

# S.M.S. Care Limited

# Dixon 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 ●

# Summary of findings

## Overall summary

Dixon House is registered to provide nursing or personal care for up to 11 people who have a learning disability. On the day of our inspection there were nine people living in the service.

At the last inspection this service was rated overall Good. This was an unannounced inspection which took place on the 8 and 9 August 2017. At this inspection we found the service remained Good.

People who used the service told us they felt safe when being supported by staff members at Dixon House. Staff had been trained in safeguarding adults and knew their responsibilities to report any concerns. There was also a whistle-blowing policy in place to protect staff who reported poor practice.

Risk assessments such as, epilepsy, bathing, diet and nutrition, bedrooms and manual handling were in place to keep people safe whilst staff members were providing support. These were reviewed on a regular basis to ensure they remained relevant and up to date.

Records showed that robust recruitment processes were followed by the service when employing new members of staff. We saw references and identity checks were carried out as well as Disclosure and Barring Service checks.

Medicines were managed safely in the service. Only those people trained to do so were permitted to administer medicines. One person was assessed as being able to self-administer and the relevant risk assessments were in place in relation to this.

Staff received an induction and were supported when they commenced employment to become competent to work with vulnerable people. Staff were well trained and regularly supervised to feel confident within their roles.

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

All the people who used the service had been given a copy of the complaints policy and staff knew how to respond to any complaints they may receive. Records we looked at showed there had not been any concerns or complaints raised since our last inspection.

We observed a good rapport between people who used the service and staff. We saw that staff appeared to know people well and understand their needs. People who used the service appeared relaxed.

Care plans we looked at were person centred and contained detailed information that was easy for staff to follow to ensure people's support needs were met. We saw these were reviewed on a regular basis with the person and their relatives (if they wished). All care records were in an easy read format to assist people to be

more involved in the planning of their care and support.

Policies and procedures were in place to guide staff in their roles. These were accessible to all staff and we saw they had been reviewed on an annual basis to ensure they remained relevant and appropriate.

Regular meetings were held with people who used the service, their relatives and staff members to ensure the service received feedback and improve the service. Surveys were also sent out as another means of gaining feedback on the service.

All the people we spoke with who used the service, relatives and staff members told us they felt the management team were approachable and supportive.

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.

# Dixon 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 checked 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 was a comprehensive, unannounced inspection which took place on the 8 and 9 August 2017. The inspection team consisted of one adult social care inspector.

We had requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed this and used this to inform our planning of the inspection.

We reviewed the information we held about the service including notifications the provider had sent to us. We contacted the Local Authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain their views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We received positive feedback.

During the inspection we spoke with three people who used the service and two relatives. We also spoke with the registered manager and one member of care staff. We carried out observations in the public areas of the service. We looked at the medicine records for nine people who used the service and care files for three people. We also looked at a range of records relating to how the service was managed; these included three staff files, training records, quality assurance systems and policies and procedures.

# Is the service safe?

## Our findings

People who used the service told us they felt safe living at Dixon House. One person told us, "Yeah I am safe, I like living here." Both relatives we spoke with agreed that their loved one was safe. They told us, "Oh definitely safe. We have piece of mind that he is here."

Records we looked at showed staff members had been trained in safeguarding adults. One staff member we spoke with told us, "I have worked in care since I was 18 years old. I have had lots of training including safeguarding and we can do it online. I would report anything straight to my manager."

Records we looked at showed the service had systems and processes in place to support staff to keep people safe. Medicines were managed safely within the service. Risk assessments and policies and procedures were accessible to guide staff on keeping people safe. Infection control was managed effectively. There were no offensive odours and we saw staff using appropriate personal protective equipment.

There were robust recruitment processes in place to ensure people who used the service were protected from unsuitable staff members. The registered manager told us they had been having difficulty recruiting new staff members into vacant positions. However, there was adequate staffing and people's needs were met.

These systems and processes ensured that people were safe whilst receiving support from the service and its staff members.

## Is the service effective?

### Our findings

Relatives we spoke with told us they felt staff had the appropriate knowledge and skills to support and care for their family member. Before commencing employment new staff members had to undertake an induction. Any staff members new to care were expected to complete the 'Care Certificate'. The care certificate is considered best practice for staff members new to the care industry. The deputy manager was responsible for arranging all the training courses for staff. We looked at the training matrix and saw staff were booked on a variety of courses.

