Care Quality Commission

Trident Reach The People Charity

Dimmingsdale Bank

Inspection report

21 Dimmingsdale Bank
Quinton
Birmingham
West Midlands
B32 1ST
Tel: 0121 422 7500
Website: www.reachthecharity.org.uk

Date of inspection visit: 27 and 28 January 2015
Date of publication: 27/04/2015

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 27 and 28 January 2015 and was unannounced.

Dimmingsdale Bank is a residential home which provides personal care for up to seven people with learning disabilities. At the time of our inspection six people were receiving personal care from the service. There was a registered manager at this location. 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 and associated Regulations about how the service is run.

At our last inspection in May 2014, we found that the provider had breached regulations relating to how people using the service were supported and kept safe. At that time we raised concerns about staff skills and knowledge, how people were supported to make decisions, the provider's practices to reduce the risk of

Summary of findings

infection and the quality of the provider's record keeping. The provider sent us an action plan to tell us the improvements they were going to make to ensure the service would comply with the regulations.

At this inspection we found that the provider had completed actions they had promised in respect of improvements to the premises, maintenance tasks and training updates for staff. The provider had taken action to ensure people were cared for in a home that was properly cleaned and well maintained. We found that the provider had repaired some of the fittings in the home and had ensured that where necessary equipment and furniture had been replaced. Action to address other issues had been delayed due to the absence of the manager for some months whilst on maternity leave. The care and support provided to people in the home had been maintained and people, relatives and staff told us that stability and improvements were being established since the manager's return. This was not reliably reflected in all records of care provided or in the plans for ensuring care was personalised for each person. People were still not supported to make decisions about the care they received and the quality of the provider's records had not improved. These issues had not been identified by the providers own system. You can see what action we have told the provider to take at the back of the full version of the report.

All the people we spoke with said that they felt people at the service were safe. However risk assessments of people's care needs did not consistently contain information and guidance staff required to ensure they supported people safely. Staff could explain the support people required to take their medicines safely but they did not always follow the provider's medication administration policy.

The provider had ensured that there were enough suitable care staff available to meet the needs of the people who used the service. Staff knew how to meet the care needs of the people they supported and the provider had a training programme for all staff which ensured they had the skills and knowledge they needed to meet people's individual needs.

The provider did not always follow their responsibilities under the Mental Capacity Act 2005 (MCA) because there were no capacity assessments completed for any of the people who used the service. The provider did not conducted assessments to identify if the care provided was in line with people's wishes or if less restrictive care options were available. When people lacked capacity, the provider had not taken action to seek that the care and treatment people received restricted their movement and rights under the MCA. You can see what action we have told the provider to take at the back of the full version of the report.

People who used the service were supported to maintain a balanced diet and received the appropriate food and drink to keep them well.

People who used the service and their relatives told us that they felt members of staff were caring. Relatives we spoke with said they were made to feel welcome when they visited and that the registered manager and care staff were approachable.

Staff knew people's preferences in how they wanted to be supported, however we saw that people were encouraged to pursue group activities instead of being supported to engage in their individual interests. Meetings to support people to express their views were not conducted regularly. The provider's system for reviewing and learning from incidences was not robust.

People were confident in the provider's ability to manage the service to meet people's needs. All the staff we spoke with said the service had improved since the registered manager had returned from maternity leave. The provider shared their views and vision of the service with staff.

Staff did not have access to information about potential risks that could compromise people's quality of care because the provider did not maintain accurate records of how people needed to be supported.

The provider had not ensured that they had regard to all their responsibilities to the Commission. They had not responded to our request to complete and submit a provider information return (PIR).

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 not safe.

Risk assessments were not consistent or contained enough information for staff to keep people safe from the risk of harm.

Whilst people routinely received prescribed medication, some medication to be administered on an 'as required basis' was not given to people in line with the provider's own policy.

The provider ensured that people using the service were protected at all times by staff who knew how to respond to any concerns that people were at risk of abuse.

Requires Improvement

Is the service effective?
The service was not effective.

Whilst people were supported when they lacked capacity to make some decisions, understanding of the Mental Capacity Act and best interest decision making was not consistent amongst all staff.

Staff knew how to meet the care needs of the people they supported.

People were supported to maintain a balanced diet which kept them well.

