

The Dexters Ltd

The Dexters Limited

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

The inspection took place on the 3 September 2015. It was unannounced. During our last inspection of the home in July 2013, the provider was compliant with all of the regulations.

The Dexters provides care and support for up to 20 people with mental health issues and/or learning disabilities. The home is situated close to York city centre. The home comprises of 2 houses next door to each other, one of which is used to support people who are moving towards more independent living. There were 19 people accommodated on the day of our visit.

The home has a registered manager. 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 told us they felt safe and staff received training in safeguarding vulnerable adults.

Risks were identified and recorded in people's individual care plans and people were supported to take responsible risks.

Summary of findings

There were sufficient numbers of staff on duty who went through a thorough recruitment regime before employment commenced. People spoke highly of the staff employed.

People received their medication safely. They were supported to manage their own medicines where possible.

Staff received appropriate induction, training and support to help them in their roles. We were told that staff were skilled in caring for people.

People were supported to make their own decisions and when they were not able to do so, meetings were held to ensure that decisions were made in the person's best interests. If it was considered that people were being deprived of their liberty, the correct authorisations had been applied for.

People received a varied choice of meals and were supported to make their own meals where possible. Access to other professionals was sought where needed.

People told us they could access a range of health care services although the provider may need to review their emergency procedures where a head injury may be suspected.

People were well cared for and happy living at The Dexters. People spoke highly of the care provided. People told us they were treated with dignity and respect by staff.

People had detailed care records in place to record how they should be cared for and the support they may require. These records were reviewed regularly.

The home had good management systems in place to support people. People's views were sought and regular meetings were held to seek people's views. However, quality monitoring systems could be further developed so that all aspects of service delivery could be monitored.

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 told us they felt safe and we saw that information was made available to people in regards to their safety.

Staff were recruited appropriately and there were sufficient staff on duty to care for people.

Medication systems were well managed and people were supported to manage their own medicines where possible.

Good



Is the service effective?

The service was effective.

Staff had training and support to enable them to meet people's needs.

People were supported to eat and drink enough to maintain their health and wellbeing.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and applications to authorise DOLS had been made to the local authority.

Good



Is the service caring?

The service was caring.

People told us that they received care which met their needs and this was reiterated from a range of professionals spoken with as part of our inspection.

People consistently told us that they were treated with dignity and respect and we saw examples of this throughout our visit.

Good



Is the service responsive?

The service was responsive.

People's needs were continually assessed and those using the service were actively involved in planning their care.

Staff knew about the needs of people living at The Dexters and used this to provide personalised care and support.

People had been consulted about activities which were tailored to individual needs.

Good



Is the service well-led?

The service was well led.

The home had a strong management team who provided support to those living at the home and to staff.

We saw that there were management systems in place which were used to review and improve the service provided.

Good



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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 3 September 2015 and was unannounced.

The inspection team consisted of two inspectors from the Care Quality Commission (CQC) and a professional advisor who had specialist experience of mental health services.

Prior to our visit we looked at information we held about the service which included notifications. Notifications are information the provider sends us to inform us of significant events. We did not ask for a provider information

return (PIR) for this inspection, as we had changed the date that we had originally planned to carry out the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We talked in detail to nine of the 19 people living at the home. We also received feedback from a GP, an advocate and a solicitor. During our visit we spoke with the registered provider and four staff. We also carried out a tour of the home.

We looked at five people's care records, six people's medication records and four staff recruitment and training files and a selection of records used to monitor service quality.

We sought feedback from the local authority safeguarding and commissioning team at City of York Council, who did not raise any concerns regarding the service.

Is the service safe?

Our findings

All nine people who we spoke with described the staff as approachable and understanding with one gentleman describing the staff as 'first class.' All nine people we spoke with told us they felt safe living at The Dexters and said they were well looked after by all of the staff.

All of the people we spoke with told us they would go straight to their key worker if they had any concerns or were worried about anything. They all knew who their key worker was and that there would be an alternative key-worker in place if their key worker was to be on leave or off sick.

We saw an information sheet displayed which was for people living at the home which explained how to report a risk, wrongdoing or malpractice. All of the staff we spoke with were clear of the process to follow should they identify any safeguarding issues or concerns. They had received training in safeguarding vulnerable adults. The service had appropriate policies and procedures in place to support them.

