report their concerns to, although not all staff knew all of the relevant agencies. The manager stated all staff would be informed of this information in a forthcoming staff meeting, and this would be followed up in staff supervisions. This will ensure staff report relevant agencies in the event of abuse, to keep people safe.

We looked at accident records. We found that whenever people had been injured following falls, staff had acted appropriately by referring to medical personnel to promote their health needs.

People told us they had received their medication when they were supposed to get it. We observed staff supplying medication to people. This was carried out properly. We checked medication systems and found them to be secure with records properly in place which indicated people had received their medication safely.

Two people we spoke with said they thought there were usually enough staff in the home to meet their needs. Staff members told us that there generally enough staff on duty to meet people's needs and keep them safe.

Staff told us they had followed various recruitment procedures such as completion of an application form, interview, and proper criminal checks had been taken up. We looked at four staff files and found recruitment processes, designed to keep people safe, had been follow this ed. However, we saw instances where the reference

Requires Improvement

Is the service safe?

taken up had not been from the line manager which may not have given a fully objective account of the person's abilities and character. The manager said this issue would be followed up for future staff recruitment.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in June 2014 we had concerns about the training provided to staff, so we followed this issue up.

We spoke with a member of staff who told us, ''We have been doing a lot of training recently and I know other training is going to be supplied."

A system was in place to provide staff with training. We looked at the training matrix, which showed the training that staff had undertaken. We saw that staff had not always been provided with training in line with the provider's training programme. For example, some staff had not had training on issues such as the Mental Capacity Act (MCA) 2005 and health conditions such as epilepsy and diabetes. The manager stated that more training had been organised and we were supplied with evidence of this. This should help to provide a more effective service.

We saw records of staff supervision. This meant staff had an opportunity to discuss their roles and their training needs to provide an effective service.

The provider was ensuring that the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being followed. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. The DoLS are a legal requirement that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted, in their best interests, to keep them safe. Records we looked at showed people's capacity to make decisions had been assessed.

Staff we spoke with understood the basic principles of the MCA. They gave examples of how they offered choices to people and ensured their consent before providing support.

We did not see evidence of where people had capacity to make decisions, for example, that they signed their care plans, so this did not give consent to care. The manager said he would follow this up. He later sent us evidence this had been carried out for one person. We did observe a person being assisted to transfer from a wheelchair to a chair and the staff member asked the person's consent to this care, and characters have carefully, which showed effective care was given.

We saw that people's health needs had been recorded in their care plans. This showed visits to healthcare professionals such as GP, dentist and dietician so that effective treatment could be provided.

Three people we spoke with told us they liked the food and were happy with the choice, quantity and presentation of the food. One person told us; ''Yes, I choose food.''

Each person had a nutritional assessment. We saw that a person had been referred to dietician where there were concerns about eating. We saw that people's weight was monitored on a monthly basis. One person had been a significant unplanned weight loss. A proper referral had been made to medical personnel so this could be reviewed and acted upon.

We saw that a person had been assessed as having a very high risk of losing weight. There was a risk assessment in place to prevent this from happening. However, we noted from a GP report in February 2015 the GP had directed that specific foods and drink should be encouraged. This had not been detailed in this person's risk assessment so there was a risk that proper action would not be taken to protect this person's health. The manager said this would be followed up. We spoke to staff. They had an understanding of what type of diet this person needed, so this lessened the risk of the person not receiving food and fluids that were relevant to treat this condition.

We saw staff bring a menu round to individual people to choose their evening meal, and ask what people wanted. There was a choice of meals.

We saw the mid-day meal served in the dining room/ lounge area. There was a choice of main dishes and dessert. People chose and enjoyed their meal in a calm relaxed atmosphere. There was a positive dining experience for people. The people we spoke with were happy with the choice and quality of the food.

We saw drinks were available and given to people throughout the day.

We saw there was one person accommodated at the moment from a minority community. Their care plan indicated they liked food from their cultural background. However the information was not specific as to how

Requires Improvement

Is the service effective?

frequently the person wanted to have this food preference It merely said that this food was liked ‘ ` now and again.’’ The manager said this would be followed up so that the person could enjoy favourite foods.

We saw that the menu included a choice of meals. Staff told us that if people did not like the food offered they would be supplied with something else.

Requires Improvement

Is the service caring?

Our findings

The people we talked with said all the staff were caring and friendly. A person told us,; ''People who work here are caring.'' Another person said;; ''I get privacy all the time. I do things myself. I go out when I want to go. Nobody stops me. Yes, I choose what I do all day''.

