

# Dunstall Enterprises Limited

# St George's House

## Inspection report

19 Church Street  
Uttoxeter  
Staffordshire  
ST14 8AG

Date of inspection visit:  
29 December 2016

Date of publication:  
14 February 2017

### Ratings

Overall rating for this service	Good ●
---------------------------------	--------

Is the service safe?	Good ●
----------------------	--------

Is the service effective?	Requires Improvement ●
---------------------------	------------------------

Is the service caring?	Good ●
------------------------	--------

Is the service responsive?	Good ●
----------------------------	--------

Is the service well-led?	Good ●
--------------------------	--------

# Summary of findings

## Overall summary

This inspection was announced and took place on 29 December 2016. This was the first inspection since the provider registered at the location in September 2015. We had inspected the service when it was registered at a previous location and at that time, the provider was meeting the standards we looked at. The service was registered to provide personal care support to people living in their own properties that were part of a supported living service. At the time of our inspection, 20 people with learning disabilities were using the service across five properties. We visited three of the properties during this inspection visit and the registered office base.

There was a registered manager in post. 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 were supported to have maximum choice and control of their lives. However, when people were not able to make decisions about their support, the provider did not always ensure that they had the information needed to confirm who could make decisions on their behalf. Even though people's capacity had been considered, the provider had not assessed this and was not able to show why some decisions made on behalf of people were in their best interests.

People were safe receiving support from staff who had the knowledge and skills needed to protect people from harm and abuse. Risks to people were assessed and managed to keep them safe at home and in the community. There were enough staff available to meet people's needs and the provider had safe recruitment processes in place. People were supported to have their medicines safely and as prescribed.

Staff were supported and worked well as a team. They were equipped with the knowledge and skills needed to carry out their roles. People were supported to maintain a balanced diet and good physical health.

People were treated with kindness by staff who were caring. People were encouraged to make decisions about their care and staff knew how to communicate with people to enable them to be involved. People's skills were recognised and they were supported to be independent. People's privacy was respected and their dignity promoted. Relationships were maintained and families were able to visit when they chose.

People were involved in the planning of their care and received support that was individual to them. People's views were respected and they were supported to take part in activities that they enjoyed. People were encouraged to give feedback about their support and knew how to raise any concerns or complaints.

A positive open culture was promoted and people were positive about the management and leadership in place. There were effective systems in place to monitor the quality of the service. These were used to drive continuous improvements.

## 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 ●

The service was safe.

People were safe receiving support from staff who had the knowledge and skills needed to protect people from harm and abuse. Risks to people were assessed and managed to keep them safe at home and in the community. There were enough staff available to meet people's needs and the provider had safe recruitment processes in place. People were supported to have their medicines safely and as prescribed.

### Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff supported people to make decisions about their care. However, when people were not able to make decisions about their support, the provider did not always ensure that they had the information needed to confirm who could make decisions on their behalf. The provider had not always assessed people's capacity when needed and could not consistently show why decisions were made in people's best interests. We have made a recommendation about working in accordance with the Mental Capacity Act. Staff were equipped with the knowledge and skills needed to carry out their roles. People were supported to maintain a balanced diet and good physical health.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness by staff who were caring. People were encouraged to make decisions about their care and staff knew how to communicate with people to enable them to be involved. People's skills were recognised and they were supported to be independent. People's privacy was respected and their dignity promoted. Relationships were maintained and families were able to visit when they chose.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning of their care and received support that was individual to them. People's views were respected and they were supported to take part in activities that they enjoyed. People were encouraged to give feedback about their support and knew how to raise any concerns or complaints.

**Is the service well-led?**

**Good** ●

The service was well led.

The service had a registered manager in post, and they promoted a positive open culture. Staff felt supported, worked well as a team and people were positive about the management and leadership in place. There were effective systems in place to monitor the quality of the service. These were used to drive continuous improvements.

# St George's 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 visit took place on 29 December 2016 and was announced. The inspection team consisted of one inspector. We gave the provider 24 hours' notice because the location provides personal care support in supported living houses and we needed to be sure that someone would be in.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also asked the local authority for feedback. We used this information to formulate our inspection plan.

We also had a provider information return (PIR) sent to us. A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. As part of our planning, we reviewed the information in the PIR.

We spoke with two people who used the service, six members of care staff, two seniors and the registered manager. We spoke with one relative and received feedback from another five relatives. Some people were unable to tell us their experience of their life in their homes, so we observed how the staff interacted with people in communal areas.

