

The Dexters Ltd

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Inspection report

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North Yorkshire
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Ratings

| | |
|---------------------------------|---------------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Outstanding ☆ |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

The Dexters is registered to provide care and support for up to 21 people with mental health needs and/or learning disabilities. The home is situated close to York city centre. The main property is made up of two adjoining terraced properties which have been combined together to make up one larger building. The accommodation is over three floors. There is also a separate annex building, with three bedsits, at the rear of the main property. At the time of our inspection 21 people were using the service.

At the last inspection in September 2015, the service was rated Good. At this inspection we found the service remained Good overall and was now rated Outstanding in the key question: Is the service responsive.

The home had two registered managers, who shared joint accountability for the service. 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. One of the registered managers was the owner of the organisation, and the other registered manager had responsibility for the day to day management of the home and staff. Throughout this report, when using the term 'registered manager' we are referring to the registered manager who had responsibility for the day to day management of the home.

The support people received was extremely responsive to their individual needs. Staff were very knowledgeable about each person's needs and preferences and highly detailed care plans were in place which enabled staff to provide personalised care. There was an extensive range of activities available to people, tailored around their individual skills, wishes and interests. Staff were especially skilled and creative in working in partnership with people to identify and organise their care and activities of interest to them. This had enhanced people's well-being and quality of life.

People told us they felt safe and well cared for. Staff received safeguarding training and knew how to report any concerns. Risks to people were assessed and minimised, whilst promoting people's independence and well-being.

Staff had been recruited safely and there were enough staff to assist people in a timely way. There were robust arrangements for supporting people with their medicines.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff received the training, support and supervision they needed to support people effectively.

People received appropriate support with their nutritional needs. People were supported to access a range of health services and we received very positive feedback from visiting healthcare professionals about the

service.

People and relatives said staff were caring and we observed them to be kind, friendly and attentive. Staff treated people with dignity and respect and promoted their independence.

People and visiting healthcare professionals told us the home was well-managed. There was a robust quality assurance system in place which included the completion of daily checks and weekly audits in relation to the quality and safety of the service. People were asked for their views in individual review meetings and 'tenant meetings' and we found that these were acted on wherever possible. The management team promoted a very positive person-centred culture within the service.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Outstanding ☆

The service was highly responsive.

Very detailed and person-centred care plans were in place to enable staff to provide extremely personalised care.

Staff were highly skilled in working in partnership with people to plan their care and activities of their choosing. An extensive range of activities were available to people.

People were encouraged to raise any concerns and there were systems in place to respond to any complaints.

Is the service well-led?

Good ●

The service remained Good.

The Dexters Limited

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 checked whether the registered 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 comprehensive inspection took place on 10 October 2017 and was unannounced.

The inspection was carried out by one adult social care inspector and one specialist mental health inspector.

Before the inspection, the registered provider was asked to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service including notifications about any incidents in the home. We requested feedback from the local authority contracts and commissioning team and they did not raise any concerns about the service.

During the inspection we spoke with seven people who used the service and one person's relative who was visiting. We spoke with the registered manager, a team leader, a senior support worker, a support worker, an activities co-ordinator and the registered provider's operations manager. We observed daily activities in the home including the support people received with their medicines and the interactions between staff and people who used the service. We reviewed three people's care records, three staff recruitment records, induction and training records, and a selection of records used to monitor the quality of the service. We also received feedback from two health and social care professionals and one person's representative (a court appointed deputy, who was authorised by the Court of Protection to make decisions on the person's behalf) shortly after the inspection visit, who gave us their views of the service.

Is the service safe?

Our findings

People told us they felt safe living at The Dexters and their comments included, "I feel okay here, 10 out of 10. I've never experienced any violence or aggression and can lock my room to keep my possessions safe." Another person told us they felt safe because the premises were secured on a night and also commented, "It feels safe amongst staff and residents." One person though told us they would feel safer with a ground floor room. Staff were aware of this person's concerns and had held a multi-agency review meeting to discuss their care package. A relative we spoke with confirmed they felt their family member was safe and well cared for and a healthcare professional gave us an example which showed how staff had followed their advice to ensure a person's safety when they were distressed.

Staff received training in safeguarding adults from abuse and knew how to respond to any concerns. There was a copy of the local authority's multi-agency procedures available for staff to refer to. The registered provider had submitted one safeguarding referral to the local authority in the year prior to our inspection, in relation to an incident that had occurred at another service. Records showed that appropriate action had been taken by the registered provider when they identified the concern. A staff member also told us about how they had supported one person to access the support of other agencies when concerns had arisen about the person's safety and emotional well-being within a personal relationship. This had been beneficial to the person.