Relatives told us,; ''I'm here all the time and I see them care. Privacy and dignity she has alright.''

''They're excellent here. There's not one of them that I could criticise and that's honestly what I think. '' ''My (other relative)'s been …and says she's happy and fine.'' ''It's always a pleasure to say this - but they care for her. It's a good job those people are there''. This showed that people were provided with a caring service from the staff at the home.

They told us they were not aware of their plans of care or had any input into their reviews. The manager said this would be followed up. People told us their friends and relatives could visit them at any time and staff always welcomed visitors. This showed that staff help to maintain and respect family relationships.

We spoke with a visiting social worker who said that she thought good care was being provided to people living in the home. She found that the atmosphere in the home was relaxed and friendly and staff were positive in their dealings with people. We also spoke with a nurse who said she had been impressed by the way staff had spoken with people, in a friendly and encouraging way.

During our inspection we observed positive relationships between people using the service and staff. People were treated with respect and approached in a kind and caring way. Staff were able to give us examples of how they protected people's privacy and dignity when supporting them with personal care, such as locking doors to bathrooms when providing personal care. We found staff were calm and patient and explained things well to people.

People told us staff protected privacy when supporting with personal care. For example, they checked with them about their wishes and preferences and knocked on their bedroom doors before entering.

We saw examples where people were supported to express their views and be actively involved in making decisions about their care but they were not aware of their plans of care or had any input into their reviews. The manager said this would be followed up.

Requires Improvement

Is the service responsive?

Our findings

Relatives told us; ‘’They take the initiative and phone me to tell me anything…they communicate all the time.’’ ‘’The GP they usually phone, but I'm here every other day so I know if something's not right… (she is) a diabetic and had leg ulcers and they got onto it straightaway and phoned the doctor, whether it's the GP or emergency service they ring straightaway. I've got no concerns at all.’’

'They have written to me about meetings and reviews, but I couldn't make it. But when I ring up and ask how she is, they tell me. A person told us; 'No, I don't go to the shop. But I do like shopping. I need things to buy. The area manager said they asked people if they want to go shopping on food shopping days and go to a pub nearby. ‘They have written to me about meetings and reviews, but I couldn't make it. But when I ring up and ask how she is, they tell me. Another relative said; ‘’Yes, they usually do a yearly review and if I ask them, I read the care plan when I need a catch up. We've had updating the other week.’’ A relative told us,: ‘’We get good contact. (The manager) usually calls about anything that's happened, and did call (recently) because she just had a fall and they had to take her to hospital.’’

These views showed us that the service responded to people's needs.

At our last inspection in June 2014 we had concerns about the care and welfare provided to people, so we followed this issue up.

We saw risk assessments in place in people's records of care we looked at. For example, there was a risk assessment relating to nutrition, falls, pressure sores, and a behavioural risk assessment that included how to manage risks to the person and other people.

We asked staff members if they had read people's care plans. They told us that they were asked to read care plans by the manager. They were in the process of reading updated care plans. This meant that staff were aware of the care they should be providing to meet people's health and welfare needs.

The care records we looked at we contained details and information to assist staff in providing care and support to people in the way they wished. Referrals are made to external health professionals where specific needs are identified. For instance we saw that a person had been identified as having ‘challenging behaviour’. There had been referral to a community psychiatric nurse and staff had recorded behaviours and behaviour management plans outlining actions to be taken to divert and manage their behaviours. Staff were aware of these plans.

Care plans contained some information about people’s preferences for daily living and their past history though this was short on detail. The manager said this information would be expanded to enable staff to comprehensively understand people's individual needs and able to respond to them better.

Staff members told us that there was not enough time to provide one-to-one care for people to give them more personalised activities. The area manager stated that this had been recognised and an application for increased funding had been made to the local authority, but this had not been successful. . The registered manager supplied us with a staffing needs assessment. This indicated to staff on duty at all times with provision for increased staff at certain times and when the numbers of people accommodated at the home increased.

A person told us he went out every day and met friends. He said he went to Blackpool on a trip from the home and went for a pub lunch. He was able to go to the GP himself and staff rang to make the appointment for him. This showed that he was to be independent while getting support from staff when he needed it.

Another person told us; 'No, I don't go to the shop. But I do like shopping. I need things to buy.’’ The area manager said they asked people if they want to go shopping on food shopping days and go to a pub nearby. Another person said; ‘’Yes, they usually do a yearly review and if I ask them, I read the care plan when I need a catch up. We've had updating the other week.’’

