

Community Care Solutions Limited







Dean House

Inspection report

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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?		Good	
Is the service well-led?		Good	

Overall summary

Dean House is registered to provide accommodation and support for up to seven people with learning disabilities and complex needs. On the day of our visit, there were six people living in the service.

Our inspection took place on 30 December 2015. At the last inspection in April 2014, the provider was meeting the regulations we looked at.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe in the service and with the support they received from staff. There were systems in place to protect people from the risk of harm and to ensure staff were able to report suspected abuse. Risks to people were assessed and assessments detailed the control measures that were in place to minimise the potential for future risk to occur. There were sufficient numbers of staff

Summary of findings

on duty to meet people's needs and robust recruitment processes had been followed to ensure that staff were suitable to work with people. Safe systems were in place for the administration, storage and recording of medicines.

Staff received on-going training which helped them to deliver safe and effective care to people. They received formal supervisions which helped them to monitor their progress and development.

Some people who used the service did not have the ability to make decisions about certain aspects of their care needs. Staff understood the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People had sufficient food and drink to maintain a healthy, balanced diet and were given choices about what they wanted to eat and drink. Staff supported people to attend health appointments and made referrals to appropriate health professionals to ensure people's general health and well-being.

Staff were knowledgeable about how to meet people's needs and understood how people preferred to be supported on a daily basis. Staff had access to information on people's abilities and needs, which allowed them to understand how they should provide good quality care. They understood how to promote and protect people's rights and maintain their privacy and dignity.

People received person-centred care, based on their individual strengths, interests and needs. Feedback was sought from people and those important to them, such as family members on a regular basis to ensure that they remained satisfied with their care and support. This was used to help identify areas for development at the service. There were effective systems in place for responding to complaints.

The service had an open, positive and forward thinking culture. There were internal and external quality control systems in place to monitor quality and safety and to drive improvements. Staff were always thinking about ways to improve the delivery of service to people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from harm and abuse because staff were knowledgeable about the principles of safeguarding and how to report any concerns.

Staffing levels were sufficient to meet people's needs. Staff had been recruited safely.

People received their medicines as prescribed and the service had systems to ensure they were managed safely.

Good



Is the service effective?

The service was effective.

Staff had received appropriate training to perform their roles and also received regular supervision from the registered manager.

People's consent was sought where possible before any interventions were given. Staff had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where people did not have capacity.

People were supported to access healthcare professionals as and when they needed to.

Good



Is the service caring?

The service was caring.

There were positive and meaningful relationships between people and staff. Staff treated people with kindness and compassion and people felt well cared for.

People were supported to express their views and opinions as much as possible. Any feedback was listened to in order to improve the delivery of care.

People's privacy and dignity were respected and promoted by the service.

Good



Is the service responsive?

The service was responsive.

People received care which was personalised and specific to their individual needs. They were supported to be independent and were enabled to attend activities of their choice, based upon their preferences.

Complaints and concerns were welcomed by the service and taken seriously in order to drive future improvements and enhance the quality of care.

Good



Is the service well-led?

The service was well led.

The service had a stable management team in place. There was a positive and open culture at the service. People and staff were empowered by the provider to have a say.

Good



Summary of findings

The service had a number of quality assurance processes in place to ensure high levels of service delivery were maintained.

There were systems in place to make sure the staff learnt from events such as accidents and incidents, whistleblowing and investigations.

Dean House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 December 2015, and was unannounced. The inspection was undertaken by one inspector to avoid disruption to the people who lived at the service.

Prior to the inspection we looked at the information we had for this service and found that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made

to the local authority to investigate and for incidents of serious injuries or events that stop the service. We also spoke with the local authority and clinical commissioning group to gain their feedback as to the care that people received.

During our inspection, we observed how staff interacted and engaged with people who used the service during individual tasks and activities. We spoke with six people who used the service, as well as the registered manager and two care staff.