Requires Improvement

Is the service caring?
The service was caring.

Relatives said they were made to feel welcome and staff were approachable.

The relationships between staff and people who used the service were relaxed and supportive. People were seen to enjoy the company of each other and were noted chatting and laughing together.

Good

Is the service responsive?
The service was responsive.

Care provided to people was personalised and reflected how the person had chosen or had demonstrated that they liked being cared for,

Staff knew people's preferences but people were not always supported to engage in their preferred activities.

People were not always supported to regularly express their views of the care they received.

Good

Is the service well-led?
The service was not well-led.

Requires Improvement

Summary of findings

The provider had not responded to requests from the Commission for information.

Systems to monitor the quality of care people received were not robust. The providers system of regularly checking that people's needs were being met was not being regularly used.

People told us that the service had improved since the registered manager had returned from maternity leave.

Dimmingsdale Bank

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 27 and 28 January and was unannounced. The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had detailed knowledge and understanding of how to communicate with people who may have a learning disability.

Before the inspection, we asked the provider to complete 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. They did not return a PIR and we took this into account when we made the judgements in this report. We also checked if the provider had sent us any notifications since our last visit. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke with two people who used the service, the registered manager and five staff who worked at the service. Some people's needs meant that they were unable to verbally tell us how they found living at the home. We also spoke to a social worker who was visiting a person who used the service. We observed how people were supported by staff and we looked at records including three people's care plans. We also looked at records of staff training to see if the provider had addressed our concerns from our last visit. We looked at the provider's records for monitoring the quality of the service and how they responded to issues raised.

We observed how people were supported during the inspection and observed a formal staff meeting between the registered manager and care staff.

After our inspection we spoke to the relatives of three people who used the service and a person who commissioned services to obtain their views of the care people received.

Requires Improvement

Is the service safe?

Our findings

At our last inspection we raised concerns that people who used the service were at risk from infection control due to issues related to the property, the management of clinical waste and the lack of robust infection control audits. At this inspection we saw that improvements had been made and evidence was available that repairs and maintenance were responded to promptly.

Two people who used the service and four members of staff who we spoke with all told us that they felt people at the service were safe. A person who used the service said they felt safe and told us, "I'm looked after". The relatives of two people and a social worker who supported a person at the home also told us they felt their people were safe and that staff provided care in a safe manner.

People told us that the provider had met with them before they moved into the service to discuss their care and the support they needed to be kept safe. The provider conducted assessments of people's care needs and when necessary produced guidance for staff about how to manage the risks associated with people's specific conditions. Staff told us that the care plans provided enough information so they felt confident that they could provide care safely. A member of staff we spoke with explained how they supported a person to get out of bed safely and this was reflected in the specific guidance.

However, we saw that risk assessments did not consistently contain information and guidance staff required to ensure they supported people safely. One person's care records contained conflicting information because the provider had not removed an earlier assessment to manage risk when the person's condition changed. A care plan for a person who sometimes exhibited behaviour which could challenge others identified how the person's behaviour escalated but contained no guidance for staff about how to de-escalate their behaviour and keep them and other people safe. However staff we spoke with knew how to support the person so they remained safe. The lack of agreed guidance placed people at risk of receiving inconsistent care and support at times.

The provider had a system in place to ensure that people's medicines were administered safely however this was not always followed. Staff told us that they received training in the administration of medicines and could explain the support people required to take their medicines safely. However staff had not always accurately recorded when medicines had been received or disposed of and the system in place to monitor and check the administration system had not identified this issue. Records relating to the administration of "as required" (PRN) medication were inconsistent and on occasions lacked sufficient detail about how much medication had been given, placing people at risk of not getting medication they needed.

The provider had a system in place to manage the finances of people who were unable to manage their own finances, and where appropriate had liaised with appointees to make purchases on behalf of people using the service. The system was subject to regular checks and ensured that people were protected from any financial abuse.

Three members of staff we spoke with could explain the principles of safeguarding and were confident to take action if they felt a person was at risk of abuse. They told us that they had received training in keeping people safe from the risk of abuse and were clear about the provider's safeguarding policy and other external organisations they could report any concerns to. The provider had worked with the local authority when concerns about a person's safety had been raised. People who used the service and the relatives we spoke with all said the manager and staff were approachable should they need to raise concerns about a person's welfare. People were kept safe because the provider had ensured staff had been trained to take action to protect people from the risk of abuse.

