Trident Reach The People Charity

Dimmingsdale Bank

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced inspection took place on the 14 June 2016 and was carried out by one inspector.

Dimmingsdale Bank provides care and accommodation for up to seven people with learning and or physical disabilities. At the time of the inspection six people were living at the service. The service has a registered manager who was present throughout the 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected this service in January 2015 and found that the provider was breaching regulations in relation to seeking consent from people and ensuring risks to people were recorded and monitored. Following that inspection the provider sent us an action plan detailing the action they would take to address the breach. At this inspection we found that whilst some improvements had initially been made, in some cases these improvements had not been sustained. The provider had identified risks to people and put measures in place to minimise the risk for the person. We found that systems put in place to monitor these risks to people were not consistently effective.

People living at the home told us they felt safe. People were supported by staff who were aware of the signs of abuse and action to take should they have concerns. We found that although there were sufficient staff to meet people's daily needs, there were not always enough staff available to meet people's requests for activities of their choosing.

People received their daily medicines safely and the provider had put systems in place to ensure monitoring of medicines administration took place. We found there was a need to improve some aspects of the management of medicines given on an 'as required' basis.

People were supported by staff who had the necessary skills and knowledge to support them. Staff told us they received regular supervisions and felt supported in their role.

Staff had an understanding of the Mental Capacity Act (2005) (MCA) and described how they supported people to make choices. We found that the service had not always followed the principles of the MCA when assessing a person's ability to make a decision.

People had access to healthcare and support from healthcare professionals was sought when required.

People told us they felt cared for and relatives were complimentary about the caring nature of staff. Staff knew people well and we observed staff supporting people in a calm and unhurried manner. The interactions between people and staff demonstrated that people felt comfortable and relaxed with the staff team.

People had a plan of care that detailed their individual preferences. Staff could describe how they followed this plan to ensure people received care that was centred on their likes and dislikes.

People had been encouraged to maintain their independence and took part in all aspects of the running of the home. People had their dignity and privacy respected.

People had their care reviewed with them on a regular basis. We found that where actions had been identified from these meetings it was not always clear what had been done to resolve this for the person.

Activities took place based on people's preferences. Staff told us that at times there was not always sufficient staff available to enable some activities to take place.

There were systems in place for people to raise any concerns they may have. Relatives felt able to raise concerns and gave examples of when the service had responded appropriately to concerns they had raised.

People, their relatives and staff were happy with how the home was managed. There were systems in place for people to feedback their experience of care and to suggest changes to service provision.

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 always safe.

Risks to people had been identified but measures put in place to monitor risks to people were not carried out consistently.

People were supported by suitably recruited staff who were aware of the possible signs of abuse and what action to take should they have concerns.

Daily medicines were given safely. Improvement was needed in the management of medicines administered on an 'as required' basis.

There were sufficient staff available to meet people's daily needs.

Is the service effective?

Good

The service was effective.

Although people were offered choice in all aspects of their care, the service had not consistently followed the principles of the Mental Capacity Act (2005).

People were supported by staff who had received sufficient training to carry out their role.

People had support to access healthcare when required.

People had their dietary and hydration needs met.

Is the service caring?

Good

The service was caring.

People felt cared for and relatives were complimentary about the caring nature of staff.

People had been involved in developing their care plans to ensure care was centred around them.

People were supported to maintain their independence.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Most of the time people had access to activities they enjoyed although staffing levels sometimes prevented this from happening.

Review of care took place regularly to ensure care provided still met people's needs. Action was not always taken following people's reviews.

There were systems in place for people to raise concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The systems in place to monitor and manage risks were not entirely effective.

People had the opportunity to feedback their experiences of care.

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.

This unannounced inspection took place on the 14 June 2016. This inspection was carried out by one inspector.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. Before the inspection, the provider had completed a Provider Information Return (PIR) and returned this to us within the timescale requested. 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. We reviewed the information from notifications and the PIR to plan the areas we wanted to focus our inspection on. We also reviewed the information the provider sent us following our last inspection about the action they had planned to take to meet the regulations.

