

Muir Group Housing Association Limited

Dee House

Inspection report

18-20 Sealand Road
Chester
Cheshire
CH1 4LB

Date of inspection visit:
20 March 2016

Date of publication:
22 April 2016

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

This was an unannounced inspection, carried out on 20 March 2016.

Dee House provides accommodation and personal care for up to nine people who have mental health needs. Accommodation for residents is comprised of nine single rooms, two lounge areas, a dining room, kitchen and separate laundry. The service is within walking distance of local amenities and bus routes.

The registered manager had worked at the service since it opened 25 years ago. The registered manager had been registered with the Care Quality Commission (CQC) since September 2011. 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.

The last inspection of Dee House was carried out in May 2014 and we found that the service was meeting all the regulations we assessed.

People who used the service said they felt safe. Staff knew about the systems in place to protect people from the risk of harm and they also knew how to recognise and respond to abuse correctly.

There were sufficient staff on duty to ensure the needs of people were met. Effective recruitment processes were in place and were followed by the service. Staff received on-going training and support to ensure they carried out their role effectively.

Medicines were managed safely and processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. People received care and support from staff that knew them well, and had the knowledge and skills to meet people's individual needs. People told us staff always treated them well and promoted their choices regarding their care, support and the activities they participated in. People spoke positively about staff, their comments included, "The staff are all friendly and approachable" and "I like all the staff".

People's risks were anticipated, identified and monitored. Staff managed risk effectively and supported people's decisions, so they had as much control and independence as possible.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and DoLS to ensure that people who could not make decisions for themselves were protected.

People had enough to eat and drink. People were offered drinks and snacks throughout the day. People

who were at risk of poor nourishment were regularly weighed.

Staff were patient and friendly and knew people well. Staff interacted well with people and engaged in conversation with them about things of interest.

People's care and support needs were up to date and reviewed on a regular basis with the person or other appropriate people. Staff provided people with person centred care and support.

No formal complaints had been made to the registered provider since the last inspection in May 2014. People were aware of how to make a complaint if required and they told us they would not be worried about complaining if they needed to. People were confident that their complaints would be listened to and acted upon.

Systems were in place to regularly check the quality of the service provided and to ensure improvements to the service were made. The registered manager and staff established good working relationships with family members and visiting professionals to the benefit of people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Staff knew how to recognise and report abuse and potential abuse.

There were sufficient staff on duty to meet people's needs.

Medication was safely managed and people received their prescribed medication at the correct time.

Is the service effective?

Good ●

The service was effective

Staff received training and support which enabled them to carry out their role effectively.

People were provided with a choice of regular food and refreshments and they received the support they needed to eat and drink.

People were supported by staff who confidently made use of their knowledge of the Mental Capacity Act 2005. People were involved in decisions about their care and support.

Is the service caring?

Good ●

The service was caring

Staff were kind, caring and patient in their approach.

People's wishes were listened to and acted upon.

People were respected and treated with dignity. Staff took time to speak with people and they understood people's needs.

Is the service responsive?

Good ●

The service was responsive

People were involved in decisions about their care and support, and they received person centred care and support.

People's care and support needs were well documented and their needs were met.

People were aware of how to make complaints and voice concerns about the service.

Is the service well-led?

Good ●

The service was well led

The culture of the service was supportive and inclusive.

Systems were in place to identify practices that could put people at risk or lead to unsafe care.

Incidents and accidents were appropriately recorded and the information was used to facilitate learning and minimise reoccurrences.

Dee 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 20 March 2016 and was unannounced. Our inspection team consisted of one social care inspector.

We spent time observing the interaction between people who lived at the home and staff.

We looked at some areas of the home, including some bedrooms (with people's permission), communal areas, and office accommodation.

We met with all the people who used the service and spoke in detail with three people. We also spoke with two visiting family members. We spoke with the registered manager and three members of support staff. We looked at care records for three people, recruitment and training records for three members of staff and records relating to the management of the service.

