

# Speciality Care (Rest Homes) Limited

## Dinorwic Road

### Inspection report

49 Dinorwic Road  
Southport  
Merseyside  
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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

### About the service

Dinorwic Road provides specialist care for people with learning disabilities and/or autism. The home is registered to provide care for three people. At the time of our inspection there were two people living at the home. Dinorwic Road is a large domestic property in a residential area of Southport close to local amenities.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

### People's experience of using this service

People's individual needs and preferences were consistently considered as part of the care planning process. Their needs and preferences were reflected in the way care was provided. Care and communication methods were sensitively adapted to promote people's independence and choice. People were encouraged and supported to take the lead in assessment and care planning processes with the support of staff. People and their relatives were actively involved in setting and reviewing short and long-term goals. There was clear evidence this approach had improved people's skills and independence and reduced anxiety.

Staff understood the need for effective communication and exceeded the requirements of the Accessible Information Standard. Important information was also made available in a range of accessible formats to help people understand and to promote their involvement in decision-making. Staff's creative and flexible approach to communication meant people could always express themselves. There was evidence in care records this had resulted in lower levels of high-risk behaviours and improvements in people's health and wellbeing. People were supported to enjoy a range of personalised activities in their own home and the wider community. Activities reflected people's needs and preferences and were also beneficial in developing their independence.

Systems and processes for keeping people safe were highly developed and effective. Risk was assessed in good detail and supported by appropriate care plans. There was clear evidence of the service learning from incidents and feedback. Staff were deployed safely in accordance with people's needs. Medicines were managed safely in accordance with best-practice guidance.

Staff were given a thorough induction and supported with regular additional training and supervision. People were supported to exercise choice and were involved in shopping for ingredients for their meals. The building had been decorated in a way which reflected the preferences of the people living there and was noticeably homely. There was evidence of regular contact with community health services and referrals were made in a timely manner. The service was working in accordance with the principles of the Mental Capacity Act 2005 (MCA). People were asked for consent and given choices in relation to their care and other important decisions.

People living at the home were treated with kindness and respect. There was a strong, natural person-centred culture which was evident in our observations and the actions and comments of all staff. People were encouraged to comment on the provision of care and were actively involved in the decision-making process through discussions with staff and regular reviews. People's rights to privacy and dignity were maintained at all times.

The managers and the staff we spoke with demonstrated their commitment to providing high-quality, person-centred care. Staff understood their roles and responsibilities within the service. Safety and quality were effectively managed through the application of robust systems. The provider placed continuous learning and improvement at the heart of their practice. Lessons learnt from incidents and accidents were shared with staff to improve practice.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Rating at last inspection and update

The last rating for this service was Good (published 28 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dinorwic Road on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Dinorwic Road

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was conducted by an inspector.

#### Service and service type

The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The home had a manager registered with CQC. This means that they, and the provider, are legally responsible for how the home is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was conducted over one day. We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did

We reviewed information we had received about the home since it was registered. We assessed the information we require providers to send us at least once annually to give some key information about the home, what it does well and improvements they plan to make. We used all this information to plan our inspection.

We spoke with two people living at the home and observed staff providing support at lunchtime. We spoke with the registered manager, an operations director, a senior support worker and a support worker.

We reviewed a range of records. This included two people's care records, two staff files and other records relating to the management of the home.

After the inspection

We spoke with two relatives of people living at the home. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes for keeping people safe were highly developed and effective.
- Staff had been trained in adult safeguarding and understood their role in relation to keeping people safe.
- The relatives we spoke with were positive staff acted in the best-interests of their family member and kept them safe. Both relatives noted a reduction in high-risk incidents since the last inspection.

Assessing risk, safety monitoring and management

- Risk was assessed in good detail and supported by appropriate care plans.
- All incidents were recorded and subject to a thorough analysis to help reduce risk.
- Senior managers and specialists provided additional oversight and guidance to reduce risk further.

Changes were recorded in care records.

- The number and severity of incidents had been reduced by using this approach and adapting the way staff provided care and support.

Staffing and recruitment

- Sufficient numbers of staff were deployed safely in accordance with people's needs.
- People using the service had very specific care needs in relation to their health and behaviours. This was considered during the recruitment process.
- When agency staff or staff from other services were used, they were given a thorough induction and worked alongside permanent staff.