We looked at the way in which risks were managed. People were supported to be as independent as possible and risk assessments were in place to minimise risks to people. We saw risk assessments for the environment which included personal emergency evacuation plans (PEEPs); these are documents which advise of the support people need in the event of an evacuation taking place. Fire evacuations were completed regularly so that staff and people living at the home knew what action to take if the alarms sounded.

The home carried out a range of other maintenance checks which included water temperatures, nurse call, legionella and checks to monitor the safety of the premises. We saw evidence of these checks during our visit. We also looked at maintenance certificates for the premises which included the electrical wiring certificate, gas safety certificate and portable appliance checks. These checks helped to ensure the safety of the premises.

We saw that care plans listed the risks associated with the care of the individual person. We saw risk assessments for one person which included; domestic tasks, diabetes, medication, mental health breakdown, travelling alone and smoking. Risk assessments were reviewed and updated in

May 2015. We saw that any accidents or incidents were recorded. The registered manager told us that any incidents would be discussed in the weekly management meeting which was held.

We looked at the recruitment files for four staff employed at the home. We saw that application forms were completed, interviews held and that two employment references and Disclosure and Barring Service (DBS) first checks had been obtained before people started to work at the home. This information helped to ensure that only people considered suitable to work with vulnerable people had been employed.

All of the people we spoke with said that there were always adequate staff during the day and night and they could always find someone if they needed any assistance. All nine people we spoke with were aware of whom the registered manager and the deputy manager were and stated that they had no concerns about the staff. Staffing levels at the home were six staff on an early shift, five on a late shift and four on an evening. There was a waking member of staff and a 'sleep in' staff at night but the registered manager told us that this was going to be increased to two waking night staff. We were shown copies of rotas during our visit which supported this.

People spoke positively of the staff. One professional said "The staff are universally helpful, courteous and polite." Another commented "Staff appear to be knowledgeable and caring." People living at the home also spoke positively of staff and said "Staffing is fine, always seem to have enough staff to do what we need to" and "Never any issues with staffing, they replace people who are off sick, there are always plenty of staff about."

We reviewed the medication administration process and found the home had recently changed pharmacy suppliers and the change had been unproblematic. There was a medication lead in place who undertook the ordering of medication from the pharmacy and completed the stock checks. All staff had completed medication awareness training as well as in house training. Annual competencies were undertaken by the registered manager who received supervision herself from an external source. There was an emphasis on encouraging clients who could self-administer their own medications to do this and there were risk

Is the service safe?

assessments in place to ensure the clients knew how to administer the medication, what it was used for and how to do so. These were signed by staff and the person using the service.

We saw that staff took time with the people who used the home whilst giving them their medication and were available to answer any concerns they had. Medication was administered in a communal area, meaning it might be difficult for people who used the home to have any confidential discussion with staff regarding any medications or concerns they had in confidence, and it was noted that creams were also applied in this communal area. It may be more beneficial for people to receive their medicines in private, particularly creams. The registered manager agreed to look at this.

The stock checks were completed on a monthly basis to ensure there was an adequate supply of medications and it was clear that there was no overstocking of medications.

The registered manager informed us that the medication lead took her leave around the days of the stock check occurring. We discussed how it would be beneficial for other staff to be up-skilled to support the medication lead who could cover for sickness and absence if required.

There were no controlled drugs in the service on the day of the visit, but the staff member had a clear understanding of how these would be stored, managed and administered. Controlled drugs are medicines which are controlled under the Misuse of Drugs legislation.

There was a clinical waste management contract in place including for sharps bins, and staff were noted to wear personal protective equipment (PPE), such as gloves and aprons when appropriate and were aware of the disposal method.

The pharmacy that The Dexters used audited the prescriptions prior to dispensing the 'press and go' dosette box to ensure no contra-indications and the medication administration records (MARs) that we reviewed were clear and easy to read. MARs contained clear photographs and date of birth so that people could be easily identifiable. There was a clear list of staff signatures in place in the MARs file so it could be easily identified which staff member has administered which medication.

Medication errors were picked up and reported to the registered manager in a timely manner. It was noted during the visit that there had been a change in a service user's medication which, although it had been written about in the communication book, had not been picked up by the staff member resulting in a service user missing two doses of medication on the 26th August 2015. This had been reported to the registered manager and the staff member had completed further medication competencies. This demonstrated that action had been taken in respect of staff skills but it was unclear if the GP had been informed or if an incident form had been completed.

There was a monthly hygiene audit carried out and there were policies and procedures in place to support staff monitor the control and spread of infection. The home was clean and there were no unpleasant odours noted during our visit.