Before our inspection we reviewed the information we held about the service including notifications of incidents that the provider had sent us since the last inspection. A notification is information about important events which the service is required to send us by law. We contacted the local authority safeguarding and quality monitoring teams who did not identify any areas of concern.

Is the service safe?

Our findings

People told us they felt safe. People's comments included; "The home is safe and secure" and "I feel very safe here". A family member told us they were confident that their relative was safe.

Staff had completed up to date safeguarding training and they had access to the registered provider's safeguarding policy and procedure and the requirements set out by the local authority. Staff were knowledgeable about the different signs, indicators and types of abuse and they were confident about reporting abuse or potential abuse. They told us they would not hesitate to report any concerns they had. Their comments included; "I would report abuse immediately" and "I'd follow the safeguarding process". The registered manager had not raised any safeguarding concerns since the last inspection in May 2014 but described clearly how to report to the local authority in a timely way.

Staff supported people safely in accordance with their risk assessments and they were aware of their responsibility to keep people safe. Staff knew to report any changes which they felt would impact on a person's safety and to keep risk assessments up to date. Environmental risk assessments had been completed and individual risks people faced in relation to their care and support formed part of their care plan. This included risks associated with falls, nutrition and specific behavioural risks which related to the individual person.

People received care and support from the skilled and experienced staff. Staffing rosters for a period of four weeks showed there had been a consistent amount of staff on duty throughout the day and night. The service had a policy of never using agency staff to ensure people were supported by staff that knew them well.

The registered provider had a recruitment and selection policy and procedure. We viewed recruitment records for three members of staff and this showed that the process for recruiting staff was thorough and safe. Applicants had completed an application form and attended interview, which required them to provide details of their previous employment history, training and experience. A range of checks had been carried out prior to a job offer, including references and Disclosure and Barring Service (DBS) checks. DBS checks are carried out to check on people's criminal record and to check if they have been placed on a list for people who are barred from working with vulnerable adults.

People were protected by staff who understood how to respond to emergencies or unforeseen events. People and staff had telephone numbers for an on call manager and the registered manager who were available 24 hours a day, seven days a week. This ensured a member of the management team was always contactable to provide advice and support.

Staff were aware of the reporting process for any accidents or incidents that occurred. Records were clearly written and they demonstrated that appropriate actions had been taken. This minimised future risk and reduced the likelihood of reoccurrence.

Medication was stored securely and administered to people safely. Relevant staff had completed medication training and had had their competency checked regularly to ensure they were suitably skilled to administer medication. A policy and procedure for the safe handling of medicines was accessible to staff along with other related information and guidance. Care plans detailed the support people needed with their medication. Medication administration records (MAR) were maintained appropriately and they detailed the medicines that people were prescribed and instructions for use. People told us they had received their medicines on time and that staff were careful when administering medication.

The environment was clean and hygienic. Cleaning schedules for the environment were in place and records of these were kept. Staff had received health and safety training, including fire awareness, prevention and control of infection, first aid and food hygiene and they had access to a range of policies and procedures relating to health and safety matters. There was a good stock of personal protective equipment (PPE) including, disposable gloves and aprons and staff used them appropriately. For example, whilst assisting people with personal care. All waste was disposed of and removed appropriately from the service.

Is the service effective?

Our findings

People told us they thought staff were well trained and good at their job. People spoke positively about the food and said they got plenty to eat. One person said; "The food is lovely and I always enjoy it" and another said; "We help plan the menu and go shopping to buy the food".

People who used the service told us that they received the right care and support from staff who knew what they were doing. People's comments included; "The staff know me really well and are always here to help", "They know what to do when I am unwell" and "They are all first class". Family members told us; "[Name] is well looked after here and is very comfortable. The house is lovely and pleasant".