Risk assessments were developed for each person based on their individual needs. These included the risk of choking and aspiration, accessing the community independently, self-harm or neglect, the home environment and behaviour which could be challenging. As an example, a risk assessment for one person in relation to their risk of falls on the stairs identified the requirement for staff support when using the stairs. Positive risk taking was promoted in order to maximise people's independence and well-being. For example, one person had been supported to go for a hot air balloon ride after the risks had been appropriately considered. One person who was subject to a Deprivation of Liberty Safeguards authorisation was enabled to access the community independently when they were well enough. Risk assessments were reviewed regularly, involving the person. Staff had a good understanding of people's individual risks and safety needs.

Robust recruitment practices were followed, to make sure new staff were suitable to work in a care service.

People, relatives and staff we spoke with told us there were sufficient staff available to meet people's needs. One person confirmed to us that staff came straightaway whenever they used their call buzzer. There were usually six or seven support staff on the rota during the day, depending on what activities people had planned. Two staff were on duty during the night. In addition, management staff were available Monday to Friday, and there was a management telephone on-call system which staff could ring for support or advice out of normal working hours. One staff member told us, "There's enough staff for people to go out and do things. Those who need support to go out get allocated one to one staff hours." We observed there were sufficient staff to give people assistance in a timely way during our inspection.

The arrangements for managing people's medicines were safe. All medicines were administered by staff

who were trained and assessed as competent to do this. Clear records were in place to show that people received their medicines as prescribed. Some people were able to tell us about the medicines they took and how they managed their side effects and we observed staff discussing with one person about their request for pain relief. The staff member checked and explained to the person that insufficient time had elapsed since their last dose, so the person agreed to wait a little longer until it was safe to take some more. Medication systems were regularly audited and we found that because staff also conducted a nightly check of medicine administration records they were able to promptly identify and address any issues.

The premises were clean and free from malodours. Cleaning materials and substances were stored securely. The provider employed a maintenance person, to ensure the premises were maintained in good repair. Health and safety checks were conducted regularly, including regular checks of the water temperature, the environment, emergency lighting and first aid supplies. There were also servicing records and maintenance certificates in place in relation to gas safety, electrical installations, stair lift and bath seat equipment, fire extinguishers and fire alarm systems. Personal evacuation plans were in place, detailing how to support people to leave the building in the event of an emergency.

Is the service effective?

Our findings

All the people we spoke with confirmed that staff had the right skills to support them well. Staff received an induction and a comprehensive training programme. Staff completed a range of training which was considered mandatory by the provider, including health and safety related courses, safeguarding and medication. They also completed a range of additional courses in relation to people's specific needs, such as sensory awareness training, autism, diabetes and mental health awareness. All new support staff completed the Care Certificate. The Care Certificate is a set of standards that social care and health workers agree to work by.

At our last inspection in September 2015 we noted that it was not always clear from training records when training was due for individual staff members. At this inspection we found that improvements had been made in this area and clear records were in place to identify when refresher training needed to be completed. These records were checked every month to ensure staff were booked on courses in a timely manner.

Staff received individual supervision at least three monthly, plus annual appraisals. Records of supervision meetings showed that staff's goals, progress, training and focus for the month ahead were discussed.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 process for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found all staff received training in MCA and DoLS and the staff we spoke with demonstrated a good understanding in this area. They understood people's rights and the importance of obtaining people's consent. At the time of our inspection four people who used the service had a DoLS authorisation in place. The provider had also submitted applications to the local authority for two further people. There was evidence of people's involvement and consent to their care within their care records.

People were offered a choice of meals and we observed staff asking people in the morning what they would like for lunch. We saw a staff member supporting one person to go into the kitchen to look at the food options, in order to assist with their decision making. Staff made meals for most people, but some people prepared their own meals where they were able to. We observed people had access to hot and cold drinks throughout the day as well as fruit and snacks in the kitchen. People were positive in their feedback about the quality and variety of food available. Their comments included, "It's good food here. Lamb is my favourite, a roast dinner; we get one every week" and "It's alright, very nice (food). Last night we had chicken burger, beans and chips. I enjoyed that." Menu options and feedback on food had been discussed in

'tenants meetings' and staff completed a record of the menu choices offered to each person.

Information about people's dietary needs was recorded in their care plans and there was evidence that advice had been sought from relevant professional where required, such as speech and language therapists. Where a change in one person's health needs had led to a requirement for them to receive their nutrition via a PEG tube (percutaneous endoscopic gastronomy), the provider had organised for staff to receive training from the district nursing team in how to support the person with this. Staff recorded people's food and fluid intake, where concerns had been identified.

