

Cephas Care Limited

Dunsland

Inspection report

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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 took place on 16 August 2016 and was unannounced.

Dunslund provides accommodation, care and support for up to 14 people living with a learning disability. At the time of our inspection there were 11 people living in the home.

The manager has been in post since January 2016. 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 cared for in a safe way. Steps had been taken to identify and mitigate any risks to people's wellbeing and safety and in the environment of the home. Risk assessments were detailed and gave clear guidance for staff on how to manage risk. People were supported by staff who knew how to protect people from harm. Staff were knowledgeable in their work and had received training appropriate for their role. There were enough staff to support people effectively.

There were safe recruitment practices in place which ensured that appropriate checks had been carried out on staff before they started working in the home.

Medicines were managed and stored safely in the home. Staff had the necessary training in order to administer people's medicines in a safe way.

People had not received a mental capacity assessment so it was not clear what decisions people could make for themselves, and what decisions they needed support with. Therefore, there was not clear why people needed support in certain areas.

People's support plans were person centred and reflected people's wishes around how they wanted their care to be delivered. Staff knew how to promote people to be as independent as possible and people were supported to pursue their interests and hobbies as well as play an active part in the running of the home.

Prompt referrals were made to relevant healthcare professionals where concerns were raised regarding a person's health or wellbeing. People were also supported to eat and drink sufficient amounts. People were consulted on what food they preferred and the menus were devised according to people's preferences.

Staff who worked in the home were caring. People were consistently treated with dignity and respect and their right to privacy was upheld. Staff knew how to support people with their individual care needs and asked people about their preferences. People were able to have their relatives and friends visit the home.

People's care needs were constantly reviewed and people's support plans were updated to reflect any

changes required in their care.

There was an appropriate complaints procedure in place and staff knew how to support people in the event that they wanted to make a complaint. An easy read version of the complaints procedure was placed in a communal area so people could easily access it. Where concerns had been raised, appropriate action was taken.

The service was being well run and people's needs were being met appropriately. Staff felt supported by the manager and there was frequent and effective communication between the manager, staff and people living in the home. The manager was approachable and encouraged staff to put forward new ideas about how the service could improve.

There were a number of systems in place to monitor and assess the quality of the service. Regular audits were carried out by the manager. These identified any areas for improvement and any remedial action that was needed.

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.

Staff understood their responsibilities with regards to safeguarding.

There was consistently enough staff on duty to meet people's support needs and thorough recruitment procedures were followed.

Risks to people were identified and plans were put in place to mitigate any risks.

Medicines were stored, managed and administered safely.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff received training relevant to their role and support from the manager to deliver care effectively.

People's capacity was not assessed so it was unclear what choices people could make for themselves.

People had sufficient amounts to eat and drink and referrals to other healthcare professionals were made in a timely manner.

Is the service caring?

Good ●

The service was caring.

Staff were caring and supported people to be as independent as possible.

People were treated with dignity and respect and their right to privacy was upheld.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were person centred and reviewed at regular intervals to ensure that that people's care needs could be met.

People were supported to attend activities of their choice.

There was an appropriate complaints procedure in place and staff would support people to make a complaint as necessary.

Is the service well-led?

The service was well led.

The service was well run and people's needs were being met.

The staff felt supported and the manager was approachable and open to new ideas.

There were systems in place to monitor the quality of service. Regular audits were carried out in order to identify any areas for improvement.

Good ●

Dunsland

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 was 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 was carried out by one inspector on 16 August 2016 and was unannounced.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report. We also looked at information we held about the service, including previous inspection reports and statutory notifications. A notification is information about important events, which the provider is required to send us by law.

During this inspection we made observations of the care and support that people received. We spoke with the manager and two members of staff. We looked in detail at the care records for three people and a selection of medical and health related records.

We also looked at the records for two members of staff in respect of training, supervision, appraisals and recruitment and a selection of records that related to the management and day to day running of the service.

Is the service safe?

Our findings

We saw that there were systems in place to protect people from harm. During our inspection we saw that people living in the home were comfortable in the presence of the staff who were supporting them.

Staff told us they had received training in safeguarding adults and records we looked at confirmed that staff were up to date with this training. All of the staff we spoke with could tell us the action that they would take if they witnessed or suspected that abuse had taken place. One member of staff told us "I would make sure that I documented everything." We also saw from the notifications we had received that incidents were reported appropriately. This included those that required referrals to the local safeguarding team.

Risks were minimised by assessing and reviewing people's support needs. We saw from people's care records that person centred risk assessments had been completed in respect of all aspects of people's everyday lives. The risk assessments were updated where new or potential risks had been identified. They contained detailed guidance on how to minimise the identified risk and specific support requirements.

