

Desmond House Limited

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Inspection report

16-18 Desmond Avenue
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Humberside
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Tel: 01482448865

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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 ●

Summary of findings

Overall summary

Desmond House is registered with the Care Quality Commission to provide care and accommodation for a maximum of 19 people who are living with mental health needs. The accommodation consists of two adjacent semi-detached houses and has two floors which are accessed via stairs. There are sufficient communal areas including two lounges and a dining room, some bedrooms also have seating areas. To rear of the building there is an enclosed seating area.

At this inspection, we found the service remained good.

People were supported by staff who understood the importance of protecting them from harm. Staff had received training in how to identify abuse and report this to the appropriate authorities. Staff, who had been recruited safely, were provided in enough numbers to meet the needs of the people who used the service.

People were provided with a wholesome and nutritionally balanced diet which was of their choosing. Staff were provided with training in how to meet people's needs and were supported to gain further qualifications. People were supported to access healthcare professionals when needed and were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and the policies and systems in the service supported this practice.

Staff had a good understanding of people's needs and were kind and caring. They understood the importance of respecting people's dignity and upholding their right to privacy and choice.

People were supported to participate in activities, these included in house pursuits and involvement with the local and wider community. Complaints were investigated and resolved wherever possible to the complainant's satisfaction. People received care which was tailored to their needs and person-centred.

People who used the service, and those who had an interest in their welfare and wellbeing, were asked for their views about how the service was run. Regular audits were carried out to ensure the service was safe and well run, however, these could be developed further this was discussed with the registered manager.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains 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 14 June 2017 and was unannounced. The inspection was completed by one adult social care inspector.

Before the inspection, we looked at information we received about the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority safeguarding and quality teams as part of the inspection, to ask for their views on the service. We also looked at the information we hold about the provider. We used this information to plan our inspection.

We spoke with seven people who used the service. We observed how staff interacted with people who used the service and monitored how they supported people throughout the day, including meal times.

We spoke with four staff including care assistants, senior care assistants, the registered manager and the domestic staff.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation such as incident and accident records and five medicine administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training record, staff rotas, supervision records for staff, minutes of meetings with staff and people who used the service, safeguarding records, quality assurance audits, maintenance of equipment records, cleaning schedules and menus. We also undertook a tour of the

building.

Is the service safe?

Our findings

People who used the service told us they felt safe and trusted the staff. Comments included, "I get on well with all of them" and "I feel safe. The staff here are brilliant."

Staff were able to describe how they would protect someone from abuse and what signs may be present when someone was subjected to abuse. They said, "We have to protect the residents and make sure they are safe" and "I would report it to the manager, and if they didn't do anything, I would go the social services." Staff also told us they had received training in how to identify and report abuse and this training was updated regularly. Training records confirmed staff had received training in how to protect people from harm.

The care plans we saw contained risk assessments which were updated on regular basis or when the person's needs changed, for example, following an illness or a stay in hospital. Risk assessments covered areas of daily life where the person may need support, for example, personal hygiene, mobility, seizures and behaviours which may challenge the service and place the person and others at risk. The risk assessments were detailed and instructed staff in how to keep the person safe.

We found staffing levels on the day of the inspection were adequate to meet people's needs. Staff told us there were enough staff on duty so they could spend time with the people who used the service. Recruitment processes ensured people were not exposed to staff who had been barred from working with vulnerable adults.

Systems were in place to ensure medicines were ordered, stored and administered safely. Suitable arrangements were in place for the storage of specific medicines that required cooler temperatures and checks were carried out on a daily basis to ensure the manufactures' guidance was adhered to.

We observed a medicines round and saw people who used the service received them as prescribed. Medicines Administration Records (MARs) were used to record when people had taken their prescribed medicines. The MARs we saw had been completed accurately with minimal omissions. People's ability to self-administer had been assessed and action had been taken to support people who were able to do so.

Staff had access to personal protective equipment. The service was clean and tidy and free from offensive odours. The registered manager also ensured fire tests were undertaken and all equipment used serviced at regular intervals.

Is the service effective?

Our findings

People who used the service told us they enjoyed the meals provided. Comments included, "The food here is very good. I'm a vegetarian and they make sure I get plenty to eat" and "There's loads of choice at all the meals." One person said, "I'm trying to lose a bit of weight and the staff are helping me."

Records showed staff received training which was relevant to their role and equipped them to meet the needs of the people who used the service. Staff confirmed they received training on a regular basis. This included health and safety, moving and handling, safeguarding training and fire training. Staff were also provided with the opportunity to undertake more specialists training, which was relevant to the needs of the people who used the service. This included diabetes and how to support people with behaviours which may challenge the service and place the person at risk of harm.

Staff told us they thought the training was good and equipped them to do their job effectively. Comments included, "The training here is really good and varied" and "It [the training] gets updated every year."

Newly recruited staff underwent induction training which was based on good practice guidelines. During the induction, their competency was assessed and any on-going support or training was provided. Staff also received regular supervision and an annual appraisal to monitor their progress and support continued professional development.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found applications had been made to the supervisory body by the registered manager and they were awaiting the outcome of these.

Throughout the inspection, we saw staff gaining people's consent before care and support was provided. People's ability to provide consent was assessed and recorded in their care plan. Best interest meetings were held when people lacked the capacity to make informed decisions themselves. These meetings were attended by a range of healthcare professionals and other relevant people who had an interest in the person's care and welfare.