We met all the people who lived at the home and spoke with three people. We spoke with the registered manager and five staff. We spoke with a healthcare professional who was visiting a person at the service during the inspection. We looked at records including two care plans and medication administration records. We looked at two staff files including a review of the provider's recruitment process. We sampled records from training plans, incident and accident reports and quality assurance records to see how the provider monitored the quality of the service. As part of the inspection we spoke with three relatives for their views of the service.

Requires Improvement

Is the service safe?

Our findings

People living at the service told that they were safe and this was confirmed by relatives. One relative commented, "I think she's safe yes." Another relative commented that, "Yes I think he's safe living there." Where people were able to mobilise independently we observed people moving freely and safely around the home environment which had been adapted to meet people's needs.

Staff were able to describe the different types of abuse people were at risk of and understood the signs that may indicate a person had been abused. This included the importance of knowing the person and noticing any changes in their behaviour. Staff knew the appropriate action to take should they have any concerns. We saw that safeguarding training had occurred for all staff. Staff described systems that were in place to reduce the chances of abuse occurring such as ensuring money management took place. The registered manager was clear about their responsibilities to report any concerns to the appropriate authority. This meant people were supported by staff who had the knowledge to recognise signs of abuse and knew what action to take to support people appropriately.

Risks to people had been identified and measures put in place to minimise the risk for the person. These risks were reviewed regularly. However, measures that were put in place to reduce the risk of some people's health conditions were not consistently carried out or monitored. For example one person who was at risk of malnutrition and dehydration had minimum amounts of fluid the person should consume to maintain their health. Although there were some records of fluid intake this was not always documented consistently and was not monitored to ensure the minimum amount of fluid had been reached. This meant the measures put in place to minimise the risk to the person had not been adequately monitored.

We observed that staff safely supported people to move in communal areas in line with good manual handling practice. However, where people needed support to mobilise using equipment such as a hoist we found that there was a lack of detailed assessments available of how to support people with this task. Care plans and risk assessments did not clearly state the level of support needed when carrying out these tasks or the equipment to use. Staffing in the home had recently changed as new staff had been recruited and the lack of detailed guidance meant there was a risk that inconsistent unsafe practice may be used whilst supporting people. However, staff told us that they worked alongside more experienced staff to learn how to support people with their mobility and that the registered manager observed their practice before being deemed as capable of carrying out these tasks themselves.

There were systems in place to monitor any accidents or incidents that occurred at the service. This included informing the provider who monitored trends and reviewed details of the accident to see if any preventative measures could be put in place to prevent reoccurrence. Staff we spoke to were aware of the importance of recording any incidents of behaviours to allow monitoring to occur.

We saw that there were sufficient staff available to meet people's daily care needs and we observed staff responding promptly to people's requests for support. The registered manager informed us that staffing levels were increased when people's needs changed. There had recently been a period of staff turnover

where the service had a number of regular agency staff working at the service. Relatives that we spoke to commented that they had noticed that there had been a turnaround of staff but that this hadn't seemed to affect their relative. The registered manager explained that the use of agency staff had reduced as permanent staff had now been recruited.

People living at the service had been involved in the recruitment of staff through meeting potential new staff at the service and asking them questions relating to what was important to the person. Staff we spoke with told us about the checks that had been carried out before they were able to support people and we saw that the provider had ensured recruitment checks were in place such as obtaining Disclosure and Barring Service DBS checks and references for new staff. These checks ensured people were supported by suitable staff.

People received their daily medicines safely. We saw that when people were supported with their medicines staff explained to people the medicine they were taking and sought their consent before administering. Only staff who had received training in medicines administration were able to give medicines and the service carried out checks to monitor the ability of staff to safely administer medication. The service had introduced safe systems of working around the management of medicines which included regular monitoring of medicines. Staff were aware of how people preferred to be supported with their medicines and most care plans contained detail of how to support people with their medicines although one person's care plan did not detail the specialised way the individual had their medicines.