Using medicines safely

- Medicines were managed safely in accordance with best-practice guidance.
- Staff were trained in safe administration and their competency was assessed.
- Records of administration were completed accurately.
- The management of medicines was subject to frequent audits by the registered manager.

Preventing and controlling infection

- The environment was visibly clean and free from any unpleasant odours. There was a clear system in place and the building was cleaned regularly.
- Staff had completed appropriate training and were aware of the need to control the potential spread of infection.

Learning lessons when things go wrong

- There was clear evidence of the service learning from incidents and feedback.

- Significant incidents and accidents from Dinorwic Road and other services were used as opportunities to improve safety and quality.
- The service also sought support from social and healthcare professionals to improve practice.
- Staff understood the importance of reporting incidents and accidents. The documentation we saw included sufficient detail to aid analysis and to identify patterns or trends.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Organisational standards reflected best-practice approaches in care for people with learning disabilities and autism.
- People's needs were subject to a thorough assessment prior to a service being offered.
- The needs and compatibility of other people receiving care were considered as part of the assessment process.

Staff support; induction, training, skills and experience

- Staff were given a thorough induction and supported with regular additional training and supervision.
- Staff spoke positively about their experience of the training and support they were given.
- The relatives we spoke with said the current staff team had the right training and skills to meet the needs of their family members.

Supporting people to eat and drink enough with choice in a balanced diet

- Staff understood and respected people's needs and preferences for food and drinks.
- People were supported to exercise choice and were involved in shopping for ingredients.
- People were also encouraged to get involved in the preparation of food and drinks.

Staff working with other agencies to provide consistent, effective and timely care

- The service worked with other health and social care agencies to ensure people's needs were met.
- Care records contained evidence of regular contact with external agencies in relation to; accommodation, benefits and specialist support.

Adapting service, design, decoration to meet people's needs

- The building had been decorated in a way which was age-appropriate and was noticeably homely.
- The décor in bedrooms was individualised and reflected the personalities of the people living at the home.
- Requirements relating to regulation and safety had been discretely accommodated which helped maintain the feeling of an ordinary home.
- Bathrooms had been sensitively adapted to make them safer for people to use.

Supporting people to live healthier lives, access healthcare services and support

- There was evidence of regular contact with community health services and referrals were made in a timely manner.
- Contact was maintained with GPs, community nurses and dentists. People's oral health was considered as

part of the care planning process and people were encouraged to maintain their oral health through regular brushing.

- All health conditions were assessed, monitored and reviewed regularly. This had a positive impact and led to improvements in people's health and wellbeing. One relative provided a specific example and said, "Staff were good and supported us to get [relative] off [named medicines]. [Relative is] much better."

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Staff had completed training in relation to the MCA and understood their responsibilities.
- The service was working in accordance with the principles of the MCA. People were asked for consent and given choices in relation to their care and other important decisions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People living at the home were treated with kindness and respect.
- Relatives spoke very positively about the caring nature of staff. One person told us, "They are really nice, kind staff. You would know instantly if [relative] didn't like them. When [relative] goes back [they are] always happy to see the staff."
- There was a strong, natural person-centred culture which was evident in our observations and the actions and comments of all staff.
- Every interaction between staff and people receiving care we witnessed was kind, positive and respectful. For example, staff took time to let people make a choice of their food at lunch and regularly checked if they were enjoying their meal.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to comment on the provision of care and were actively involved in the decision-making process through discussions with staff and regular reviews. Important information was made available in different formats to help people understand what was being discussed.
- Where people were unable to fully contribute family members were included in the discussions.
- Important decisions were recorded in care records and regularly reviewed.