There were consistently enough staff on duty to meet people's specific needs. We noted that some people required one to one support from staff both during their waking hours and at night. The rotas showed how levels were increased or adjusted as needed. For example, when people wished to go out or to attend activities. The manager explained how people's dependency was continually assessed and reviewed. This ensured that the staffing levels remained sufficient and appropriate. The manager told us that they would endeavour to cover any staff absence using permanent staff rather than agency. They told us that this was so people continued to receive support from staff who were familiar with their support needs.

The staff records that we looked at confirmed that appropriate recruitment procedures had been followed. Appropriate references had been sought and obtained and all staff had been police checked to help ensure their suitability to work in the home.

Medicines were stored and managed safely in the home. We looked at the medication administration records (MAR) for three people and noted that there were no gaps on the records where staff would sign to say that they had given the medicine. Staff we spoke with told us that they had received training in the administration and safe handling of medicines and training records we looked at confirmed this. One member of staff told us how they were observed by a senior member of staff before they were signed off as being competent in this area. The manager told us that they continued to check staff's competencies in medicines management and observed them administering people's medicines and asked them to talk through the process.

We saw that medicines were audited every week and we saw from the audit records that a full stock check was conducted weekly. We looked at three people's medicines and saw that the stock levels of the medicines tallied with the numbers recorded on the audit.

Is the service effective?

Our findings

During our inspection we saw that people were supported by staff who were skilled in their work. New members of staff completed an induction process, this included completing training that was necessary for their role. Staff told us that when they started in the role that they would shadow more experienced members of staff and they would then be shadowed. They told us that this was so they could gain confidence in their role and in the associated tasks, such as administering medicines. The manager told us that they would monitor new staff during their probationary period to ensure that they were suitable for the role.

Records we looked at showed that staff received updates on their training. One staff member told us "Training is intensive, there's lots of it and it's constantly updating." In addition to training, staff received regular supervisions with their manager. The manager told us that they also directly supervised staff. For example, they would supervise staff in certain areas of their role to assess how well they delivered person centred care. This form of supervision is a direct observation of the staff member's skills and the manager would then discuss with staff about how they could improve their practice, if needed.

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 they lack mental capacity to take 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 so that they can 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the time of our inspection the manager told us that no person was being deprived of their liberty. The manager told us that people had the capacity to choose when they wanted to go out and how to keep themselves safe whilst they were out. However, We did not see in people's care plans what steps could be taken in order to keep people safe if they wanted to go out independently. There were some people who required one to one staff support in order to help keep them safe when they went out. We did not see any care planning around the reasons why people needed to be supported by staff to keep them safe.

People had not received a mental capacity assessment so it was unclear what decisions people could make for themselves. Whilst we saw that people were supported in certain areas, it could not be established whether it was in their best interests due to the lack of information on people's level of capacity.

There was detailed guidance on people's preferred methods of communication. For example, we saw in one person's care record that they used pictures and objects to communicate their choices. In another person's care record we noted that although they had a good vocabulary, when they were upset they would show this emotion through their body language.

People were supported to have enough to eat and drink and during our inspection and we observed people making a drink for themselves. We observed the lunchtime meal and saw that people were able to choose what they would like to eat and they were encouraged to help prepare their meal with staff support. We saw that there was a varied menu and the manager told us that they spoke with people to find out what meals they would like to be included on the menu.

People's general health and wellbeing was reviewed on a daily basis and any changes with regards to their care needs were recorded in people's care records. We saw that referrals were made in a timely manner to other relevant healthcare professionals. For example, GP, epilepsy nurse and the Speech and Language Therapy team (SALT) if there were any concerns about people's nutritional intake or if people had difficulties with swallowing. We saw that advice given by professionals was reflected in people's care plans.

Is the service caring?

Our findings

During our inspection we observed the care and support being given to people. We saw that staff were warm and friendly in their interactions with people and interacted using humour where appropriate. We saw that staff were perceptive to people's needs and wishes and responded to people in a timely way.

We asked staff what they understood by person centred care. One staff member told us, "It's about treating people as individuals, people will tell us what's important to them."

People's care records showed that people were involved with regard to planning their care and how they wanted their care to be delivered. We asked staff how they involved people in the planning of their care. One member of staff told us, "We sit with people and ask them what they want." Staff told us that they also involved people's relatives in their care planning. People were supported to maintain contact with their family and friends and were told by staff that "Families are welcome anytime."

We saw that each person had a communication profile that explained their preferred ways of communicating. Staff we spoke with had a good understanding of people's preferred ways of communicating and spoke to us in detail about how different people would let staff know their wishes. One staff member explained, "People make themselves known, you have to listen to people's tone of voice and notice their body language."

We asked staff how they promoted independence and one staff member told us, "We will encourage people to do as much as they can for themselves, for example, people will help make their sandwiches and hang up their washing." Another member of staff commented, "We're here to support people, not make decisions for them." On the day of our inspection we saw that people were being supported by staff with washing and drying up after the lunch had been served.