We looked at four people's care records to see if they were accurate and reflected their needs. We reviewed four staff recruitment files, four weeks of staff duty rotas and training records. We also looked at further records relating to the management of the service, including quality audits and health and safety checks to ensure the service had robust systems in place to monitor quality assurance.

Is the service safe?

Our findings

People felt safe with the support they received from staff. One person said, “I do feel safe here, yes.” Another person told us, “They make me feel safe.” Staff told us it was important people felt safe in their own home. We observed that people were relaxed and comfortable in the presence of staff and other people who lived in the service.

Staff had a good understanding of safeguarding principles and demonstrated how they would report any concerns should they arise. One staff member said, “I would tell the registered manager if I thought anything was wrong.” Another staff member told us, “We would make sure the person was safe and then get some support from the manager.” Staff were aware of the provider’s policies and procedures and felt they would be supported to follow them if necessary. We found that safeguarding referrals had been made to the local authority when required and lessons learnt from incidents, so as to drive future improvement and prevent reoccurrence. Training records showed that staff attended safeguarding training on a regular basis so as to keep their knowledge up to date. People were protected from harm and abuse by staff who understood the principles of safeguarding.

Risks to people’s safety had been assessed in order to try and minimise them. Staff understood the need to have robust risk assessments in place for people to keep them safe, both within the home and in the wider community. The registered manager told us, “We support people to take risks so that they can remain independent for as long as they can.” Within people’s records we found risk assessments to promote and protect people’s safety in a positive way. These included; managing finances and undertaking a variety of activities within the community. These had been developed with input from the individual, family and professionals where required, and explained what the risk was and what to do to protect the individual from harm. They had been reviewed regularly and when circumstances had changed so as to remain reflective of people’s current needs.

The registered manager told us that all accidents and incidents were recorded and monitored. We saw records of these which had been completed correctly, in line with the provider’s policies. Any learning was discussed at team

meetings and shared with staff through the communication book and staff supervisions. This meant incidents were responded to appropriately and that the registered manager supported people and staff to remain safe.

People said that they thought there was enough staff on duty to support them. One person said, “We have enough staff looking after us.” This person told us that they were able to go to a day centre and undertake a variety of activities throughout the week because there was enough staff to support them. Staff told us they thought the staffing ratio was sufficient to keep people safe and for them to do what they needed to do. One staff member told us, “We have enough staff, we are a small team but we all work together and cover shifts if we need to. People get to go out and they have a good quality of life, so yes, there are enough of us.” During our visit we saw that there was enough staff to promptly respond to people’s needs.

The number of staff on duty for each shift was detailed on the rota. The registered manager told us that if agency staff were used, they would be staff that had worked within the service before, to ensure consistency for people. The registered manager also confirmed that additional staff would be provided when necessary, for example if a person’s needs changed. Our observations confirmed that there was sufficient numbers of staff on duty, with appropriate skills to meet the needs of people, based upon their dependency levels. The numbers of staff on duty ensured that people received safe and effective care.

We found safe recruitment practices had been followed. The registered manager explained to us that the provider policy was robust in ensuring that all required documentation was obtained prior to a new staff member starting work. Most of the staff had been in employment for some time but if new staff started then we established that the provider obtained all relevant information and carried out all appropriate checks before they started work. We looked at staff recruitment files and found that people had been recruited safely. The provider had carried out background checks, including obtaining two employment references and criminal record checks before people commenced their employment.

People were supported to take their medication safely. One person told us that staff helped them with their medication. Another person smiled when we asked them if staff gave them their medication on time. The registered manager told us that staff had been trained in the safe

Is the service safe?

handling, administration and disposal of medicines. Staff were only allowed to administer medicines if they had completed training and competency checks to do so. We found that medicines were stored safely and securely, and records showed staff were administering medicines to people as prescribed. Staff administering medication

checked and completed the Medication Administration Record (MAR). We checked five people's medication records. These had been completed correctly with no gaps or omissions and the correct codes used when medication was not administered. Medicines were stored correctly and audited weekly.