Staff received appropriate training and support relevant to their roles and responsibilities and people's needs. All new staff completed an induction programme and ongoing training specific to their roles and the needs of people who used the service. As part of their induction new staff completed training in key topics such as safeguarding, health and safety and mental health awareness. New staff also shadowed more experienced staff for a period of time before being included as part of the core team. Ongoing training included topics which the provider considered mandatory and it was delivered in a number of different ways, including; e-learning and by external training providers. Staff comments included; "We get lots of training", "All my training is up to date" and "We are encouraged to be continually learning". In addition to the mandatory training staff had completed, or were in the process of completing a National Vocational Qualification (NVQ) in care, to further increase their skills and knowledge in how to support people who used the service.

Staff received appropriate support and supervision and they felt well supported in their role. The registered manager had provided each member of staff with one to one formal supervision sessions and a twice yearly performance and development review. These sessions provided staff with an opportunity to reflect on their work and plan any future training and development needs.

People made decisions and were given choices about their care and support. People's preferences and wishes about how their care and support was to be provided, were included in their care plans and people told us that staff took notice of this. People had signed their care plans to show they were consulted about the content and agreed with them.

We checked how the service followed the principles of the Mental Capacity Act and its associated code of practice (MCA). 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. All staff had attended training in the Mental Capacity Act (2005). The manager demonstrated a good understanding of the principles of the Act.

Staff had a good understanding of people's nutritional needs. People who were at risk of poor nourishment

had been referred to dieticians and nutritionists and appropriate care plans were in place for those people. Mealtimes were unhurried and people received the support they needed to eat and drink. Most people ate their meals in the dining room. People were offered a choice of two main meals. People told us that if they did not want either choice, they were offered alternatives.

People told us the staff would call a GP for them if they needed it. Care records evidenced that a variety of support had been sought for people when they required it, including the services of a dietician and psychiatry services.

Is the service caring?

Our findings

People were positive about the way staff treated them. People's comments included; "Staff are friendly and approachable", "I like the staff, they are all good" and "I know all the staff by name, they are always busy but happy to help". Family members told us that staff always showed care and compassion towards the people who used the service and they said they had always been made to feel welcome.

Interactions between the staff and people who used the service were positive and relaxed. Staff showed kindness and they were patient in their approach. Prior to offering care and support staff explained what they were about to do and they gave people time to respond. One person was experiencing a period of unsettlement due to their mental health difficulties. Staff were observed checking regularly that this person was safe and if they required any additional support. Another staff member explained the unsettlement and described the different techniques they used to help this person.

We saw that each person had their own bedroom and could personalise it how they wanted, for example, with family photographs, ornaments and their own furniture. Some people chose to spend time in their bedroom rather than in communal areas. Staff respected this and regularly checked on people to make sure they were comfortable and had access to drinks and snacks. People living at the service had also chosen items within their communal environment including photographs, furnishings and artwork created by a person living at the service. One person described the support and encouragement they had received from staff to choose their own bed, chair, bedding and curtains for their bedroom. They said that they had also received support when choosing clothes and liked this.

Staff had access to information about people's past lives and their family and this helped to generate discussions of interest with people. People told us that staff always showed interest in what they had to say and that they enjoyed talking to staff about their past.

We observed that visitors were welcomed and offered refreshments. There were quiet private areas where people and their visitors could go, other than the persons own bedroom, to enable them to have conversations without being overheard.

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. Staff understood the importance of ensuring people's privacy and dignity was respected. When staff entered the lounge area, they enquired after people and made sure they had everything they needed. Before entering a person's bedroom, staff knocked and waited for a response before they entered. People received personal care in the privacy of their bedroom and bathrooms.

People who used the service and their family members were provided with information about the service. It included the aims and objectives services and facilities available and details about the registered provider and staff. There was clear information about what people should expect from the service and guidance on how they could raise any concerns should they need to.

People had been supported to make advance decisions regarding end of life care if they chose to and had also written advance statements to be implemented should they become unwell to ensure their choices were followed and they remained in control of their healthcare.

Is the service responsive?

Our findings

People told us they were happy with the care and support they received. They told us there were activities available which varied. One person said, "I enjoy knitting and crocheting" and another person said, "I love looking after the gardens here at Dee House." Family members told us the service was responsive to the needs of their relative and that staff communicated with them regularly. One family member told us, "I am so glad to have [Name] at Dee House, the work they do is outstanding".