People who used the service and their relatives told us that they felt there were enough care staff to meet people's care needs. The manager told us that if another person was to start using the service, they would increase their staffing levels to ensure that they continued to meet the needs of all the people who used the service. All the members of staff we spoke to told us that they felt there were enough staff on duty at each shift to keep people safe.

A new member of staff explained the provider's recruitment practice they underwent before they started working at the service. This included checks to establish they were suitable to support people and the successful completion of an induction period to ensure they had the necessary skills and knowledge to meet people's specific care needs. The provider had ensured that there were enough suitable care staff available to meet the needs of the people who used the service.

Requires Improvement

Is the service effective?

Our findings

During our inspection we saw that several people who used the service were secured into wheelchairs by safety straps which they were unable to undo themselves. Some people spent considerable lengths of time in their wheelchairs. The provider had not conducted assessments to identify if the care and support provided was in line with the person's wishes or in their best interests. We were told by staff about the routine daily care provided to one person to minimise risk and keep the person safe. There was no evidence that consideration had been given to involving anyone to support the person to consider if less restrictive options were available. When people lacked capacity, the provider had not taken action to seek authorisation to restrict people's freedom and movement in line with their rights under the MCA. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that when a person who used the service stated they did not want to receive some specific treatment, that they had respected their wishes. Care records contained no evidence that people had agreed their care plans however we observed that staff regularly asked people how they wanted to be supported in activities of daily living. The registered manager told us that when a person was thought to lack capacity they were supported by relatives and/or other professionals to express their views when possible and the relatives we spoke with confirmed this. During our inspection we saw a person being supported by a social worker to express their views about the service to the registered manager.

We asked a person if they liked living at the home and they told us that they were happy there. The relatives of people who used the service told us they felt confident that the manager and staff knew how to meet people's needs. A relative told us, "I think they are looked after, very, very well" and another said that the provider had, "Just got it right". Another relative told us that, "Care was only reasonable," they then explained that this was because they felt people did not have enough to do.

Staff told us they knew how to meet the care needs of the people they supported. They were able to demonstrate they knew people's preferences and choices and how to support their specific care needs such as help with mobility and behaviour which might challenge others. The provider had a training programme for all staff which ensured they were able to learn the skills and knowledge they needed to meet people's individual needs. Staff told us that they were up to date with their training requirements and the provider would send them reminders when they needed to undertake further training. The registered manager told us training records needed updating. A new member of staff explained the provider's induction process which had included shadowing experienced members of staff and completing ongoing competency assessments. This meant that people were supported by staff who had the skills and knowledge to meet their specific care needs.

People who used the service were supported to maintain a balanced diet. We saw staff present people with a choice of meals and knew what people's favourite foods were. When a person got up we saw them go into the kitchen with staff to choose their drink and what they wanted for their breakfast. Staff were able to explain people's specific nutritional requirements and if they needed their food prepared in a specific way in order to keep them safe, such as pureed or soft meals. This information was also displayed in the kitchen as a guide for staff.

The provider had ensured people had access to dietary and nutritional specialists when required, however we noted that guidance about how people's meals were to be prepared was not always updated when their needs had changed. This meant that staff had conflicting information in how to meet people's nutritional needs however staff we spoke with were knowledgeable about people's most recent nutritional needs. This issue had not been identified by the providers own checking system. The home took part in the provider's meal time initiative which promoted healthy eating and encouraged services to regularly review their menus in line with the wishes of the people who used the service. People received enough food and drink to keep them well and meet their needs.

People received support from a variety of health care professionals, these included, doctors, district nurses, speech and language therapists, dieticians and occupational therapists depending on their specific needs. Records of health care appointments were not always well maintained. Staff advised that a person had received an annual eye sight test, but they were unable to confirm

Requires Improvement

Is the service effective?

when this happened or when the next appointment would be. Staff had not always recorded when people had been supported by health care providers. Therefore there was a risk that people might miss infrequent appointments.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us that they felt that members of staff were caring. A person told us, “All the staff are good.” Another person told us, “My keyworker is lovely,” and “I like it [living here] a lot.” Relatives we spoke with said they were made to feel welcome when they visited and that the registered manager and care staff were approachable.