Is the service effective?

Our findings

People felt that staff had the necessary skills and knowledge to perform their roles and meet their needs. One person told us, “They know what they are doing.” Another person confirmed that staff were able to meet their needs as they wanted them to be met.

The provider had an induction programme which all new staff were required to complete. We did not speak with any staff members who had recently completed their induction but the registered manager told us that all new staff had an induction checklist which they needed to complete before being found competent to work with people. They also told us, and we saw, that plans were in place to integrate the new care certificate into induction training. Records showed that all new staff were expected to complete a robust induction programme.

Staff had completed a range of training that ensured they were able to carry out their roles and responsibilities. One staff member said, “We do get a lot of training here and we are reminded when we are due to have refresher training.” Another staff member said, “I think the training is good, we have a lot of it and it does help to give us the information we need to support people properly.” The registered manager confirmed that staff received regular training and refresher skills to keep their skills up-to-date and showed us the training matrix which detailed when refresher training was due. We looked at training records and saw that staff had completed training on a range of topics, including; safeguarding, Mental Capacity Act (MCA) 2005, medication and health and safety. Where there were gaps in people’s records, there were plans in place to address these with training dates being booked to address this.

Staff told us they were very well supported by the registered manager. One member of staff told us, “I know that if I needed to ask anything I could do.” Another member of staff told us, “She is great, always there for us, we don’t have to wait until we have supervision to ask if we need help.” We saw that staff received regular supervisions and an annual appraisal. Where appropriate, action was taken in supervisions to address performance issues either through disciplinary action or performance monitoring if required.

Consent was sought from people before they received care. One person told us, “They always ask me.” Staff told us that they always asked people what they wanted before doing something to ensure they were in agreement.

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. The registered manager told us that they and staff had received training on the requirements of the MCA. They told us that they would always liaise with the local authority if they had any concerns about a person’s fluctuating capacity. They were able to explain how staff made decisions in line with the MCA and had a good understanding of how to support people to make decisions that were in their best interests and ensured their safety. We saw examples of where people’s capacity to manage their own finances had been assessed and found that appropriate documentation was in place.

We found that applications had been made under the MCA Deprivation of Liberty Safeguards (DoLS) for some people as staff considered that their liberty may have been restricted. These actions showed they understood their responsibilities under DoLS arrangements.

People had enough to eat and drink. One person said, “I like the food, when I go out I have a packed lunch that I choose.” Another person told us, “We get to choose what we have. It is always nice.” Staff were aware of people’s dietary preferences. We were told and saw that menus were planned in advance over a four week period. The staff told us a different meal was available for people every day. People were supported to choose their choice of meal with staff and we were told by staff that if a person did not want what was on offer, a range of alternatives were available.

People had nutritional assessments completed to identify what food and drink they needed to keep them well. We saw that staff monitored people’s weight on a regular basis and that care plans were updated when their nutritional needs changed in order to maintain an oversight of people’s individual weights.

Is the service effective?

People were supported to access other services, such as the local hospital, optician or dentist. One person said, “They come with me when I go to the doctor’s.” Staff told us that they always supported people to attend required appointments when needed and were swift to act when people’s care needs changed. One staff member said, “We always go with them, and the registered manager often comes as well so we all know what is needed.” They went

on to say that it was important they kept people fit and well. People had access to healthcare services and that care plans and health action plans contained contact details for professionals such as the dietician, chiropodist and GP. Records confirmed that staff shared the information with each other and relevant professionals to ensure people’s needs were met.

Is the service caring?

Our findings

People told us that staff were kind and caring to them. One person said, “I really like [Staff name.]” They told us that staff looked after them and helped them when they needed support with things. Another person smiled at us and nodded when we asked them if staff were friendly towards them. We were also told, “They do a good job, they do.”