Our observations throughout the inspection showed that people were treated with dignity and respect. We saw that staff observed people's right to privacy by knocking on people's doors and waiting for a response before entering a person's room. We asked staff how they promoted people's dignity and privacy. One member of staff explained, "We give people space and allow them to have time on their own." People had their own rooms which were decorated with personal pictures and belongings. There were also several communal rooms within the home, this allowed for people living in the home to be able to socialise with one another. We noted that the lounge was homely and comfortable.

Is the service responsive?

Our findings

We saw that people received care and support that was individual to their needs. People were supported to have as much input into their care planning as possible and people's relatives were consulted where needed.

We looked at three people's care records and saw that each person's care record contained a plan for every aspect of their care. We saw that care plans had been reviewed at regular intervals and were updated if there were any changes to a person's care needs. Where people had received input from other health professionals, we saw that guidance given by them was reflected in people's care plans. This ensured that staff had access to detailed guidance on how to meet people's specific needs. In addition to the care plans, each person's care record contained a detailed personal history. We noted that this included details about their wider family and what things people liked to talk about in relation to their background.

Throughout our inspection we observed that staff ensured that people were where they wanted to be and doing what they wanted to do. We saw that one person was being supported one to one by a member of staff. The member of staff was heard asking them what they wanted to do. When we asked staff what could be improved in the home they said, "Some people could do with more time out, but that's down to funding. We've got lots of different things here to do." We saw that people could access a variety of activities within the home and we saw that one person was playing on a keyboard with a member of staff and another person was doing some art work in the kitchen. We saw that staff were always visible and were often sat engaging with people, either by doing an activity or sat talking with them.

People were supported to pursue their interests and activities within the wider community. Some people attended a day centre and other people would attend local groups, such as a knitting group. One member of staff told us how they would support people to buy art materials and anything else they needed so they had everything they needed for their hobby. We saw in people's care records that they had a weekly activity planner which was devised with people to incorporate their interests. Staff told us that people liked to have a routine. The plans also allowed for enough staff to be deployed in order to support people with accessing their interests.

We saw that the home had an appropriate complaints procedure. This contained detailed information about the steps to take in the event of a complaint being received. The manager told us that they had not received any complaints about the care being received since the last inspection. We saw also an easy read complaints procedure and this was displayed. We asked staff how they would support someone in making a complaint, one member of staff told us, "I would help them to write everything down on a complaint form and then submit it to the most appropriate person."

There were regular meetings for people living in the home. We saw from the minutes of the meetings that a variety of topics were discussed. These ranged from people's preferences for days out, suggestions for the design of the garden and feedback on staff and the care given at Dunsland.

Is the service well-led?

Our findings

Staff we spoke with were all positive about the manager and said that they felt supported by the manager. One staff member told us, "If I've got a query, I don't mind going to the manager, you're never made to feel stupid." Staff told us that there was frequent and open communication from the manager and that the manager was approachable.

There was a manager in post and the information that we held about Dunsland showed that notifiable events had been reported as required. When we spoke with the registered manager about this, they demonstrated an understanding of what events they were required to report and to whom.

We noted that the manager had a visible presence throughout our inspection and they told us that they like to work alongside the staff and be visible to people who lived in the home. They told us that this was so they could ensure that the staff were delivering a high standard of care and people's support needs were being met.

The manager explained that they had regular team meetings where they discussed people's ongoing support needs and any changes to people's care. Records we looked at confirmed that regular staff meetings took place. The manager added that they asked staff to be familiar with people's support plans and discussed any gaps in their practice in supervision.

We saw that the provider had a system in place where people and staff could raise any concerns with the manager. People living in the home or the staff could document the issue that they wished to raise on a concern form. We saw that the manager responded to concerns that had been raised in a timely manner and documented the action that they had taken in order to resolve the situation.

During our inspection we noted there was a relaxed atmosphere in the home and saw on several occasions that the manager was supporting people alongside other staff. We observed good positive interactions between the manager, the staff and people who lived in the home. We spoke with the manager about how they liked to lead the staff. The manager told us, "I'm always asking staff for new ideas and trying to motivate staff. Staff can state their idea and how to move it forward." We asked staff what they thought of the manager's leadership style. One member of staff told us, "[The manager] wouldn't ask you to do anything that [they] wouldn't do themselves. [The manager] leads by example and has set the right tone."

There were systems in place to identify and manage environmental risks in the home. We noted that none of the electrical appliances had been portable appliance tested. We spoke with the manager about this and they told us that they had raised the issue with the provider. We saw that there were cleaning rotas in place and that the kitchen was regularly cleaned and checked in order to ensure the hygiene and safety of the food preparation area.

We saw that there was a range of audits that were carried out monthly to monitor the safety and quality of the service. These included audits of incidents, care records and medicine records. The manager told us that

they would look at the audits to see if there were any areas that needed to be improved on and would then take any necessary remedial action.