We were shown a copy of the infection control manual as well as guidance and policy files. We saw that a Cause of Substances Hazardous to Health (COSHH) file was also available. All cleaning materials were locked in a cleaning cupboard. There were clear audits and checks in place to monitor the control and spread of infection. This helped to reduce risks to people.

Is the service effective?

Our findings

The service provided effective care. We saw that staff received an induction and had training to help them carry out their roles effectively. Staff told us they had training on health and safety, food hygiene, infection control, moving and handling, first aid, fire safety, the Mental Capacity Act (MCA) and safeguarding adults. We saw records for upcoming training sessions which included MCA training, autism awareness and safeguarding adults. However, from the records we saw it was difficult to monitor which staff had completed which training and when training needed to be refreshed. The registered manager told us that they had recently recruited a Training Coordinator to work at The Dexters and across two other services run by the same provider. The registered manager told us that the training coordinator would be responsible for collating information and producing a training matrix so that they could more closely monitor the training needs of the staff.

Staff we spoke to told us they had regular supervision where they discussed their training needs, positive and negative experiences and any problems. We saw good records of supervision meetings; however, we noted some gaps. The registered manager told us some records had not been typed up. Staff told us they had regular staff meetings that were well attended. They told us if they could not make the meetings they had to read and sign a copy of the minutes. Staff told us they felt supported in their role and that support and advice was always available if needed.

We saw copies of staff minutes for meetings which had taken place in June, July and August this year.

During our inspection we observed staff seeking consent before providing support. People using the service told us “Staff listen to you” and “Staff respect your decisions.” Staff we spoke with understood the importance of consent saying “We always ask consent first when, for example, bathing - is it ok if I...?” Another member of staff told us “Consent is everything, you should always ask first, we would not presume.” We saw that care plans were regularly reviewed and updated with the people using the service and we found that people were asked to sign consent in their care plan.

Staff we spoke with understood the importance of the MCA. Staff told us how they might support people to make decisions by offering simple choices, showing options or

using an advocate. The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA) and are designed to ensure that the human rights of people who may lack capacity to make decisions are protected. The registered manager had appropriately sought authorisation for DoLS therefore protecting the human rights of the people living at The Dexters. We found that conditions made on DoLS authorisations were being met and the registered manager had a system in place to monitor when DoLS authorisations expired to ensure further applications could be made if necessary.

The nutritional needs of people using the service were assessed on admission with staff recording likes, dislikes and allergies in their care plans. We observed people using the service had access to hot and cold drinks throughout the day as well as fruit and snacks in the kitchen. We observed staff interacting with people at lunch time, offering choices to meet people’s personal preferences. The food looked appetising and portions were appropriate. We received positive feedback from all eight people we spoke with. Comments included “Lovely”, “Home cooked” and “The best.” Some people using the service told us they were encouraged to do their own shopping and prepare their own meals to promote their independence. However, they were free to borrow items if they had forgotten ingredients and also ate food staff had prepared if needed. Specialist diets were catered for where necessary, for example we saw from one person’s file that they were diabetic. We also saw that food and fluid charts were in place where any risks had been identified.

The home had a log where they recorded all healthcare appointments. Upcoming appointments were added to the diary and staff told us they were available to provide support if needed. People using the service said “They come with me to appointments if I want them to.” On the day of our visit we saw staff taking people to appointments to ensure that they were supported to receive on-going healthcare support. We saw evidence that staff had involved other healthcare professionals including the District Nurses and Community Mental Health Team when needed. We saw that information regarding any health condition was recorded on people’s individual care file and the registered manager had introduced a ‘condition management file’ which had been put in place to ensure that any health matters were followed up in a timely way.

Is the service effective?

However, 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. We also identified the need for the home to review their head injuries policy to ensure that all potential head injuries were appropriately assessed at A&E. Not doing so could place people at risk as injuries may not be properly assessed. The registered manager agreed to look at this.

The health professionals we spoke with provided positive feedback regarding the service and said that the registered manager and staff were pro-active at accessing support for people's physical and mental health needs. They told us that they had seen improvements in people's health and welfare since moving into The Dexters.

Is the service caring?

Our findings

Service users we spoke with referred to the staff as “The best”. One person said; “First class - wouldn't want to be looked after by anyone else.” One person seemed to have a particularly close bond with their key worker, describing them as a “Champion” and that “Nothing is too much bother for them.” Another person said “I love it, I really do, everyone is friendly, support is great, anything you ask they do.”