There was a relaxed atmosphere in the home and staff prompted and supported people’s social interactions. We observed that several people laughed and joked with staff throughout the day. We observed a member of staff encouraging a person who used the service to sing by humming a few bars of a popular song. The person joined in and it was apparent they were enjoying themselves.

People’s relatives told us that they could express their views to the registered manager and told us that they felt listened to. Staff explained to us how people preferred to communicate and could explain what the expressions, gestures and movements made by people meant.

Communication aids were available when necessary to help people express themselves. People were supported to express their views of the service and how they wanted their care to be delivered.

People were relaxed with staff and confident to approach them. Staff we spoke with told us they enjoyed supporting the people living there and knew their interests and what they liked to do. A member of staff told us, “I don’t come here for the money, I come here for the clients.” Several members of the staff had worked at the service for several years which had enabled people who lived there to build meaningful and caring relationships with the staff. A new member of staff told us they felt encouraged to develop close relationships with people at the service and were supported to spend time to get to know people. Staff spoke fondly about the people who used the service.

The relatives we spoke with said that staff respected people’s privacy and dignity. Staff explained the measures they took to protect the privacy and dignity of people who used the service when providing personal care. This included knocking on people’s bedroom doors before entering and we observed staff ask a person for permission to enter their room. Staff told us they would leave people to bathe and shower in private when it was safe to do so.

Good

Is the service responsive?

Our findings

A person who used the service told us that staff would listen to their views. They told us, "They help me chose," and said they were taken out when they wanted. The relatives of two people we spoke with said that the provider responded to the needs of the people at the home and another relative said the service did not do enough to support people to do the things they liked. They felt, "The main activity is to go to the shop."

Staff we spoke to were able to explain how people wanted to be supported and knew what they enjoyed doing. A member of staff explained how a person enjoyed bubble baths and another member of staff explained that they had supported two people to decorate their bedrooms in the colours of their favourite football team. Staff knew the daily routines enjoyed by people and we saw that people were supported in line with these wishes, and when people changed their routine staff support was maintained. For example on the day of our visit a person had expressed a preference to stay in bed and not go to the day centre as planned. Staff respected this choice and supported the person to choose alternative activities when they did get up. The person expressed a preference to go out into the community and staff supported them to do this. The registered manager told us that they had recognised that one person had often refused to go as planned to their regular day centre, so the manager had commenced looking for alternative options for the person to choose from. Staff responded to people's preferences in how they wanted to be supported.

People were supported to stay in touch with people who were important to them. The provider had arranged for a person's relatives to join them for Christmas lunch at the service and records showed that several people were regularly visited at the home by their relatives. We saw that people were also supported to visit their relatives at their own homes. The provider supported people to maintain relationships which were important to them.

We found that the provider did an initial assessment of people's care and welfare needs before they joined the service to identify their specific care needs and how they wanted to be supported. We saw evidence that relatives were also included in the assessments to help people to express their views. This ensured that the provider could identify if they had the resources and skills to support people in response to their needs and preferences.

Although people's care records contained details about people's individual preferences we saw that staff encouraged people to also take part in some group activities. For example when people returned from a day centre a member of staff asked the group of people what they wanted to do in the evening and people were offered a choice of watching television, listening to music or "relaxing". People were not asked individually what they wanted to do or encouraged to pursue interests that were detailed in records as being important to them. We reviewed the provider's activities records and saw that people tended to take part in group activities and these did not always reflect the individual preferences that people had expressed. The relatives of two people we spoke with said they felt there was not enough for people to do. However five people at the service were supported to regularly attend a day centre and we saw that people engaged in interests outside the home, such as visiting the theatre and going on holiday.

The provider had arranged for people to have individual monthly meetings with their key workers in order to express their views about the care they received. The records of two people who used the service showed that these meetings had lapsed. One person had not had a meeting with the key worker since May 2014 and the other person since October 2014. We spoke to the registered manager about this and they stated that key worker meetings had taken place since these dates, but was unable to find any records that they had taken place or what was discussed. This issue had not been identified by the providers own system.

There were posters in public areas advising people how to complain and report abuse. This included "easy- read" formats to meet people's specific communication needs as well as conventional instructions and advice. However there was no accessible information available for people who used the service that were visually impaired.