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 interest and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service was working within the principles of the MCA and the necessary DoLS were in place or being processed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Throughout our inspection we observed staff members gained consent from people in various ways. We saw they gave people choices, for example, what they wanted to eat or drink or where they wanted to sit. Signed consent forms were also in place in people's care files.

People who used the service had access to external healthcare professionals in order to meet their health needs. One external health professional told us, "In regards to my service user staff have worked well to establish her health needs and have explored all avenues where possible for this service user, which shows that staff are trying their best."

## Is the service caring?

### Our findings

People who used the service told us they liked living at Dixon House and that staff members were kind and caring. Comments we received included, "It is really nice here", "The staff are really nice, all of them", "I like them, all of them" and "The staff are really nice and they help me." We also asked relatives if they felt their family members were well cared for. Comments we received included, "Yes the staff are very friendly. They are all good" and "They listen to my relative."

Two external professionals we spoke with after the inspection told us, "I feel that the staff do genuinely care for the service users they are supporting" and "My experience of the home is that they are committed to supporting the service users and ensuring that they provide a person centred approach to each person. The service users all seem happy and well supported."

We observed that staff members' approach was calm, sensitive, respectful and valued people. They explained options and offered choices using appropriate communication skills. People appeared comfortable and confident around the staff. We saw people laughing and smiling with staff members. People were encouraged to remain as independent as possible and were involved in any decision making. We observed that staff respected people's privacy and dignity; staff knocked on people's door before entering and doors were closed when people were being supported with their personal care needs.

Although nobody was receiving end of life care within the service, the registered manager had asked family members to inform them in due course of any end of life wishes the person may have. This was also an area the registered manager was looking to develop with people who used the service in an easy to understand format.



## Is the service responsive?

### Our findings

People who used the service told us they enjoyed a range of activities at Dixon House. Records we looked at and photographs around the house showed activities that people had been involved in, such as accessing the local community to undertake shopping or access the park, board games, arts and crafts and meals out. Two people within the service had employment outside of the service which they had maintained for many years. We also saw that the service supported people to take holidays if this was something people wanted to do. The registered manager told us activities had become more difficult to arrange due to a lot of community learning disability services closing where people used to attend regularly and due to financial constraints. We saw activities had been mentioned in service user meetings and relatives meetings and the registered manager was actively seeking ways of increasing activities for people.

Records we looked at showed that prior to moving into Dixon House, a pre-admission assessment was undertaken. This provided the registered manager and staff with the information required to assess if Dixon House could meet the needs of people being referred to the service prior to them moving in.

We looked at the care records for three people who used the service. These were person centred and contained detailed information to guide staff on the care and support to be provided, including what people were able to do for themselves. Care plans were in an easy read format to assist people who used the service to be as actively engaged with the development of these as possible.

The service had a complaints policy in place. This provided guidance for people who used the service, relatives and staff members on verbal complaints, written complaints, investigating and following up actions. We found the service had not received any complaints since our last inspection.

## Is the service well-led?

### Our findings

People who used the service told us they could speak to the registered manager. Comments we received included, "Yes I can talk to [The registered manager]", "[The registered manager] is the boss. I can come in and talk to her" and "You can come and talk to her if you want to." Relatives we spoke with told us, "The registered manager is superb. She is strict but fair. I could not have wished for a better place for [name of person who used the service]."

One healthcare professional we spoke with after our inspection told us, "The manager has always made herself available for meetings and multi-disciplinary team meetings and has a good working knowledge of people she is involved with and ensures the service users have enough one to one hours for their particular needs."

We also spoke with one staff member about the registered manager and the support they received in their role. They told us, "Yes they are approachable and fair. I think all the staff are approachable and we all get on."

The service had a registered manager in place. 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 registered manager had processes and systems in place to monitor and improve the quality of the service. Regular surveys were undertaken to gain the views of people who used the service and their relatives alongside regular quality assurance audits to monitor the service and identify any required improvements. Policies and procedures were in place within the service to guide staff members in their roles. These were accessible to staff and contained good practice for staff to follow.