

Dean House Care Limited

Dean House

Inspection report

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Torquay
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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

About the service: Dean House is a residential care home in an adapted building in a quiet residential area of Torquay. It was providing accommodation and personal care to 13 people with learning disabilities at the time of the inspection.

People's experience of using this service:

People told us they were safe and happy in the home. Staff were kind and caring and went over and above what was expected of them. People were treated with dignity, and respect was a key value embedded in the running of the home.

People were protected by robust safeguarding systems and staff were confident in how to spot abuse and what it might look like for people they supported.

Staff underwent checks to ensure they were safe to work with people. There was regular, in depth supervision provided to staff and opportunities for informal support from the registered manager for day to day issues.

There were adequate staffing numbers to meet people's needs. Staff had time to talk with people. Staffing levels were flexible based on need and what people wanted to do. Staff members were all long-serving and agency staff were not used. This meant good continuity of care for people.

People had a range of healthy food options and were given opportunities to access exercise in the local community. We saw evidence of positive health outcomes, with one person losing weight and improving their mobility.

People chose what they ate, what they wore and how they spent their day. People had choice and control over their lives and had input into the running of the home.

Staff and people living in the home were provided with training and were knowledgeable in best practice care. Information was available in accessible formats, on display where appropriate in people's rooms, in communal areas and in care files.

The registered manager was passionate about providing high quality care and checked different aspects of the care provision regularly to ensure high standards were being maintained.

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

Risks associated with people were assessed, communicated to staff and mitigated. We saw evidence risks were discussed with people and families.

Rating at last inspection: This service has not yet been rated under the current provider.

Why we inspected: This was a scheduled inspection; we had no previous concerns about this service.

Follow up: We will maintain regular contact with the service to see how they are doing and have signposted them for further support if they require it.

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.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

Dean House

Detailed findings

Background to this inspection

The 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.

Inspection team: The inspection team consisted of one adult social care inspector.

Service and service type:

Dean House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

What we did:

Before the inspection we gathered information we had regarding the service. We reviewed notifications the service sent to us. A notification is a report the provider sends to us every time there is a significant event or incident.

The registered manager sent us a PIR or provider information return. This is a document that contains information on how the service is developing and any planned improvements.

During the inspection we spoke with five people using the service, one staff member and the registered manager. We spoke with one health and social care professional during the inspection and contacted and received feedback from a further two after the inspection.

After the inspection we received feedback from three relatives, and a further six staff members. We asked the registered manager to send us some further information which they did promptly.

We looked at four people's care records, including risk assessing, day to day recording and information around consent and the Mental Capacity Act. We looked at records for complaints, accidents and incidents and safeguarding. We reviewed the MAR (medicine administration records) for eight people, how medicines were stored and the accompanying records for medicines.

We walked through the building and spent time in the art room, communal lounge and dining room. Three people chose to show us their bedrooms. We observed the lunchtime meal in the dining room using SOFI (short observational framework for inspection) which is a tool used for observing situations to try and gain an insight into the experiences of people who may not be able to or choose to communicate verbally with us.

We looked at training, supervision and recruitment records for five staff members and a sample of the policies used by the service. We looked at staffing levels and quality audits.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes:

- All staff had attended safeguarding training and all staff we spoke with had a good understanding of what might constitute potential abuse and how and where to report it.
- People had been offered an opportunity to learn about safeguarding themselves and others. Seven people living in the service had attended safeguarding training to raise awareness of abuse of people with learning disabilities. Information on how to report abuse was available in a communal area.

Assessing risk, safety monitoring and management:

- Building related safety checks were regularly completed and included gas and water safety, general building maintenance, and fire safety.
- Some people faced specific risks around their health such as diabetes or epilepsy. These risks were assessed and there were clear management plans in place for staff to follow to mitigate risks and to support people to make informed choices about their health.
- Risk assessments were updated when a change occurred and were in place for both general activities such as crossing the road and being out and about and specific activities that people enjoyed undertaking.
- People were encouraged to take positive risks and confront things they were worried about. For example, one person who was worried about their impaired vision was encouraged and supported to go outside in reduced light more so they could build up their confidence.

Staffing levels:

- People said there were enough staff in the home. They told us, "We see the same staff" and "They are always here when we need them."
- The registered manager showed us the rota. Staffing levels were flexible based on need. On days where people had appointments or an outing was planned, extra staff were scheduled to come in so people's needs could be best met.
- On the day of inspection there were enough staff to meet people's needs both inside the service and out in the community.

Using medicines safely:

- Medicines were stored safely in lockable cabinets secured to the wall.
- Medicine administrations records (MAR) were completed without gaps in entries and were checked daily.
- Staff had attended medicines training and had their competency tested to show they understood how to safely administer medicines and what they were for.
- We fed back to the registered manager the checking of medicines stock could be more robust. From eight MAR we checked, the total of each medicine was not always carried over to show staff had checked stock levels matched what had been recorded as administered. The registered manager said they would action

this the next day.