We looked at the care plans of two people to see if they were accurate and up to date. We reviewed two staff files to see how staff were recruited and checked the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We also looked at records that related to the management of the service. This included the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

## Is the service safe?

### Our findings

People were safe receiving support from the staff. One person said, "I'm really happy living here; the staff make me happy. Nothing makes me feel frightened." One relative told us, "We need to have a lot of trust in the staff; and we can tell by the way our relation is and how they are with the staff that they are happy. They are definitely safe with the staff that support them." One staff member commented, "It's our responsibility to keep people safe; we have to give people choices, but their safety is the most important thing."

People were supported by staff that were knowledgeable in safeguarding people. Staff were able to recognise the signs of potential abuse. One staff member said, "We are always on the lookout for anything that may be a concern. It might not be something obvious like bruising; there maybe changes in a person's general demeanour. Things like that can tell us that something maybe happening. So we have to know how people usually are." Staff were aware of the procedures to follow if any issues were raised. One staff member told us, "We all know how to raise any concerns, and have the contact information on our ID badges, so it's always close to hand." Staff told us that any concerns would be dealt with. One staff member said, "I'm 100% confident that the management would refer any concerns on. And we all know to record any issues on people's care records." We saw the registered manager had notified the local authority and us when safeguarding issues had arisen. This ensured that people were protected from potential abuse.

Some people who used the service had epilepsy, and staff were trained to manage any risks associated with this condition. One staff member told us, "We have clear information to follow if people have a seizure, and each person is different. The first time I had to deal with this I was confident in what I was doing as I had been told." We saw that the clinical lead had updated people's epilepsy management plans as needed. Some people had movement sensors in their beds that would alert staff if people were having a seizure during the night. One staff member said, "We were all involved in ensuring this was the best way of doing things; it meant that we wouldn't have to disturb people during the night if we were checking on them, but would be alerted quickly if people needed our support."

Some people could become anxious, and staff were trained to support them if this happened. One staff member said, "We have group training to know how to support people if they get upset. Some people use their behaviour to communicate, so it is important we know what to do in these situations, and prevent things from happening in the first place." Another staff member told us, "Everyone is different; some people respond best if they are left alone for a while, other people may need us to sit with them until they become calmer." We saw very few incidents had occurred when people became anxious, and when these did happen, the incident was reviewed and analysed to see what staff could do differently to minimise the chance of the event repeating itself. The care records we looked at detailed how people should be supported in these situations and gave staff clear guidance to follow.

People were supported to move around their home safely. One relative commented, "The staff always ensure our relation uses the equipment they need to keep safe when moving round." One staff member told us, "When needed, people have input from the occupational therapist. They assess and review people and make sure the equipment they have is suitable. We are shown how to use this for each person and they

make sure we are using the equipment properly." We saw that the houses had certain adaptations made to make the home environment safer for people to use, for example, handrails fitted in various rooms for people to hold onto.

Staff supported people to make decisions about taking risks. For example, some people had learnt how to use specific bus routes to get to places independently. One staff member said, "We will support people to travel to places on their own. A carer will go with them until they have learnt the route and is happy that they are safe to do this on their own." We saw that this potential risk had been assessed, reviewed and managed.

The provider had considered people's safety at home in case of an emergency occurring. One person said, "I'll let staff know if I'm going out in case there is a fire. It's important they know where people are." Another person commented, "We had a fire practice and all had to go outside when the alarm went off." We saw that when people needed support to respond to emergencies, a personal evacuation plan was in place. This information was reviewed to ensure staff knew how to support people if an emergency happened.

There were enough staff available to meet people's needs and keep them safe. One person said, "The staff are here if I need them." One relative told us, "There is someone there all the time for my relation." One staff member commented, "There is enough staff to meet people's needs. There are always adequate staffing as its based on the care hours people need." We saw the provider assessed the staffing levels according to the needs of the people who used the service and this was reviewed to ensure that people received the level of support they required. The provider had systems in place to provide cover for staff absences. One staff member said, "Even though everyone has a particular house as their main place of work, we make sure that each staff member knows the people in the other properties. This means that we can make sure that there are staff who know people when cover is needed."

The provider considered the suitability of the placement before new people were introduced. One staff member told us, "When potential new people have their introductions, we do look carefully if we can meet their needs. It has happened that placements have not gone ahead as we would not have been able to and it wouldn't have been right for them or the people that already live here."