We saw there was an activities programme in place. However, for one day a week it recorded people going out into the garden. This did not appear to be an activity in itself as people could go out into the garden at any time in any case. People we talked with said there were activities for them to participate in which they enjoyed. This included crafts and music. However, in the main lounge, the TV was on loudly with no one watching it. The manager told us

Requires Improvement

Is the service responsive?

that he had asked staff to put on music of people's choice instead of just always having the TV on. He said he would follow this up. This would then respond to people's individual needs.

There were also entries in the minutes of residents meeting in March 2015 that someone wanted to dance, someone wanted to go to a museum and to the shops and another person wanted to go to the theatre. However, there was no action plan in place to see whether these activities have taken place. The manager said this would be followed up and arranging more trips out.

People told us that staff offered them choices. For example, there were choices of food, of clothes and when they wanted to get up and go to bed. We also saw that people had a choice as to whether they wanted to participate in activities. This responded to people's needs.

People told us staff protected privacy when supporting with personal care. For example, they checked with them about their wishes and preferences and knocked on their bedroom doors before entering.

A person said; ''I don't need to make a complaint. If I need anything, I've only got to say to (the manager) and he's taken it on board straightaway.''

Two people and one relative using the service told us that they were aware of the complaints procedure. They said they would make a complaint to a member of staff or to the manager if they needed to. We looked at records of complaints. We found evidence that concerns had been recorded and followed up, which responded to people's concerns.

The complaints procedure showed that people could complain to management and but did not include information about how to raise concerns with the ombudsman if necessary. However, it did not give details of the lead authority for investigating complaints. The manager said the procedure would be amended to include this and take out the reference to the Care Quality Commission investigating complaints, which is not a legal duty of the Commission.

Is the service well-led?

Our findings

At our last inspection in June 2014 we had concerns about the quality assurance systems of the home, so we followed this issue up.

We saw that people and their relatives had been provided with a satisfaction questionnaire to give their views of the service. However, this had not been analysed with actions in place to meet the issues raised.

We saw other audits. These included reviews of hygiene and infection control, health and safety, accidents, management audit of all systems such as care plans, safeguarding, staffing, training, a provider review, social activities and medication.

There were records available evidence that 'residents meetings' had been held. Meetings provide an opportunity for people to feedback comments or concerns to the management team. We saw the meeting minutes of October 2014. They stated that people wanted to have more day trips to places such as the garden centre, can now[MZ3] , art gallery, museum, bus trips and the pub. However, there was no evidence we saw that these requests and suggestions had been issues had been actioned. The manager recognised this and said they would be held more frequently in the future and that there would be evidence of consideration to people suggestions.

We did not see a comprehensive incident management system in place. Accidents had been recorded, but there was no analysis of individual accidents and incidents, and no analysis of this information to look for trends and themes so as to learn from incidents and accidents. This meant there was a risk that staff would not learn from these situations so as to help to prevent and reduce the potential harm to people. The manager recognised this and said this would be carried out in the future.

There were other quality assurance and audit processes in place, such as medication, premises and plans of care audits. These helped management identify any problem. There were action plans in place to show that effective action had been taken to ensure a quality service was provided.

However, audits had not always been detailed. For example, the monthly audit did not state whether staff were up-to-date with fire drill training and the maintenance audit did not always indicate how long it took for the maintenance to be carried out to check whether this had been actioned as quickly as needed. The manager said audits would be reviewed and made more meaningful in the future. What was missing?

The home had a registered manager in place, who understood their legal responsibilities under the regulations.

We saw records of an incident where people living in the home had been subject to alleged abuse. There was no indication in records that this incident had been reported to us. The provider has a legal duty to report such incidents to both CQC and the local authority.

Relatives told us that management were very approachable when they had raised any issues, which had been quickly responded to.

All the staff we spoke with said that the management were always available to speak with about any issues they had and they always provided positive support. One member of staff told us, "If I need to talk to the manager, he is always there to give advice." Staff also told us that the management had emphasised that people's rights should be protected and promoted. This gave a strong message to staff as to the importance of preserving and enhancing people's rights.

A relative said,; ''He's a good manager and he wouldn't allow any concern not to be sorted out. He never raises his voice …. I don't hear anything (that isn't right). It's a happy place. [(A person living in the home]) was petrified when he came here and now he sings as he walks down the corridor.'' A person who used the service told us,; 'It's always been easy to talk to the manager and other staff. They're very open to talk'.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.