Preventing and controlling infection:

- Staff used gloves and washed their hands when appropriate. All staff had completed infection control training.
- Soiled and clean laundry were separated to prevent cross contamination.
- One staff member did most of the cleaning and staff on shift also supported people to complete housekeeping tasks in their rooms. The bedrooms and bathrooms we saw were clean and tidy.

Learning lessons when things go wrong.

- The registered manager could demonstrate where the home learned from accidents to try and prevent their reoccurrence.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs had been effectively assessed and reviewed with people designing their own support.
- Every person we spoke with said they were happy in the service and what they told us was aligned with what was described in care plans and daily activity records.
- Staffing allocation was planned carefully for each day so that each person could do what they wished.

Staff skills, knowledge and experience:

- People were supported by staff who had attended training in key areas such as safeguarding, infection control, equality and diversity, supporting people with learning disabilities and moving and handling.
- Staff were knowledgeable when we asked them about medicines, infection control and assessing risks.
- Staff were supported through regular supervisions that were consistently recorded and showed discussions around personal development, people's needs and service improvement.
- The registered manager told us they had a philosophy whereby all staff attended the same training so every staff member had access to the same knowledge. The home had started to invite people to training sessions so staff and people alike were aware of what best practise in care looked like.

Supporting people to eat and drink enough with choice in a balanced diet:

- Every person we spoke with told us they enjoyed the food offered at the home. One person said, "The food is great, we get a few choices" and another said, "I had Frosties for breakfast, I like Frosties."
- There were jugs of water and squash in communal areas and people could help themselves to warm drinks when they wanted to.
- People were asked each day what they would like to eat and could choose from a range of meals rather than a set menu. We saw people eating different meals if they had a specific dietary requirement and one person wanted something different to everyone else, so they were prepared that meal.
- People were supported to go out to eat and encouraged to join in the shopping and cooking in the home.

Adapting service, design, decoration to meet people's needs:

- There was a stairlift so people with mobility issues could access their rooms with ease.
- Parts of the home needed redecorating. The registered manager was aware of this and told us of their plans to redecorate.
- One communal area had been turned into an art and creative space for people to enjoy. It was decorated with art produced by people living in the home.

Supporting people to live healthier lives, access healthcare services and support:

- People were supported to regularly access healthcare services such as GP's, dentists, and chiropodists.

- We learned how the staff had supported a person to achieve a positive health outcome and access a health service they had previously become upset at attending. Different options were explored until the person found a practitioner and setting they were comfortable with.
- There were easy read versions explaining what some health appointments might be like, for example a smear test for women living in the home.
- The home took preventative measures to support people to stay well. For example, every person living and working in the home had been vaccinated against the flu.

Ensuring consent to care and treatment in line with law and guidance:

- 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. We checked whether the home was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the service was acting within the principles of the MCA and appropriate recording of whether people had capacity to make decisions were evidenced.
- The registered manager had worked closely with social care professionals to evidence where they had supported one person around decision making and exploring their capacity to make specific decisions. A health and social care professional we spoke with said, "[The registered manager] has a good knowledge of the mental capacity and DoLS process."
- Care files contained signed consent documents for people to receive care, have medicines administered and have photographs taken.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported:

- We received a warm welcome when we arrived unannounced, from both people and staff. People were encouraged to be a part of the running of the home by welcoming visitors.
- There was a positive approach by staff, they were highly motivated and celebrated people's achievements. People smiled and were pleased when staff entered a room or started their shift.
- Staff and people were joking and there was a jovial atmosphere during mealtimes.
- Staff used their knowledge of people's interests to support and encourage them throughout the day. Staff used touch appropriately to reassure people. One person said, "If I'm sad they can tell, sometimes I need a hug and they know."
- People were exceptionally complimentary about the home and staff. One person said, "It's just like a family here." Another person said, "This is my home I love it."
- We saw examples of where the home had gone above and beyond contractual obligations. The registered manager told us they visited a person's relative at their home once a month to have a cup of coffee and give them a face to face up date of how their family member was doing. We saw examples where staff stayed past the end of their shifts to spend time with people if they were upset or unwell, and in their own time visiting people in hospital or picking them items up from the shops and bringing them in to the home. One staff member reassured a person in a medical appointment by having a blood test in front of that person to demonstrate what happened and encourage them to have bloods taken.
- Care documents were often written in the first person. For example, "I don't sleep well so I like to lie in." This showed the home saw and provided care provision through the eyes of people living there and planned support from their perspective.
- Staff told us they would be happy to have a relative live in the home. We saw staff empathising with people's moods and ailments. One staff member said, "It's lovely here, like family, a home." Another said, "Staff take the time to make sure each individual feels like they are loved and part of the family at Dean House, nothing is ever too much trouble."
- The service had recently changed legal entities but the registered manager had been involved in the home for many years. The registered manager showed deep regard for people living in the home and said, "My residents are my family. I'm very passionate about them because I've grown up with them. We run the home like a home, they have full control over everything. Some of them don't have family so they see us as family." The registered manager said they thought people made decisions about every aspect of their day.