The service had developed information for staff detailing when a person may need their 'as required' medicines. However, we found that this information was generic and did not include the individual signs the person may show that could indicate them needing their 'as required' medicines. This meant that staff may not recognise the signs of the person needing this type of medicine or an inconsistent approach may be taken.

Good

Is the service effective?

Our findings

At our last inspection we found that the service had breached regulation in relation to obtaining and acting in accordance with the consent of people who use the service. At this inspection we found that improvements had been made, and the provider was no longer breaching this regulation.

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 people lack mental capacity to take particular decisions, any decision 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. We found that whilst people were supported in line with the principles of the MCA in practice we saw that records did not always reflect this and placed people at risk of not being supported appropriately. The service had carried out assessments of capacity where they were unsure whether a person had the capacity to make the decision. Although staff understood individual people's abilities to make decisions, some of the assessments lacked detail and had not considered or concluded in which parts of the decision the person could and couldn't make.

Staff had received training on the MCA and we saw people being offered choices in key areas of their daily life and how their care was provided. Staff told us the different ways people preferred to be offered choices and could explain how they varied their approach in offering choice such as using objects of reference, pictorial cards or through the use of touch. Staff were able to describe the different ways people would consent to care and that they ensured this was sought before supporting people. Staff had an understanding of what the MCA meant for people living at the service and one staff member described their understanding as, "You should start with the assumption of full mental capacity that people can make decisions." Relatives told us that their family member was involved in decision making and one relative told us, "The staff are constantly talking to him to make decisions about everything."

Staff demonstrated an understanding of the principles of the MCA. However this was not consistently applied when people were being restricted. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the registered manager had applied for DoLS appropriately and whether any conditions on authorisations to deprive someone of their liberty were being met. Whilst the service had made applications to deprive some people of their liberty due to restrictions on their care no specific assessments had been carried out by the service to determine if the person lacked capacity in the decision to be made and whether the decision was in the person's best interests.

People and their relatives told us that staff had the skills and knowledge to meet their needs. One relative told us, "Whatever [name] needs the staff know about it to meet her needs," and "As far as staff are concerned they know what they are doing."

Staff told us they had received sufficient training to carry out their role and informed us they received regular supervisions which aided their sense of feeling supported. Staff told us that when they first started working for the service they had completed an induction which included working alongside a more experienced member of staff to learn and observe good practice. New staff to the role explained they were completing the care certificate. The care certificate is a nationally recognised induction course that provides staff with a basic knowledge of good care practice. The service had sought specialist training in order for staff gain the skills and knowledge to meet people's specific healthcare needs. The registered manager informed us that the competencies of staff were kept under review through supervisions, team meetings and through observations and knowledge was updated. There were systems in place to update staff with training to ensure they had the most current knowledge in supporting people. This meant people were supported by staff who had the knowledge and skills to meet their individual needs.

We saw that people were supported to have their dietary and hydration needs met. Meal times were a sociable occasion and we saw people were enjoying the food they had chosen. People could choose where they wished to have their meal and we saw some people preferred to sit at the table whilst others sat in front of the television. Adaptive cutlery had been purchased to enable people to retain their independence as much as possible. Where people needed support with meals this was done in a dignified and sensitive way. One relative was happy with the support staff had given to their relative around meal times and praised the staff for the work they had done to help their relative gain weight. Menus were developed based on people's known preferences and we saw that a variety of different foods were on offer. The service was developing ways to introduce new foods to people so they could experience new flavours and then decide if they liked these or not. Where people had been assessed by a healthcare professional as at risk of choking specific guidance had been sought and guidelines put in place to reduce the risk for the person. Whilst most people's specific guidance for dietary needs was current we found that one person's specific guidance had been changed in one document but not the care plan. The registered manager was able to explain why the guidance had changed but records had not been updated to reflect this.

Relatives we spoke with told us that people's healthcare needs were met and that doctors were called if a change in healthcare needs occurred. We saw that the service had ensured they sought advice from healthcare professionals when people's needs changed. Specialist training had been provided to staff to ensure that staff had the knowledge and skills to support people with some aspects of their specific healthcare needs. Whilst people's chiropody hadn't been planned the registered manager advised us that systems would be put in place to ensure this occurred.