A staff member told us “It feels like a family. It's their home and a lot of them have been here for a long time.”

All of the people we spoke with appeared to have a genuine bond with their key workers. People who lived in the home reported having key working sessions at least every month in which they could share their concerns and also look at their goals for the next month. A staff member said “I am key worker for two people; I complete reviews, take them for appointments and spend 1:1 time with them.”

Not everyone we spoke with knew they had a care plan due to the terminology but when shown a copy, they appeared familiar with it and understood why it was in place.

Communication between the staff and the people who used the home was observed to be friendly and caring. People were acknowledged on passing by each staff member and asked if they would like a drink or to join in any activity. We observed staff members when assisting people with their mobility to do so in a gentle way, explaining verbally what they were doing each step of the way. The people using the home seemed relaxed in the staff's presence.

Staff told us “I love my job, I have a passion for it” and “We have time to spend with people who need 1:1. We can do that.”

We received positive information from a number of health professionals. One person said “My client is like a different person now that they are being cared for at The Dexters.

Their physical and mental health has improved and their general well-being has improved beyond measure. My client is always clean and well presented, they have been given personal choices over the furniture in their room and they are engaging in a number of activities.” And “The home enjoys a positive reputation in York as being a home which provides a supportive environment for patients, a number of whom have been subject to long term institutionalised care in the past. The Dexters have a number of patients who have proved difficult to place in the past, but Dexters has offered a stable supportive environment which has allowed patients to develop their potential.” Another said; “I have been impressed by the level of care and support given to my client by Mrs Dexter and her team, all concerned with the welfare not only of my client but also to all others living at the home.” They went on to say that the registered manager and staff “Provided a home with care.”

People's privacy was respected by staff, We observed one gentleman who had his door open and he and the staff confirmed this was his choice and he could close it at any time. Staff addressed people using their preferred name. One staff member told us “We shut doors and pull the blinds down during personal care. We don't talk about people in front of others.” People told us they were treated with dignity and respect. One person said “Respect privacy? Definitely, they always talk to me in private; they knock on my door and wait for me to invite them in.”

We were told by staff and people living at the home that independence was encouraged. One staff member said “We encourage people to do things for themselves; we don't want to deskill them. We provide the least support possible in a nice way.” When asked to give examples staff told us that people were encouraged to do their own meals and to help with domestic tasks.”

The registered manager said “I don't think we could be bettered for looking after people” they went on to give examples where they had paid for a funeral for one person who had lived at the home, bought a double bed for another and paid for holidays.

Is the service responsive?

Our findings

The service was responsive. People who used the service had personalised care plans which gave information about their support needs and preferences. Care plans were created in partnership with people living at The Dexters and we saw that people were routinely involved in reviewing and updating their care plans. One person told us “We have a care plan and we sit down and do it together.” Staff we spoke with knew what was in the care plans, where they were kept and the system for updating them. However in some cases we found that the recording in the daily client notes appeared to be inconsistent. There did not appear to be set times that staff wrote in the notes and they were not always dated and signed by the staff member. There was no clear link to care plans so people's progress and improvement was difficult to track. We shared this with the registered manager during our visit.

We saw that care records included recovery and rehabilitation plans, therapeutic activity plans and mental health crisis plans. Care records also contained a section of the skills, knowledge and attitudes required by the care team. There was clear information recorded regarding people's mental health and the strategies required by staff to provide appropriate support. Care records were detailed and clearly identified the level of support required.

Support groups were run within The Dexters and these were facilitated by support staff with an emphasis on cycle of change, recovery model and motivation.

The service operated a keyworker system. People knew who their keyworkers were and understood their role. Staff told us “Everyone has a keyworker; they read through care plans with residents – do they want to change anything?”

Staff we spoke with could tell us about the needs and preferences of the people living at The Dexters. Staff explained how they used care plans, team meetings and daily handovers to make sure they had up-to-date information about the people they were supporting. Staff told us they got to know the people living at The Dexters because “We have time to sit down with residents.”

We observed that people using the service had choice and control over how they wanted to spend their day. We saw that the service had a weekly activities plan including trips out and activities within the home. We saw some people using the service had personalised activities plans which

included trips to the gym, to go swimming or to visit the Hut (a local drop in centre used jointly with other services in the area). One person told us they loved going to Howarth and had been taken there specially. Four of the people we spoke with were involved in voluntary work and enjoyed spending their time doing this. Another person told us they were involved in refurbishing old furniture. This was something they got a great deal of satisfaction from and meant they felt they were giving back to society.