Supporting people to express their views and be involved in making decisions about their care:

- The home was open about relationships and had supported a person to explore their sexuality and be more able to express themselves in this regard.

- People created their own care plans alongside staff. Each person had a folder to put in photos or art work or writing, expressing how they wanted to be supported, the things they like to do or memories that made them happy.
- People recorded their care in their diary. They asked staff to write down what they dictated and the care notes were written in the voice of the person receiving the care. One person was excited to show us their book and were proud of how, "It shows all the things we do on days."
- Staff showed creativity in resolving conflict by trying different approaches, using practical skills and trying to see issues from the perspective of the person involved in the conflict. For example, the home had supported a person to manage their anxiety and impulse around a daily task, providing emotional support and a visual prompt on an ongoing basis.

Respecting and promoting people's privacy, dignity and independence:

- Relatives said people were treated with the utmost respect. One person said, "Oh yes, they respect us for us." Staff readily gave examples of how to provide personal care and respect people's dignity such as knocking on doors and waiting for a response, and drawing curtains. Staff recognised that people had ownership over their bodies and they considered dignity in their everyday interactions with people.
- Care documents and other confidential information were stored securely so people could not access other people's information. Staff said they were careful not to disclose anything about one person in front of another.
- People could decide when they received care and from whom.
- People were encouraged to be independent and lead full lives. One person had a volunteering job, other people were supported in having relationships, learning new skills and accessing opportunities in the local community. One person had a pet bird that staff supported them to care for and the home had a rabbit that people took turns in looking after.

Is the service responsive?

Our findings

People's needs were met through good organisation and delivery.

Personalised care:

- People's care was tailored in the way they wanted it. People told us they had control over what they did, how they did it, where they went and what they ate. Care plans were detailed and contained information that would support staff to know how people liked to be supported with personal care. For example, one person's care file noted where they could wash on their body and what they would need support with.
- People's life histories were apparent, and we saw that recent bereavements, links with families, and where people had grown up were easily found in care files.
- People recorded support provided in their words in a book that they asked staff to write in for them. People kept these in their rooms and they belonged to individuals rather than the home. This made people feel empowered.
- People had their own care files and could access them whenever they liked to add in photographs, paintings or other items they felt should be included in their folder.
- People were assessed before they came into the service and they were involved in the reviewing of any changes in needs or support.
- People were involved in recruitment and asked what kind of person they would like support from. New staff were 'vetted' by people. People were asked their opinion on staff and whether new staff members were a good fit in the home as the registered manager understood that people needed to feel comfortable with whomever was supporting them.
- People had goals identified in their care files where appropriate, and staff were supporting them to achieve these goals.
- The home adapted information so that it was accessible to people. It had easy read documents in different formats and on display where they could be easily read. There was a magnet signing in and out process so that people could take part in letting staff know they were out of the home by putting their magnet on the 'out' side of the board before leaving the property.
- People were supported to keep busy and active, by going on day trips or to local shops, cafes or day centres. People who stayed at home were offered one to one activities or the option of a film.
- A professional we spoke with said, "They do a lot of activities here, they know people and how to communicate with them."

Improving care quality in response to complaints or concerns:

- People told us they felt happy going to staff to complain. One person said, "Oh they listen to us, I don't have any complaints." Relatives said they knew how to complain and would speak with staff or the registered manager. One relative said, "I have no concerns and I would voice them."
- There was a complaints process in place. There had been no complaints since our last inspection.

End of life care and support:

- Care plans had a section titled 'How I cope with death and what I want to happen when I die.'
- At the time of our inspection there were no people living in the home that required end of life care and

support.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The registered manager understood what was required of them to perform their role, including making notifications to us and how to effectively assess and mitigate risks. Staff were clear on what they needed to do and how to do it.
- The registered manager had oversight of the day to day running of the home and checked MAR's, daily tasks and people's welfare every day.
- Monthly audits were completed on medicines, health and safety aspects of the home, care plans, staff training, and fire safety.

Engaging and involving people using the service, the public and staff:

- People living in the home were major stakeholders in how the home was run. They were treated as equal partners in making decisions about the home and were being provided with training so they were equipped with the knowledge of what good care looked like. People were asked whether they wanted key workers, what trips should be planned and how the home should be decorated.
- Staff told us the registered manager was passionate and supportive, they felt listened to and there was open, honest communication that flowed both ways. We asked staff if they had the opportunity to give feedback on the service, one staff member said, "Every morning, with a coffee and a chat."
- The home sought to involve professionals and welcomed their opinions informally or on questionnaires. Feedback from professionals included, "Staff and manager know the residents well and so able to meet their needs effectively."

Continuous learning and improving care:

- The registered manager was linked in with local forums and networks to share best practice with an aim of reflecting on and improving care.
- We saw best practice guidance on display in a staff area. For example, on how to spot pressure ulcers.
- The registered manager showed us examples where the service had learned from audit findings and improved the home as a result.

Working in partnership with others:

- The home worked in partnership with district nurses, GP's, dentists, podiatrists and other health and social care professionals to achieve positive outcomes for people.