Each person had an individualised care plan which was person centred. The plans provided staff with clear guidance about how to meet people's needs. People's spiritual, cultural and diverse needs, likes, dislikes, wishes and preferences were recorded. Preferences people expressed included; daily routines such as what time people liked to get up each morning and when they liked to retire to bed. Assistance people needed with everyday tasks, their mobility and communication were also included in their care plans. The care plans gave guidance for what the person could do for themselves and what support was required by staff. This showed people's independence was promoted wherever possible.

Information was available about how staff needed to support people to have as much control over making their own decisions as possible. People's care plans had been reviewed annually or when a change occurred with their involvement and where appropriate the involvement of relevant others. This helped to ensure the information remained up to date and reflected any changes in people's needs. Records showed that people were asked to give their views on the quality of care and support they received.

The registered manager and staff had worked alongside a range of health and social care professionals to make sure people were provided with the care and support they needed to promote their health and wellbeing. For example, they ensured people attended appointments with their GP, dentist, optician and chiropodist as well as more specialist appointments with psychiatrists, social workers and community psychiatric nurses.

Daily progress notes which were completed for each person showed people had received the right care and support. The notes ensured that staff had up to date accurate information which they used to handover to the next shift. They were also used to help monitor, review and plan people's care and support.

Group and one to one activities were offered to people. Activities included baking, art sessions, games nights and walks outside. One person told us how they liked to go and visit local shops and another person told us they enjoyed fishing trips. People told us they had enjoyed a house holiday last year and were looking forward to going again this year. They talked positively about this experience.

The registered manager held regular residents meetings. Records showed that people were encouraged to participate in the preparation of house menus, where to go on the house holiday, activities to be offered within the service and discussions regarding seasonal events including Christmas. This meant people were fully included in their community.

People who used the service and their family members had access to information about how to complain. People told us they would complain if they needed to and they were confident that they would be listened to. A relative said, "I've nothing to complain about but if I did I would definitely tell the manager".

Is the service well-led?

Our findings

People told us they knew and liked the registered manager. Their comments included; "She knows me very well, I can talk to her about anything", "She is always around at the home" and "I know I can go to the office anytime if I need to". The registered manager had worked at the service for 25 years and had been registered with the Care Quality Commission since September 2011.

Staff were familiar with the management structure of the service and their lines of accountability and they told us they were not afraid to speak up about anything. They said there was an open culture and that they felt at ease speaking with the registered manager. Staff told us they thought the service was managed very well. Their comments about the manager included; "She is very fair and treats everyone the same" and "The manager has been supportive and I can always talk to her". Family members told us that the service was excellent. They said the registered manager was very helpful and always willing to listen.

Records looked at showed the registered managers actively sought and acted on the views of others and continually strived to improve. All people spoken with praised staff and described the service as good.

The registered provider had a whistle blowing policy which staff were familiar with. Staff told us they would not be afraid of reporting any concerns they had about the service and were confident that their concerns would be dealt with in confidence.

There were a variety of systems in place to assess the quality of the service, including weekly and monthly audits carried out by the registered manager. Audits covered aspects of the service, including; the environment, care planning, the administration of medication and health and safety. Audit tools clearly identified what was needed to improve the quality of the service provided, who was responsible for any actions and timescales for completion. Checks were undertaken to ensure actions had been completed within the required timescales.

A system was in place for reporting and recording accidents and incidents which had occurred at the service. The reports were regularly analysed by the registered provider to look for any trends and patterns and to explore ways of learning.

The registered manager facilitated quarterly staff meetings for all staff. The meetings were recorded and staff who were unable to attend had the opportunity to read the minutes. Staff comments included; "We are encouraged to feedback honestly about the service".

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. Registered providers are required to inform the Care Quality Commission of certain incidents and events that happen within the service. Providers are required, by law, to notify us about and report incidents to other agencies when deemed necessary so they can decide if any action is required to keep people safe and well.