Staff told us they had worked with people for a long time so they had come to consider them as family and therefore worked hard to ensure they were happy, had everything they needed and had a good quality of life. One staff member told us, “I love everybody here; we want them all to have the best.” Another staff member said, “It’s not a job you do for money, we all do it because we care so we try really hard to look after people well.”

Within the service, we found there was a relaxed atmosphere and observed that staff prompted and supported people’s social interactions instinctively. People engaged in friendly, meaningful conversation with staff and we saw that they laughed and joked together. Support was provided in a kind, calm and relaxed way and people were at ease in the presence of staff. Our observations confirmed that staff had positive engagements with the people they supported and that this was conducive to the formation of open and trusting relationships.

Staff were happy in their roles and worked hard to ensure that people received the care they needed. One said, “We work as a team, we all pull together.” Our observations throughout the day confirmed that staff provided people with kind and compassionate care. Many of the staff had worked at the home for several years which enabled people to build meaningful and caring relationships with the people.

People were involved in the planning of their care and told us this made them feel that staff listened to them. When we asked one person if they had a say in their care, they nodded and said, “Yes, I do.” People told us that staff responded swiftly to their needs when they changed and always made sure that care was person centred, based

upon their preferences and delivered according to their needs. Staff explained that people were involved in their care planning as much as possible. We looked at care records and saw that planning had involved family members and people who already knew each person well, such as their social workers. Records were kept of any discussions or meetings and from this, any changes were incorporated into support plans to ensure that they remained reflective of current needs.

People and staff told us that they were supported to express their views of the service at regular meetings and told us they always felt able to make their choices clear. Easy-read versions of care plans and other pieces of documentation, such as guides to the services, were available. Staff went through these with people to try to help them understand what care they would receive and how they could express their views.

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. People were appropriately dressed and staff took time to ensure they looked nice before they went out. Staff offered choices when people got up or when to eat and what to have as well as going out. Support was provided in a kind and calm manner. Staff had an understanding of the role they played to make sure dignity and privacy was respected. They knocked on people’s doors before entering their bedrooms and made sure doors were shut during delivery of personal care. We found that the service had clear policies in place for staff to access, regarding respecting people and treating them with dignity.

The registered manager told us that there was access to an advocacy service if required. People were informed of this on admission, but staff would recommend it if they felt it was appropriate. Most people had the support of a family member but the systems were in place to access formal support, should this be required.

We observed that there were areas within the service and garden where people could go for some quiet time without having to go to their rooms. This showed that people could be as private and independent as they were able to be.

Is the service responsive?

Our findings

People's care was personalised to meet their specific needs and wishes. One person told us, "I can choose what I do and where I go but staff help me." They told us that they were involved in planning their care, as well as regularly reviewing it, to ensure their care plan was current and reflective of their needs. We observed that people received care and support from staff which took account of their wishes and preferences.

The registered manager told us that pre-admission assessments of people's needs had been carried out prior to people being admitted to the service. Most people had lived at the service for many years but records confirmed that people or their relatives were asked for their views about how they wanted their support to be provided. From the individual content of the care records we found that people and their relatives were involved in the assessments. This ensured that they were enabled to express their views about how they wanted their care to be provided.

We spoke with staff and the registered manager about the needs and preferences of the people they provided care and support to. We found that people's needs were assessed with their interests at heart, and where appropriate involved relatives or advocates to ensure that care was really individualised. It was evident that support and care was planned and delivered in line with people's individual care plans and their specific requirements.

People told us staff made sure they were content with the care they received and whether their needs were met appropriately, through regular meetings with them and general conversations. We spoke with staff and the registered manager about the people they were supporting during our inspection. It was evident that they understood people's needs well; they were all able to tell us about people's specific care needs. For example, the registered

manager was able to explain to us about the night time routine one person had and how important this was for them. Staff were aware of this and had plans in place to help them manage this.