We saw records and correspondence in people's care files to show they were supported by staff to access community healthcare services such as GPs, district nurses and community psychiatric nurses. There was also a 'condition management folder' in which staff recorded and monitored any current health issues and appointments. One visiting healthcare professional told us, "Staff liaise well with external professionals. I am always welcomed to the house even at times when I have not made an appointment." They also commented, "The Dexters team seem to manage crises well and compared to other homes do not seem to ask for assessments for hospital admissions as often as other homes. This suggests to me that the team is an experienced staff group" and "I am informed when the team have concerns and staff know how to refer to safeguarding, the crisis team and the resident's care co-ordinator and consultant."

Staff completed 'hospital passports' for all people who used the service. These contained key information about people's health and communication needs in the event that the person needed to go into hospital. We noted that one passport we viewed needed to be updated, as there had been a significant change to the person's health and nutritional support needs since it had been written.

At our last inspection we found that staff did not always make use of the non-emergency 111 number when deciding whether to seek further medical attention following accidents. At this inspection we were given several examples which demonstrated that the 111 service had been utilised very effectively to seek advice when required.

The environment in the home was suitable for people's needs, although one visiting professional commented that the home felt quite busy and crowded at times. The registered manager told us that the layout of the property downstairs had been changed since our last inspection to encourage better use of both lounges, so people had more choice and space.

Is the service caring?

Our findings

People who used the service spoke positively about the staff. Their comments included, "The staff are alright," "Most of the staff are nice" and "The staff are friendly. They look after me." People named particular members of staff they liked, including their keyworkers, and told us that staff spent time with them on an individual basis. Staff knew people very well and our discussions with staff indicated they held people they supported in high regard and had positive, mutually respectful relationships with them. We also observed staff speaking with people in a warm and friendly manner throughout our inspection.

Staff gave us examples they felt illustrated their caring approach. For example, they told us when someone they supported was taken into hospital they had stayed with the person late into the night until the person was settled onto a ward. This had happened on more than one occasion, and staff were always willing to come in and assist at the hospital if needed, in order to ensure people had the reassurance and support they needed.

A visiting professional told us, "They (staff) are really caring". They gave an example to illustrate how staff responded and were able to calm someone when they were becoming verbally agitated. They told us staff would always, "Respond to him with warmth and humour, and do this in an appropriate way." We saw other positive feedback from visitors to the home, within a compliments folder, and several people had commented on the relaxed and friendly atmosphere in the home.

People told us that staff respected their privacy and dignity, and we saw that staff always knocked on people's bedroom doors before entering. One person told us, "The staff are respectful; they knock on my bedroom door. I never have to do anything I don't want to."

The provider had an equality and diversity policy and all staff received training in equality and diversity. People's spiritual needs were met; one person told us that they went to church regularly. Staff tailored their support according to people's individual needs, including their age or any disability. For instance, one person had a walking frame with a seat, which enabled them to walk to the local shop and take rests along the way if they needed. People's communication needs were assessed and taken into account. Various documentation was available in easy read format, such as the complaints procedure and information about the MCA and human rights.

People were involved in decisions about their care and matters in relation to the home. Information in care files, 'tenants meeting' minutes and discussions with people, showed us that people were actively encouraged to be involved in decisions affecting them. Information about advocacy services were available in the home, and two people who used the service had an advocate. The registered manager was also working with a social worker to identify an advocate for another person who used the service. Staff at the home told us they also informally advocated for people when required, in order to promote their rights. For instance, supporting people to challenge welfare benefit decisions where necessary and supporting one person in relation to a DNACPR order (Do Not Attempt Cardio Pulmonary Resuscitation).

Staff promoted people's independence. Some people cooked for themselves and did their own laundry. Others were supported to participate in certain household tasks as much as they could. People accessed the community independently where they were able to. A staff member told us, "They (management) teach us not to de-skill people." They also told us about one person they had supported to develop their independent living skills and confidence whilst living at The Dexters. The person had progressed on to living independently in their own home. Other people had also been supported to move on to more independent living at other services the provider ran locally, as part of their recovery journey.

Is the service responsive?

Our findings

The service was extremely responsive to people's needs. Personalised care plans were in place for each person. These contained comprehensive information about people's needs and preferences. They were particularly person centred and recovery focussed. Care records also contained mental health crisis plans. Where it would be beneficial to the person there was also an easy read version of the care plan. People's care files contained information about the skills, knowledge and attitude required by the care team, linked to people's needs.