The provider had a system to record and monitor complaints and incidences in order to identify any common concerns and prevent them from happening

Good

Is the service responsive?

again. These records were not up to date and when the provider had received information of concern they had not always identified what action they needed to take. This was a concern that had been noted at the last inspection.

Requires Improvement

Is the service well-led?

Our findings

The providers own system for checking and monitoring the home was not effective and had failed to identify some issues and omissions related to the management of quality and risk. This was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with all told us that they had confidence in the provider's abilities to manage the service to meet people's needs. Relatives told us that the manager was approachable and kept them involved in reviewing the care people received. One person however expressed concern that the provider had not developed contingency plans in case the day centre which people from the home attended was to close. During our inspection we saw that one person who used the service was invited to sit in a meeting with the registered manager and staff whilst they were discussing other people's care needs. This was not in accordance with good practice or in line with the provider's policy on privacy and dignity. This meant that on this occasion the rights of the people who used the service to have information about them shared confidentially were not respected.

All the staff we spoke with said the service had improved since the registered manager and returned from maternity leave. A member of staff said, "It's [the service] come on leaps and bounds now the management is settled." A relative of a person who used the service supported this view. They told us, "The home is still recovering from last year's disruptions and succession of temporary managers."

The provider promoted a culture which centred on the people who used the service and their individual needs. The registered manager told us, "It is an individual service for each person who lives here." People were supported to express their views about the service and maintain relationships which were important to them. People were supported to comment on the care they received. The provider held regular meetings to enable people who to express their views of the service. We saw the provider had responded to the views people raised at these meetings.

The registered manager said they encouraged relatives to take an interest in how people were supported by the service and told us, "I like to have relatives involved, it keeps us on our toes." There were no formal systems in place to capture the views of relatives about how the provider supported their loved ones, but relatives we spoke with said the manager was approachable and welcomed their comments.

The provider had supported people to forge links with the local community. The registered manager also told us they were currently working with a charity to identify how they could support a person who used the service who wanted to do voluntary work in one of the charity's shops.

We observed a staff meeting and saw that the registered manager encouraged staff to speak up and concerns were openly addressed. Records showed that these meetings were held regularly and records of the meetings were made available to staff who were unable to attend. This ensured the provider shared their views and vision of the service. Whilst care and support to people was provided we saw that one person who required support with grooming had not received the regular support they required. This was clear and apparent to all staff and the registered member confirmed that the personal grooming for this person was usually carried out weekly. They had not noted or acted on this omission until we brought this to their attention.

At our last inspection we noted that the provider did not maintain accurate records of how people were to be supported. At this inspection we noted that this was still the case. We looked at three people's care plans and saw that staff had not always recorded how they supported people. For example staff had not consistently recorded how much a person who was at risk of nutrition had eaten or always recorded when they had administered "as required" medicine to people. Therefore the provider could not check if people were receiving the support they needed to maintain their wellbeing. The registered manager told us they were in the process of updating records however when we checked a care plan which we were told had been updated we found it had not been completed. This meant the staff did not have access to information about potential risks that could compromise people's quality of care.

The provider had a system to monitor the quality of the service however this was not always effective. Records of support provided to people on a daily basis had not been consistently maintained but this had not been identified. The absence of any evidence from recent meetings that people had with their key worker to express their views

Requires Improvement

Is the service well-led?

about the quality of the service they received had not been noted through the quality monitoring system. The system in place to monitor and check the medication administration practice had not identified that the policy for managing medication to be administered as required (PRN) was not robust and lacked sufficient detail for staff to be consistent in how they provided this support.

The provider had a system to record and monitor complaints and incidences in order to identify any common concerns and prevent them from happening again. These records were not up to date and when the provider had received information of concern they had not always identified what action or changes they needed to make.

At our last inspection we were concerned that the provider's system for monitoring and learning from incidents was not effective in ensuring that action would be taken to learn from the incidents and prevent them from happening again. At this inspection we found that incidents were still not effectively reviewed in order to improve the quality of care people received.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of people who use the service, in relation to the care and treatment provided for them. Regulation 11.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The systems in place to assess, monitor and manage risks had failed to identify that current risks and support provided to people were reflected in records to inform staff practice. Regulation 17.