Staff told us that people's needs were reviewed and changes were reflected in their care records. One staff member told us, "I think for new staff, the care records are really good. They have a lot of information and give an idea of what people need. For those of us who have worked here for a long time, they are still helpful because they keep us up to date with any changes." Records confirmed that people's needs were regularly reviewed by staff to identify if people were being supported in the best way and if their current care plans needed to be reviewed. People received care which met their individual needs because staff worked to ensure that accurate records were maintained.

People had an individual plan of activities for each day. This had been developed with their key worker. A variety of activities were available including access to a local day centre, going to garden centres and doing arts and crafts. The registered manager explained that people were supported to do what they wanted to, we heard one person asking about where they could go on holiday and found that this was going to be discussed at the next house meeting so that all people could have a say. People were observed doing things they enjoyed, for example one person was in their room and another was sitting in the communal area within the service.

People told us that staff supported them to raise concerns if they had any. One person told us, "I haven't got anything to complain about. I can talk to staff." People were aware of the formal complaints procedure in the home and told us they would tell a member of staff if they had anything to complain about. We saw there was an effective complaints system in place that enabled improvements to be made and that the registered manager responded appropriately to complaints. The complaints log showed complaints were responded to appropriately and in a timely manner. Action was taken to address issues raised and to learn lessons so that the level of service could be improved.

Is the service well-led?

Our findings

People were very positive about the staff, and the registered manager. One person said that all the staff helped them. Staff said that there was an open culture, they could speak with the registered manager about anything and they would be listened to and suggestions would be acted on. People and staff were empowered and had developed trusting and mutually beneficial relationships. The registered manager had an open-door policy, both to people and staff which allowed everybody to feel part of the service and involved in ways to develop it.

We found that there was positive leadership in place at the service which meant that staff were aware of their roles and responsibilities. None of the staff we spoke with had any issues or concerns about how the service was being run and were very positive about the leadership in place, describing to us how the service had improved. We found staff to be well motivated, caring and trained to an appropriate standard, to meet the needs of people using the service.

There was a registered manager in post. People knew who she was as they greeted her with smiles and engaged in happy conversation. During our inspection we observed the registered manager chatting with staff, and people who used the service. It was obvious from our observations that the relationship between the registered manager and the staff was open and respectful.

People who used the service, their representatives and health and social care professionals were asked for their views about the quality of the service provision. An annual questionnaire was sent out by the provider and staff supported people to complete their questionnaire when required. We saw from a recent satisfaction questionnaire that relatives of people who used the service had expressed their satisfaction with the support provided and the quality of leadership at the home.

The registered manager told us there were regular meetings held between staff and people living in the

service and records confirmed this. These were used to discuss activities, raise concerns and any issues people may have. Staff told us that when appropriate, the results of safeguarding investigations and complaints were fed back to them at staff meetings. They felt this was a useful learning tool for them.

We saw that incidents were recorded, monitored and investigated appropriately and action was taken to reduce the risk of further incidents. It was clear that the care staff were aware of all accidents and incidents that occurred and had assured themselves that no further action needed to be taken. We found that all possible action had been taken to ensure people had medical attention if needed and to protect people from recurrence of a similar nature.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. The registered manager was able to tell us which events needed to be notified, and copies of these records had been kept.

We found the registered manager was proactive in monitoring people's needs and the quality of service provision and responded in a timely manner when these areas required additional input. The registered manager worked with people, supporting them and delivering personal care on a regular basis as this enabled them to understand people's needs and develop an understanding of any issues which staff might encounter.

The registered manager told us that frequent audits had been completed in areas such as infection prevention and control, medicines administration, health and safety, fire safety and environmental audits. These were important as part of making sure that the service given to people was of good quality. We saw that maintenance records confirmed that health and safety checks were carried out regularly to identify any areas for improvement. Where improvements were required, we saw that actions had been identified and completed.