It was evident from our discussions with people and staff that people's support was planned proactively in partnership with them. People told us they met with their keyworker monthly to review their care and support. One person told us, "[Name] is my keyworker. She talks to me about my care plan."

Staff developed exceptionally positive relationships with relatives and health and social care professionals in order to help understand and meet each person's needs and wishes. The feedback we received about the responsiveness of the service was consistently positive. One health and social care professional told us, "It's an excellent and very person centred home. They manage difficult situations well." They went on to describe how well staff had supported someone they knew with enduring mental health and complex physical health needs. They told us, "They took him to the theatre, the cinema and to get new clothes. They knew and understood him well. My impression is that they are the same with all the people who live there, and know them well." Another health and social care professional told us, "I am very much aware that staff respond to people as individuals and that I get accurate and specific feedback on their progress." A third visiting professional told us, "From my knowledge of the proprietors, senior staff and support workers (whom I have met on many occasions), I have no doubt that the service is both well led and responsive to the needs of those whose care they have in hand." In addition, in a compliments folder at the home we saw various positive feedback from visitors, including a comment from a Best Interests Assessor in 2017 which noted, 'I have assessed several residents at The Dexters over the past 12 months and always found their care plans to be person centred and aimed to promote their independence and integration within the local community. Staff are always supportive and have a good knowledge of the residents.'

Staff recorded key information in a daily diary for each person, and handover meetings and records were used to ensure excellent communication between staff. There was also a 'conditions management folder' which enabled staff to record and monitor the progress of any specific health concerns or issues for people.

Staff were impressive in the way they considered people's individual skills and interests when planning their care. One person had a visual impairment and used braille. Their relative told us, "They got [Name] a braille keyboard and they use it to search music they like on the internet." They also commented, "We've said what [Name] likes and they've set things up. [Name of activities coordinator] has been great. Because we come and go a lot there's been a lot of dialogue."

There was an extensive range of activities available to people, based on their individual interests. We saw examples which demonstrated this had enhanced people's well-being and quality of life. An older person

who used the service had been supported to achieve their ambition of taking a hot air balloon ride. They also liked animals so the provider had arranged for them to have the experience of being a zoo keeper for the day at a zoo in Yorkshire. After the success of the hot air balloon ride, the provider was making plans with the person about potentially taking a helicopter ride. Another person had an interest in cricket and staff had recently organised a cricket match with several other people who used the service, which had been enjoyed by those who participated.

There was a weekly activity programme. This included the option of taking part in a range of therapeutic and creative activities and social events at a local drop in centre run by the provider. Some people attended local day services or participated in activities individually or in small groups, planned around their interests. This included swimming, the theatre, snooker, going out for meals, trips to the coast and going to the gym. One staff member told us they were particularly proud when they had supported two people to go to the gym for the first time, as the people had initially been very apprehensive about this. With the support they had received they had grown in confidence and were now attending the gym regularly. Other people who used the service also had access to the gym. Five people had recently become members of the Salvation Army and attended regularly. One person enjoyed dog walking and staff were supporting them in their goal of becoming a volunteer at the RSPCA. Another person had been out to look at an adapted bicycle on the day of our inspection, because they were planning to take part in a cycle ride the following weekend as part of a local community cycling initiative. Staff had been planning with them in order to ensure necessary physical adaptations to the bicycle were in place in order for them to participate. The person had been given a new helmet and reflective vest for their birthday by the provider.

People were given the opportunity to go on an overseas holiday each year if they wished, which was organised by the provider. In the year prior to the inspection, four people who lived at the Dexters went on a Mediterranean cruise. The registered manager told us there was one person who was unable to go on the cruise because they were not able to get medical insurance. The provider was currently planning an alternative holiday with them, so that they didn't miss out on the opportunity of a holiday.

The activities coordinator worked alongside people who use the service to organise and run monthly 'tenants meetings'. They were creative in their approach in order to encourage people's involvement and participation in the meetings and in the running of the home. For instance, one person had an interest in collecting leaflets, and they were allocated the task of going into town and gathering information for each meeting about activities and events going on in the local area. This information was then discussed with everyone so that they could decide which events they wanted to go to. They had put a leaflet display stand in the home. By using the person's interest, and supporting them positively with this, the person was enabled to be more selective with the information they gathered and ensure they were always future events, rather than old leaflets. Another person had the task of photocopying and distributing the minutes to everyone and one person brought their knowledge of local bus timetables. Engagement and attendance at the meetings had increased by using people's individual knowledge and interests. This promoted people's involvement in the running of the home. One person told us, "I get a copy of the minutes. They ask what you think about things."