Respecting and promoting people's privacy, dignity and independence

- People's rights to privacy and dignity were maintained at all times.
- Support with personal care was given in a discrete and sensitive manner.
- People were supported in a way which improved their skills and maximised their independence. For example, one person had been supported by staff to improve their understanding of road safety.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood the need for effective communication and exceeded the requirements of the AIS.
- Most communication was verbal. Staff understood the need to allow people time to process information and waited for them to respond before continuing conversations.
- Important information was also made available in a range of accessible formats to help people understand and to promote their involvement in decision-making.
- Staff were able to explain how different people needed alternative methods of communication. They also told us how the most effective form of communication could vary depending on the person's level of anxiety and the subject being discussed.
- Some communication was supported with Makaton (basic sign language). Staff used images of people making their own versions of Makaton signs rather than the standard images. This improved their understanding of people's needs.
- Staff also monitored people's behaviours as an additional form of communication.
- This creative and flexible approach to communication meant people could always express themselves. There was evidence in care records this had resulted in lower levels of high-risk behaviours and improvements in people's health and wellbeing.

### Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's individual needs and preferences were consistently considered as part of the care planning process. Their needs and preferences were reflected in the way care was provided.
- Care and communication methods were sensitively adapted to promote people's independence and choice. For example, familiar images were used to help people make choices about food and activities. A relative told us, "I've seen what they do. [Relative] gets a choice in everything. The staff know how to help [them] make choices."
- Important activities and events were recorded in plain English and supported with photographs. Staff used this information to reflect on events and plan new activities.
- People were encouraged and supported to take the lead in assessment and care planning processes with the support of staff. Where this was not practical because of people's health conditions, relatives and professionals were fully involved in decision-making.
- People and their relatives were actively involved in setting and reviewing short and long-term goals. There

was clear evidence this approach had improved people's skills and independence and reduced anxiety. For example, one person was regularly supported to prepare their own breakfast. While analysis of another person's incidents indicated a significant reduction in high-risk behaviours.

- Any plans to provide or change care were discussed with people beforehand. One relative told us, "They have a daily plan and [relative is] given choices. They try to involve [them] wherever they can."
- Staff knew people's personal histories and their likes and dislikes in detail. They used this information to hold conversations, prepare meals and to suggest activities. For example, at our request, staff shared information about one person's preferences for entertainment. The same information was recorded in their care record, supported by their activities and reflected in their collection of DVDs. A relative commented, "They know [them] more and [their] likes and dislikes. It counts for a lot. They know when to give [them] space."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported to enjoy a range of personalised activities in their own home and the wider community. A relative said, "[Relative's] been on holidays. Every day [they] seem to have something to do."
- Activities reflected people's needs and preferences and were also beneficial in developing their independence. For example, staff supported people to make use of public transport to improve their confidence and knowledge of the local area.
- The service supported people to develop and maintain important relationships. Regular contact was maintained with families and they were free to visit at any time.
- People developed and maintained other important relationships with peers and relatives living nearby through participation in community-based activities.

Improving care quality in response to complaints or concerns

- The service dealt with complaints in accordance with their own policy and best-practice guidance.
- None of the people we spoke with said they had made a recent formal complaint. They each said they would feel comfortable raising any issues with any member of staff.
- We were told how the service had responded positively when concerns were shared.

End of life care and support

- The service did not routinely support people receiving end of life care. However, people's end of life wishes were discussed and recorded in care files.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The managers and the staff we spoke with demonstrated their commitment to providing high-quality, person-centred care. This commitment was reflected in records and in their interactions with people.
- Staff demonstrated an understanding of their responsibilities in relation to the people living at Dinorwic Road and the need to act with honesty and integrity.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their role and had submitted notifications to the CQC as required.
- Following significant incidents, the provider acted with integrity and communicated effectively with families and professionals.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff understood their roles and responsibilities within the service.
- Safety and quality were effectively managed through the application of robust systems.
- The performance of the service and people's satisfaction were subject to additional checks by the provider.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People living at the home were involved in discussions about their care wherever possible. Staff used alternative forms of communication to help people understand important information. People also had the option to have their views communicated by a relative if they wished.
- Staff were supported to express their views and contribute to the development of the home at team meetings and handovers. The staff we spoke with said they could approach the registered manager, or the provider at any time.

Continuous learning and improving care; Working in partnership with others

- The provider placed continuous learning and improvement at the heart of their practice. Lessons learnt from incidents and accidents were shared with staff to improve practice.
- Additional partnerships had been developed with other services to enhance the experience of people living

at Dinorwic Road.