We spoke with a visiting healthcare professional who stated that the service was quick to alert them if a person's needs changed and that advice was sought if the service was unsure of appropriate care and treatment to offer. The healthcare professional described a relationship of the service working collaboratively with healthcare professionals.

Good

Is the service caring?

Our findings

People told us the staff were caring in their approach. One person told us, "I like the staff I am happy with them." We saw that people looked comfortable and relaxed in the company of staff and staff supported people at a pace which was dictated by the person. People living at the home described friendships they had with other people living at the home and the importance of this to them.

Relatives we spoke with were complimentary about the caring nature of staff and one relative told us, "I think they do a marvellous job," and "Our [name] loves it there she is quite content there. To me they couldn't better it for her." Another relative commented that one staff member, "Is fabulous with [person's name]. He shows a lot of compassion." When asked about their views on the staff team another relative commented that, "I love them and wouldn't want him anywhere else."

All the staff were passionate about caring for the people they supported and one staff member told us, "The customers are lovely," and "Everyone gets along and everyone is friendly, we are like a big family." Another staff member stated that, "We thrive on the customers getting the best care," and "I reckon that the customers like the staff here. They give us joy and we give them joy." Staff could explain people's preferences for care and knew people's likes and dislikes. Staff were able to give examples of when they had arranged parties for people's birthdays tailored around the person's favourite things.

Some people had lived at the home for many years. Care plans had been developed initially with the person and people who were important to them and then added to as people's needs changed. Care plans detailed people's preferred method of support and were centred around the person and how they wished to be supported, although some plans did not contain up to date information. Care plans contained information about the person's communication needs and specific aids had been developed to support people with their communication. We observed staff tailoring their communication style to meet people's individual needs.

People's right to privacy and dignity was respected. People could choose to access their bedrooms at any time should they wish to for privacy and we saw staff support people to do this at their request. Staff respected people's privacy and we saw staff knocking on people's bedroom doors before entering. A healthcare professional that we spoke with commented that they observed staff treating people with dignity and respect when they visited the service.

People were encouraged to maintain their independence as much as possible. Some people living at the home had 'jobs' and responsibilities around the home that they helped staff undertake and people were involved in all aspects of daily living. The registered manager described their approach as, "Always encourage people to do as much as they can." We saw that specialist equipment had been purchased to enable people to retain their independence.

Requires Improvement

Is the service responsive?

Our findings

We looked at the activities people had the opportunity to partake in. Some people chose to attend day centres from Monday to Friday. Staff explained how they maintained links with the day centres to ensure that changes in how people were to be cared for were communicated which ensured continuity of care occurred. Staff that we spoke to told us of the activities people took part in and one member of staff told us, "They all like different things." We saw that people had some opportunities to take part in activities based on their interests. For example, people had been supported to go to discos, go out for pub lunches and partake in activities within the home such as sensory sessions and craft activities. The registered manager explained the different ways the service was trying to facilitate activities for people living at the service. The service had recently given one staff member the responsibility of becoming an activities coordinator. The registered manager advised that this member of staff was going to source suitable activities that were accessible to the people living at the home and intended to feedback these options to people so they could choose which activities they would like to do. The registered manager explained that she hoped this would enable people to have the opportunity for new life experiences. When asked about activity provision one staff member stated that, "We want to have a greater impact on their lives."

Although staff commented that most of the time there were sufficient staff to meet daily care needs, they stated that at times there was a need for more staff to enable different activities to occur outside of the home. Most relatives were happy with the activity provision at the service although one relative commented that there was a need for more staff at the service as they felt a lack of numbers of staff had stopped their relative from doing activities. Some staff explained to us that it was not always possible to provide people with activities due to not having enough staff on shift to support people. The registered manager was aware of this issue and was looking into possible solutions to ensure people had access to meaningful activities of their choice.