We checked to see how staff were recruited. One staff member said, "They got two references and a full work and education history. I also had to wait for my DBS check to come back before I could even start my induction." The disclosure and barring service (DBS) is a national agency that helps employers make safer recruitment decisions and prevent unsuitable candidates from working with people. They are responsible for processing requests for criminal records checks and deciding whether it is appropriate for a person to be placed on or removed from a barred list. The recruitment records we looked at showed that pre-employment checks were carried out before staff were able to start work. This demonstrated the provider had safe recruitment processes in place.

People were supported to have their medicines safely and as prescribed. One person told us, "The staff give me my tablets every morning. If I've got a headache I will tell the staff and they get me something for it." Another person said, "The staff write down in the book every time I have a tablet." One staff member said, "Each shift leader is responsible for managing people's medicines. You have to have the training before you are allowed to administer medicines. The senior then completes a weekly check to make sure the records are completed correctly and that the stocks are correct." We saw the clinical lead would complete comprehensive checks that people's medicines were being administered correctly and would also provide the necessary training for staff to do this. This demonstrated the provider had systems in place to ensure people received their medicines safely.

## Is the service effective?

### Our findings

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. People can only be deprived of their liberty so they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the provider was working within the principles of the MCA.

We were told that some people who used the service did not have the capacity to make decisions about their care. One staff member said, "We're responsible for their health and wellbeing as they don't understand this themselves." We saw that some people's families had made applications to the Court of Protection and they had been authorised to make certain decisions on the person's behalf. However, the provider had not always checked to see what legal authorisations were in place. This meant they could not be sure who had been given authority and which decisions this applied to. The provider had recognised that some people could not make decisions about their day to day care, and while this had been considered within the care plans, they had not always assessed their capacity in line with the MCA guidance. We saw that people's families and other people that were important to them had been involved in discussing what support would be in the person's best interests. However, the MCA guidance was not always followed to evidence this.

We recommend that the registered manager should identify the people who were not able to consent to their care. And following this, they should complete the necessary capacity assessments and evidence why receiving the support is in the person's best interests. We also recommend that the provider ensures they have evidence of any authorisations that the Court of Protection have granted.

Some people were able to make decisions about the support they received. One person told us, "The staff never do anything I don't want them to do." Staff supported people to make decisions. One staff member told us, "We help people to understand by using objects of reference; we'll show them items that can help them to make decisions. For example, showing someone a cup will help them choose if they want a drink." We saw that staff used various methods of communication to enable people to make choices. For example, people were shown pictures and some people used Makaton to help them communicate. Makaton is a specific sign language that is used by people with learning disabilities. We saw the staff were aware of how people communicated and the records we looked at gave staff information about this. This meant that people were enabled to make their own decisions when they could.

Staff had the knowledge and skills needed to carry out their roles. There was an induction programme available for new staff. One staff member said, "The induction I had was really good. To begin with I was shown round and met everyone. I shadowed quite a few shifts and used that time to stand back, look, listen and learn. I was given the chance to read up on people's care needs and risk assessments. I was told that if I wasn't comfortable I could take more time. The whole process was really helpful and gave me confidence to

work with the people here." The manager supported new staff to complete the Care Certificate that sets out common induction standards for social care staff and was introducing it for new employees. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. This demonstrated the provider supported new staff to ensure they could carry out their roles and meet people's needs.

Staff received training to enable them to carry out their roles effectively. One staff member told us, "We had training as a group to give us skills to support people, for example people who have epilepsy. And we also use on line training for other areas." Another staff member commented, "If there is anything we're not sure about, we can request training; but all the training I've had gives me the skills I need to support the people who live here." Staff told us how their knowledge was assessed and how they had to demonstrate putting their learning into practice. The provider kept information about the training that staff required, and a system was in place to highlight when any training was due.

People enjoyed the food and were involved in making decisions about their meals. One person told us, "We have a rota for making the meals in this house. I like to make cheese pie; it's my favourite." We saw that when able to, people prepared their own food. One person said, "I will get myself a snack at lunchtime; there is always something I like to eat." Staff ensured that people had enough to eat and drink. One relative told us, "It's important for my relation to have their fluids monitored and the staff keep up to date records of this." One staff member said, "We follow any nutritional guidance that we're given. We also get information from people's families who can tell us about people's preferences if they can't tell us themselves." We observed staff offer snacks and drinks to people, and when they needed help to eat, this was done in a patient and caring manner. People were supported to make choices about their food by being shown items they could then chose from. This meant people were involved in decisions and supported to maintain a balanced diet.