People's dietary intake was closely monitored by the staff and healthy eating was promoted. There was a choice at all meal times and drinks and snacks were offered throughout the day. Some people had tea and coffee making facilities in their rooms. Records showed that healthcare professionals were involved with assessing people's dietary needs and visits were made when required.

We saw people's care plans contained information about their health needs and how staff were to support the person to maintain a healthy lifestyle. Previous and current health issue were documented in people's

care plans. Healthcare professional were contacted when support was needed from, for example, community psychiatric nurses, epilepsy nurses or dieticians. People were supported to access their GP when required and regular reviews were undertaken to ensure people were healthy.

Is the service caring?

Our findings

People we spoke with told us they liked the staff and enjoyed their company. Comments included, "The staff here are brilliant, they have helped me a lot" and "The staff are the best I have known, they are like my friends." One person said, "It's like a big family, we all get on and look out for each other."

We saw people who used the service and the staff had good, respectful relationships. Staff were aware of people's needs and the support they required to lead a fulfilling life. There was lots of laughter and good humoured conversation around the service and people clearly enjoyed the staff and each other's company.

Care plans we looked at clearly showed that people who used the service had been involved with planning their care. Meetings had been held where the person's care needs had been discussed and their input was recorded. Staff were also heard to ask people what they would like to do and how they would like to be supported. People who used the service could describe to us in detail what was in their care plans and how they had an input into its content.

Staff could describe to us how they would uphold someone's dignity. They said, "I always knock and wait to be invited in; I don't just barge in uninvited" and "It's the resident's home, we have to respect that and give them the space they need."

From speaking with staff we could see people were receiving care and support which reflected their diverse needs in respect of the nine protected characteristics of the Equality Act 2010 that applied to people living there such as age, disability, gender, marital status, race, religion or sexual orientation. This information was appropriately documented in people's care plans.

People's wishes for end of life care had been recorded in their care plans. Staff told us they had recently supported people with end of life care and while this was emotionally demanding, they found it rewarding.

Is the service responsive?

Our findings

People we spoke with told us they enjoyed the activities which were provided at the service. Comments included, "We can basically do as we please really" and "I like to listen to my music in my room, but I can I go into the lounge if I want and talk to the others." Some of the people who used the service accessed the local community independently. One person said, "I go out on my own, but I always let the staff know where I'm going and when I'll be back just in case." People we spoke with told us they would approach the registered manager if they had concerns or complaints.

We saw people mainly pursued their own pastimes in their rooms. This included listening to music, reading or relaxing. We saw mealtimes were a social occasion and there was lots of talking and laughter. People enjoyed spending time in the patio area. We observed people who used the service relaxing in the sunshine, chatting, or enjoying having a cigarette. We saw people going about their daily lives in a relaxed way with support from staff when needed.

The care plans showed people's needs were assessed, prior to living at the service, to ensure these could be responded to and met. From these assessments, care plans were formulated which described how the person would prefer to be supported with their care. The care plans contained information which described the person in detail and this had been formulated with their input. This made the care plans person-centred. Staff told us they found the care plans useful and these helped them to get to know the person. One member of staff said, "It's important we ask people how they want to be cared for, it's their choice." Another said, "The care plans are really good; we use them to help us to get to know the person and what they like to do." The care plans were reviewed on regular basis.

The provider had a complaints procedure which was displayed around the service. This was also available in alternative formats to ensure it was accessible and meet people's individual communication needs. All complaints were investigated and responded to. Other agencies were signposted for complainants to contact if they were not satisfied with the way the investigation had been conducted. The registered manager told us they saw complaints and concerns as positive and an opportunity to learn and to change.

Is the service well-led?

Our findings

People we spoke with told us they found the registered manager and the staff approachable. Comments included, "[Registered manager's name] is really nice" and "I know I can approach any of the staff and ask them anything, they are very supportive." People we spoke with confirmed they were asked for their opinions about the running of the service and had attended meetings with the registered manager. One person said, "We have meetings where we all sit around and talk about how things are going, we all get to have a say."

The service provided was directed by the people who used it and they had an input in to the way it was run. The registered manager undertook meetings with the people who used the service on a regular basis. These had been minuted and showed the topics under discussion included meals, activities, and any other changes people would like to see happen. The registered manager told us they tried to create an open culture where people could approach them and discuss anything; this was observed during the inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. They understood their responsibility to ensure the CQC was informed of events which happened at the service which affected the people who used the service.

All the staff we spoke with told us they found the registered manager approachable and they were visible around the service. Comments included, "[Registered manager's name] is brilliant, she is really good you can go to her with anything" and "We can call the manager anytime."

The registered manager had systems in place which sought the views and opinions of the people who used the service and those who have an interest in their welfare, for example, relatives and healthcare professionals. These were usually in the form of surveys, but meetings were also held with people who used the service and their relatives. Meetings were held with the staff and minutes taken showed information is shared about any changes or new ways of working.

The provider had a quality monitoring system in place which ensured the smooth running of the service. These included audits which the registered manager undertook on a regular basis and we saw that time limited action plans were put in place to address any issues identified. However, we found that these audits could be expanded to cover more areas of the service provided and used as a more effective way to develop the quality of the care and support. For example care plan audits environmental audits and training audits. This was discussed with the registered manager.

The registered manager had developed good working relationships with local health and social care professionals. Those we spoke with confirmed the service was well-led and staff were knowledgeable about people's needs and followed their guidance.