The provider had a complaints procedure which was available at the home for people and visitors to see. The service had received no formal complaints in the year prior to our inspection, but people we spoke with confirmed that they knew how to complain if they wished to. They told us they would speak to staff or the registered manager. There was 'concerns box' in the home, so people could complete a concerns form and put it in the box if there was anything they wished to raise. The registered manager told us that staff also recorded any concerns people raised with them in the person's daily diary. Staff gave us examples of things people had raised and how these had been addressed. One person was finding the stairs to their flat difficult

and the provider installed a stair lift for them. Another person had been unhappy with the window in their bedroom so the provider arranged for a new window to be fitted. The person confirmed to us, "I got a new window in, so that's good." In addition, people had opportunities to make suggestions and raise any concerns in their monthly care plan review meetings.

Is the service well-led?

Our findings

People, relatives and visiting professionals we spoke with told us the service was well-managed. Comments from people included, "[Name of registered manager] is nice and friendly. He is always around," "[Registered manager]'s okay, he's fine" and "[Names of both registered manager's] are alright. They talk to me." A relative told us the home was, "Well-managed. There's always someone I can talk to. The lines of communication are clear as it's a small team and things always get passed on to [Registered manager]". A visiting healthcare professional told us, "[Registered manager] is brilliant, I think he's excellent. [Name of team leader] is also lovely. It is something about the way they do things that makes staff want to go the extra mile. I think it's the culture of the home."

Staff spoke highly of both registered managers and told us they were well supported. Their comments included, "It's a really lovely place to work. They (management) are so supportive to us as well as to the people who live here" and "[Registered manager] joining us was really good. He's focussed on finding better ways to do things and got us working better as a team." They told us the registered manager also prioritised "Using and sharing each other's skills and backgrounds." They confirmed the other registered manager (who was also the owner of the organisation) was also, "Always very supportive." As an illustration of the support they received, two staff told us that the provider had organised counselling for them in relation to non-work-related issues, which they had appreciated. Staff received regular supervision and attended team meetings. We saw from meeting minutes that staff had the opportunity to discuss any issues and ideas, plus recognition was given to staff for any good practice. There was also an annual staff awards scheme.

It was evident that staff were well motivated and focussed on meeting the needs of people who used the service and providing them with a good quality of life. Staff told us that the values of the organisation included, "Equality for everybody, regardless of their mental health or their learning disability. Giving everyone opportunity" and "Promoting people's individuality and respecting people." We saw throughout the inspection that staff's interactions with people were in line with these values. The registered manager led by example in promoting person-centred values. For instance, we were given an example of how they had gone out late one evening to provide support to a person who had been taken in to hospital, in order to ensure the person and staff were appropriately supported.

Shifts were well organised and there were daily designation sheets which detailed what each staff member was responsible for that day. Staff had a clear understanding of their role. The registered manager we spoke with also had a good understanding of their role and responsibilities as a registered manager. Notifications had been submitted to CQC in relation to specific events at the service since our last inspection, in line with legal requirements.

The registered manager told us they kept up to date with best practice via training, weekly management meetings, updates from CQC and any changes to NICE (National Institute for Health and Care Excellence) guidelines. We saw there was also a folder at the home with information and leaflets about new research on interventions and support.

We looked at the quality assurance systems in place. At our last inspection, in September 2015, audits were carried out on the premises and on medication but there was no system in place to monitor the quality of the care being provided. We recommended the provider review their auditing procedures so that all aspects of service delivery could be monitored. At this inspection we found improvements had been made and there were robust systems in place. In addition to the regular premises and medication audits there was a weekly quality assurance audit which included checks on the various systems and documentation in place at the service, such as the conditions management folder, appointments, changes to people's weights, infection control, accident reports, concerns and complaints, designation sheets and handovers, staff training and one to one support forms. This demonstrated that the provider learned from feedback in order to improve the way they monitored the service.

Night staff conducted daily checks on MAR charts, designation sheets and daily diaries and highlighted any concerns to the manager straightaway. We found that this meant issues were addressed promptly so there was often only a small amount of issues outstanding by the time the registered manager conducted the weekly audits. We also noted that the number of issues and discrepancies identified in medication audits had reduced throughout the year, which indicated that the systems in place were being effective in driving improvement. As well as the audits conducted, people were regularly asked for their views about their care in monthly keyworker meetings and in monthly 'tenants' meetings. Feedback sheets were available at the home for visitors to share their views.