Other people told they were escorted to church if they wanted to, showing that people's religious and cultural needs were taking into consideration.

In addition to managing the home the registered manager and a number of other professionals had got together to set up a non-profit organisation which provided people at The Dexters (and people from other services) with meaningful activities and courses during the day. This supported people to access leisure, occupational and recreational support.

The service held monthly residents meetings to share information. A person living at The Dexters told us “We have a residents meeting once a month where they ask our views.” We saw minutes of the monthly residents meeting and noted topics discussed included a recent trip to Chester Zoo, ideas for next month's menu and asked for suggestions for places to visit. We saw that minutes from these meetings were shared on a notice board so that people who did not attend the meeting would know what was discussed.

The service had recently introduced a new system for managing comments, compliments and complaints. We found no evidence of recent complaints made against the service and we were shown compliments from professionals from July and August 2015. The service had also introduced a ‘Niggles’ book to record minor issues and grievances. The registered manager told us that before they introduced these changes they were not recording comments and compliments.

Staff and the people living at The Dexters told us they were encouraged to give feedback. People we spoke with knew who to complain to if they were not happy about something. A member of staff told us if there were problems they would “Speak to the person and ask them to put it in the complaints book and report it to the manager who will deal with it.” Another worker said “It might not

Is the service responsive?

seem a big deal, but to some residents it is very important. We encourage people to say what is on their mind." People

living at The Dexter's said "Staff are very approachable" and "I feel listened to." People we spoke with knew who their key worker was and the alternative key worker if their key worker was on leave or holiday.

Is the service well-led?

Our findings

The home has a registered manager who is also the provider of the service. There was also a co-manager who supported the running of the service. People made positive comments about how the service was managed and run. One person said “It is lovely here, everyone is nice and I think the home is well-run.”

People living at the home, staff and other professionals all provided positive feedback. Comments included; “Very, very well led. Can go to the managers with anything, they always support you. Can ring if needed – (manager) is a really good boss, he’s always been there for the residents”, “Any problems you’ve got get ironed out; the manager takes care of staff” and “If there are any problems the managers are always a phone call away, both are accessible at all times.”

People told us that meetings were held for staff and people living at the home. “We have staff meetings every month and have supervisions to keep up-to-date with new changes – always changing things for the best of the residents” and “Have supervision and regular team meetings to discuss progress and what we need to do to improve.” These meetings were used to improve the quality of the service. We looked at minutes of meetings and could see where suggestions for improvement had been made and when action had been taken. One person told us “I didn’t like my downstairs room so I spoke to the manager and she showed me another room and moved me straight away.”

In addition monthly review meetings were held and attended by the person living at the home and their keyworker. Any changes to care plans were discussed and agreed.

There was a communication book in place to keep care staff up to date and daily designation sheets so that staff were clear of any work that needed to be carried out. In addition there were daily diaries in place and a condition management file so that any health issues could be followed up.

We asked how the service kept up to date with research and changes to legislation. In addition to the house and

staff meetings being held, management meetings were also held each week. These meetings were used to discuss improvements and any changes. We were told of an example where the changes to regulations had been discussed at senior management level then shared in a staff meeting.

We asked to look at audits. We saw that 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. The registered manager may benefit from reviewing their auditing procedures so that all aspects of service delivery can be monitored. We shared this with the registered manager during our visit.

We saw that notifications were submitted to the Care Quality Commission as required. These are forms which enable the registered manager to tell us about certain events, changes or incidents.

Staff told us that The Dexters was a nice place to work. One member said “Good morale - there’s always support there.” Another said “We are encouraged to go above and beyond, that’s what we strive for.” The registered manager said “I think we are the best we can be at providing person centred care. We fund 1:1 even when the local authority won’t do so.”

We spoke to a manager from one of the other homes in the group. They were providing some 1:1 support for an individual. They told us “The staff are good at taking on new theories.” They told us of various approaches which were currently being used at the service. They said “The level of care is fantastic. I don’t think people recognise how good it is.”

A health professional told us that the registered manager attended a patient participation group and was a strong advocate for people with mental health needs. They said that the home had a close working relationship with the practice and worked well with other professionals. They told us that they would recommend the home to others.

We were told that surveys were due to be sent out to relatives and people using the service. Feedback sheets were also available at the home. These could be completed by anyone visiting the home. This enabled visitors to share their views.