Relatives informed us that they maintained contact with their family member and that they could visit when they wanted to. People were supported to keep in touch with relatives via regular phone calls or visits from family members. One person told us, "I see my family they come and visit." The service was currently liaising with other professionals to enable one person to be able to maintain contact with family members. Some people living at the home did not have any family. The registered manager informed us that in these instances advocacy services had been made available in the past and would be sought again if they were needed in the future.

There were systems in place to ensure important information was handed over between staff. Staff told us there was good communication between staff members to ensure continuity of care took place.

People living at the home had keyworkers who had got to know them well and reviewed care monthly with people. Staff explained these meetings were used to plan activities, set goals with people and to discuss how the person was getting on. We saw that these keyworker meetings occurred regularly. However, when action was identified as part of the meeting it was not clear what had been done to support the person in their request. One person had mentioned in a couple of meetings that they would like to do more activities.

It was not clear if this had been actioned, monitored or achieved.

We saw that there was a formal process for people to raise complaints with the service although no complaints had been received in the last 12 months. There were opportunities for people to raise concerns they may have through regular meetings with their keyworker and through residents meetings. Relatives informed us that they felt able to raise any concerns they may have and gave examples of how concerns that had been raised in the past had been dealt with appropriately.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in January 2015 we found that the service did not always have adequate systems or records in place to assess, monitor and manage risks. Following this inspection the provider submitted a plan detailing action they would take to address the breach we found. At this inspection we found that progress had been made in addressing many of the issues identified at the last inspection and the provider had followed their action plan. Whilst we found that some improvements had initially been made to the detail included in care plans and systems surrounding 'as required' medicines we found that in some cases these improvements had not been sustained. The systems in place to check and monitor some aspects of the service in relation to managing risks was not effective and had failed to identify that monitoring of risks and assessments of risks had not been undertaken consistently. Some care records had not been kept up to date which placed people at risk of not receiving the correct support. The registered manager completed audits about key aspects of service provision which were then communicated to the provider of the service. These aimed to monitor the service to ensure high quality care was provided. The provider also carried out their own audits and visited the service annually. We found that these audits were not comprehensive at times and had failed to identify that all risks to people were being sufficiently assessed or monitored.

People and relatives were happy with how the service was managed. One relative told us, "I can talk to her [the manager]. She speaks at your level and explains things." Relatives told us that the service kept them up to date with any issues and one relative commented, "Any queries they keep us in the picture."

Staff told us they felt supported by the registered manager and one staff member commented that, "She's great, friendly, really nice," and "She tries to give advice and support. She always helps us out which we like." Another member of staff told us, "She's really supportive we can ask for advice," and another staff member told us, "[name] is brilliant. I could approach her with any issues."

Staff felt supported in their roles and informed us that team meetings occurred regularly. Staff described a culture of working as a team which staff felt aided their sense of being supported. One staff member told us, "We are encouraged to work together." Another staff member told us, "We work together. I feel supported and it's lovely working here." Staff told us they received regular supervisions in order to receive feedback on their work and to update them with any changes within the service.

The registered manager understood their responsibility to inform the Commission of specific events that had occurred in the home and was aware of what changes in regulation meant for service provision. The registered manager had shared findings of their last inspection report with the staff team and the people who lived at the home. Staff commented that there had been improvements made since the last inspection and that this had made a positive difference to the staff and people living at the home. We saw that the registered manager had followed requirements to display the ratings from the last inspection in the home and the registered manager informed us that the findings from the last inspection report had been explained to people as part of a residents meeting. This demonstrated a culture of transparency and openness within the service.

The service ensured it sought feedback from people living at the service and held regular meetings to facilitate this. Although the main aim of these meetings was to seek feedback from people the service had also introduced information to people about current affairs. This included sharing information in an easy read format about the EU referendum. People were involved in the running of the home and the registered manager described this as being, "Involved in everything we do."

The provider carried out surveys with people living at the home to seek feedback. These surveys did not give results for each home and instead looked at the provider as a whole. A conference was held annually for all the people using the provider's locations to feedback the results of these surveys and to discuss action the provider was planning on taking as a result of the survey.