People were supported to maintain their physical health and wellbeing. One person told us, "I go to the doctors for a check-up, and the dentist. The staff help me sort it out." One relative said, "It was so reassuring that the staff understood our relations health needs. The clinical lead is always on hand for the staff if they have any issues or queries." Another relative commented, 'Our relation is clearly a great deal more healthy than they were.' One staff member said, "As some people can't tell us if they are unwell, we have to observe people. If there are any concerns, we will call the doctor and let people's families know. We also get support from the clinical lead." One staff member told us, "We will go to appointments with people's relations; it's really important that we have all the information we need first hand." We saw that referrals were made to various healthcare professionals when needed, and that any recommendations made were acted upon.

## Is the service caring?

### Our findings

Positive caring relationships had been developed between people who used the service and the staff. One person told us, "The staff are friendly and kind." Another person said, "The staff are nice to me. They talk to me and listen to what I say." People were happy with the care they received. One person commented, "It's good living here. I like it." One relative told us, "I know my relation is happy here; they may not be able to say, but I would pick things up if there was any problem." Another relative commented, 'We were quite impressed by the very caring attitude of the staff.' We observed staff interacting with people in ways they understood, and saw people laugh and joke together. Staff knew people well and we saw them spending time with people even when they were not supporting them with their care needs.

People were involved in planning their own care. One person said, "I just choose what to do; I always have." We observed staff offering options to people if they were not able to express their views verbally. Staff knew how to communicate with people. One staff member commented, "Some people need time to process information, and it's important we know that and are patient with them." Another staff member told us, "It's all about how we enable people to understand what is happening and what we're saying. For some, they can understand what we say, for others it is more difficult. But we have to find out and alter our communication to suit them." We saw that when people needed help to express their views, they had been supported by an advocate. An advocate is an independent person who represents the interests of people who may find it difficult to speak out for themselves.

People's privacy was respected. One person told us, "The staff only come into my room if I want them to." One staff member said, "We will leave people in the shower on their own if it's safe. They will then say when they are ready for us to go back in to help them." Another staff member told us, "We will make sure people have closed the doors and blinds when they are in the bathroom. Sometimes they may need reminding, or we need to do it for them." People's records were kept securely to ensure confidentiality. Staff discussed people discreetly and treated people as adults to ensure their dignity.

Staff promoted people's independence. One person said, "I'm independent; it's important to me." Another person told us, "I'm going out this afternoon on my own to have a look round the shops. I can do this if I want to." One relative commented, 'Our relation has transformed from a person with virtually no skills into a much more confident, happy person (who can cook with guidance) who is infinitely more independent.' One staff member said, "We will encourage people to have a go at things themselves." They added, "If people are able to, we support them to travel to places in the bus independently." Another staff member told us, "We are always considering how to promote people's daily independence skills. We will take photos of people participating in different things round the house. It is good for their families to see what people have achieved. It's also good for people to look at the pictures to see what they have been doing." Another staff member commented, "There are some people who have achieved the goals they set; they are now doing all the things they wanted to do. We have talked about the future and where they see themselves, but at the moment they are not ready to take the next steps. If you push too much, it can stop the progress, so we have to do it their way." This demonstrated that people were able to have choice and control in their lives.

People were able to keep in contact with their families. One relative told us, "We were told 'it's their house, so you can come and go as you want.' We are always made to feel at home whenever we visit." Another relative commented, 'Their home is always pleasant to visit, and very welcoming.' One staff member said, "Some people have visits home every weekend, and their families can visit whenever they want." This demonstrated the provider encouraged families to continue to be an important part of people's lives.

## Is the service responsive?

### Our findings

People were involved with the assessment and planning of their care. One person told us, "They asked me what I liked and what I wanted to do." Another person said, "My friend thought it would be good for me to live here; but it was my choice. I decided that I wanted to." One relative commented, "We sat with the manager and staff and explained how things needed to happen. We passed on all the information about how we used to do things, and they listened to us and took it all on board." The support that people received was individual to each person. One staff member said, "Each person is different, with their own personalities and needs. All their support reflects their differences; from their rooms to their activities." We saw that people's care records reflected their individuality and were personal to them. Staff told us how these records supported them to carry out their roles. One staff member said, "The care plans back up the information about people's support and give us advice. They are really helpful and everyone is involved in developing them and keeping them up to date." The provider had systems in place to ensure that people's care records were reviewed and reflected their current needs.

People and their families were involved in decisions that impacted on the support people received. This included when new people were being considered for any vacancies in the properties. One relative commented, 'There is careful consideration that all the tenants are compatible.' One staff member told us, "There is a lot of work that goes on if a new person is looking to move in. There is always a transition period and people will have a number of visits before any decisions are made. If people who live here are able to say, they will tell us if they like a new person or not. If people can't tell us, we will observe how they all get along." The provider ensured that people were kept informed. One relative told us, "We always receive regular updates from the staff; the communication is good and we're always kept informed." One staff member said, "The families are always involved as well as the staff, which is really important if people can't communicate verbally." This demonstrated that people's views were respected.

People were supported to participate in activities that interested them. One person said, "I like history and the staff will take me to museums and suggest visits to places they know I will like." People told us they attended various college courses and some people had the opportunity to carry out voluntary work. The staff had supported people to find these activities. One person told us they enjoyed going out for walks and into the town centre. They described how they liked to do arts and crafts at home.

People knew how to raise any concerns or make a complaint. One person said, "If there was anything wrong I would speak to the staff about it. I would be happy to talk to any of the staff if there was a problem." One relative commented, "We did pick up some little things to begin with, and at no time did I feel uncomfortable approaching them about this. Any issues were noted; they didn't ignore anything and have always acted on anything we raise." We saw the provider had a complaints policy in place and had acted upon any issues raised in a timely manner.

People were encouraged to provide feedback about the support they received. One person commented, "I had my monthly meeting this morning." Another person said, "We have house meetings, and I asked to get the sports channels so I can watch the football." One staff member told us, "At the moment we're looking

into the best way of doing this with them; we do have to consider what they can afford." Another staff member said, "We have keyworker meetings every month with the tenants to see how they are getting on and if they want anything done differently. The families are often involved with these." We saw that annual surveys were sent out to people who used the service. These were written in a format that was accessible for people unable to read words. The registered manager commented, "The results of the surveys are fed back to people in the house meetings." Surveys were also sent out to people's families; we saw some of these surveys and noted the positive feedback. One relative had written, 'Just to say how happy we are as a family to see all the care and support that is given to our family member, and couldn't ask for anything more.' The registered manager commented, "We are always looking for practical ways to improve people's experience of using the service. The recent talent night was as a result of feedback we had from people's relatives." This demonstrated the provider listened to people's experiences and encouraged feedback to develop the service.

## Is the service well-led?

### Our findings

There was a registered manager in post, and people felt the service was well led. One relative commented, 'Our relation seems very happy and that is a true indication of how well the service is being run.' They added, 'Keep up the good work.' People spoke positively about the management and leadership at the service. One staff member told us, "All of the management are really approachable." Another staff member said, "I know that I can go to any of the team, at any time. They always have time for us."

People spoke positively about living in the supported living houses. One person told us, "The staff and my new friends make me happy living here." One relative commented, 'In our opinion, these are good people doing a top class job.' Staff told us they enjoyed working for the provider. One staff member said, "It was the best choice I made coming to work here; I love coming to see the people who live here." Another staff member commented, "I'm proud to work for this company; I do believe that they truly care about the people we support, and it's not just about the money. It's a lovely place to work."

Staff were supported to carry out their roles. One staff member told us, "We have supervision sessions six weekly. We can talk about anything, and the team leader is approachable and open. I have seen the management help staff that work here through a lot." There was a whistle blowing policy in place, and staff were aware of this. This is a policy that protects staff if they needed to raise any concerns, anonymously if they preferred. One staff member said, "If there was anything I know I could report it in confidence and would be protected. I've not had to, but it's there if needed."

Staff were encouraged to share their views about the service. One staff member said, "We have team meetings every couple of months, the last one was two weeks ago. We can discuss any issues or concerns about the tenants, look at the activities that people are doing and any training we need. The company keeps us informed about any plans for the future and any new services in the pipe line." The provider sent surveys out to the staff, and one staff member commented, "The last one was about six months ago; we are asked how we feel about things and if there are any issues we want to raise, or ideas we may have." This demonstrated the provider encouraged feedback from staff and involved them with the development of the service.

We saw the provider held meetings for the members of the management team, where team roles were discussed and quality issues looked at. For example, at a recent meeting the registered manager had shared some risk assessments that were in place. This had given staff the opportunity to look at good practice examples that could then be used to make overall improvements in recording. The registered manager and provider had effective systems in place to monitor the quality of the service. We were shown how these were used to identify any trends following analysis of the information. We saw the registered manager then identified any actions that were required to drive continuous improvement.

The registered manager demonstrated a clear understanding about their responsibilities as a registered person. They maintained detailed, accurate records that were kept securely and had informed us about any significant events that needed to be reported.

