

South Essex Special Needs Housing Association Limited

Dexter Close

Inspection report

44 Dexter Close, Grays, Essex, RM17 5AU
Tel: 01375 396497

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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 

Overall summary

The unannounced inspection took place on the 22 October 2015.

Dexter Close provides accommodation and support for up to two people living with on-going learning disability.

The service had a registered manager. 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.

Staff delivered support effectively and care was provided in a way that intended to promote people's independence and wellbeing, whilst people's safety was ensured. Staff were recruited and employed upon completion of appropriate checks as part of a robust recruitment process. Sufficient members of staff enabled people's individual needs to be met adequately. Qualified staff dispensed medications and monitored people's health satisfactorily.

Summary of findings

Staff understood their responsibilities and how to keep people safe. People's rights were also protected because management and staff understood the framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were given support and advice regarding purchasing and cooking food, which allowed an informed choice to be made by each individual. Staff and manager ensured access to healthcare services were readily available to people and worked with a range of health professionals, such as social workers, community mental health nurses and GPs; to implement care and support plans.

Staff were respectful and compassionate towards people ensuring privacy and dignity was valued. People were supported in a person centred way by staff who

understood their roles in relation to encouraging independence whilst mitigating potential risks. People were supported to identify their own interests and pursue them with the assistance of staff. These person centred activities took place within the service as well as in the community.

Systems were in place to make sure that people's views were gathered. These included regular meetings, direct interactions with people and questionnaires being distributed to people, relatives and healthcare professionals. The service was assisted to run effectively by the use of quality monitoring audits the manager carried out, which identified any improvements needed. A complaints procedure was in place and has been implemented appropriately by management.

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 safe.

People felt safe living at the service. People's safety was supported using risk assessments. Plans were in place to ensure people's safety.

The recruitment process was effective in recruiting skilled staff after appropriate checks had been carried out. Staffing levels were adequate to meet the needs of the people.

Medicines were dispensed and stored safely.

Good



Is the service effective?

The service was effective.

Management and staff had good knowledge of Mental Capacity Act 2005 and Deprivation of Liberty, which helped to ensure people's rights were protected.

Staff received an initial induction.

People were cared for by staff that were trained and supported

People experienced positive outcomes regarding health and had access to healthcare professionals.

Good



Is the service caring?

The service was caring.

Staff treated people kindly and respected people's privacy.

Positive caring relationships were created between people and staff.

Good



Is the service responsive?

The service was responsive.

Care plans contained all relevant information needed to meet people's needs.

People were being supported to identify and carry out their own person centred interests.

The Service knew how to respond to complaints in a timely manner.

Good



Is the service well-led?

The service was well-led.

Staff respected and shared the management's values. Support and guidance were provided to promote a high standard of care for people.

There were systems in place to seek the views of people who used the service and others. The service used this feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Good



Dexter Close

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.

We inspected Dexter Close on the 22 October 2015 and the inspection was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed previous reports, recent information from the local authority and notifications that

are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. This information was used to plan what we were going to focus on during the inspection.

We spoke with two people, two members of staff and the registered manager. We observed interactions between staff and people. We looked at management records including samples of rotas, two people's individual support plans, risk assessments and daily records of care and support given. We looked at two staff recruitment and support files and the service's quality assurance information. We also reviewed two people's medical administration record (MAR) sheets.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, “I have always wanted to go home one day, but I now know I am safer here.” The person went on to say, “my condition means I need someone to keep an eye on me all the time as I could injury myself and the staff here are very good at keeping me safe.”

Staff knew how to keep people safe and protect them from harm. Staff were able to identify how people may be at risk of different types of harm or abuse and what they could do to protect them. The service had a policy for staff to follow on ‘whistle blowing’ and staff knew they could contact outside authorities, such as the Care Quality Commission (CQC) and social services. A quick reference flow chart was displayed on the wall of the office for staff to follow if they needed to raise a safeguarding concern. One member of staff said, “We have received training on how to keep people safe, we know that should we have concerns over the welfare and safety of a person then we would speak to the manager and if the manager is the alleged perpetrator then we would speak the director or the person’s social worker.” The manager had a good understanding of their responsibility to safeguard people and dealing with safeguarding concerns appropriately.

Staff had the information they needed to support people safely. Support plans and risk assessments had been recently reviewed in order to document current knowledge of the person, current risks and practical approaches to keep people safe when they are making choices involving risk. For example, in one person’s support plan we saw risk assessments enabling the person to pursue a particular practical interest with potential risks. This documentation displayed how to support the person and respected their freedom. Where people had history of harm to themselves, this was documented in their support plans with likely or known factors which may have been associated with this risk and how to manage them. In turn, staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. We saw other risk assessments covering areas such as supporting people in the community safely, managing their medication and supporting their personal care.

People were cared for in a safe environment. The provider employed maintenance staff for general repairs at the

service. Staff had emergency numbers to contact in the event of such things as plumbing or electrical emergencies. There was also a policy in place should the service need to be evacuated and emergency contingency management implemented. Staff were trained in first aid and if there was a medical emergency staff knew to call the emergency services. Staff also received training on how to respond to fire alerts at the service. One member of staff said, “We have a fire drills on a regular intervals throughout the year and everyone who uses the service is involved in the drill to ensure we are all aware of what actions we need to take”.

There were sufficient staff on duty to meet people’s assessed needs. The manager adjusted staffing numbers as required to support people dependent on need, for example if people required support when going out. The manager employed four permanent members of staff and if required used regular bank staff. One member of staff said, “We have regular staff here, sometimes if someone is sick we use staff from the other sister service, most staff that work the company rotate around the services to ensure we all have a good knowledge of how best support people using the services”. A sample of rotas that we looked at reflected sufficient staffing levels.

An effective system was in place for safe staff recruitment. This recruitment procedure included processing applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). One member of staff told us, “I have been working here for a number of years, when I first started the company made sure that I completed all the checks before I started employment, this is important as the people we support are vulnerable and the company needs trustworthy staff working in the service”.

People received their medications as prescribed. All staff working in the service had received training in medication administration and management and dispensed medicines to people. We observed a person asking staff for their medication. In turn staff checked the medication administration records before they dispensed the medication; they also spoke with the person about their medication. We found staff knowledgeable about people’s medicines and the effect they may have on the person. For

Is the service safe?

example, understanding how to monitor someone on a new prescription medication and noting any adverse or unusual side effects. This helped to ensure medicines were administered in a person centred way. We reviewed medication administration records and found these to be

in good order. Medication was clearly prescribed and reviewed by each person's General Practitioner (GP). The service carried out regular audits of the medication. This assured us that the service was checking people received medication safely.

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide continuous good care. One person commented, “I think the staff are well trained and they have very good knowledge of how to look after us.” Staff received on-going training in the essential elements of delivering care and one member of staff said, “I receive a letter from our main office reminding me when my training updates are due, so all my training is up to date.” Another member of staff told us, “I have completed lots of training here in house and from the council including, first aid, medication management and safeguarding.”

Staff felt supported at the service and one member of staff reported how much they valued the on-going support and patience of the registered manager. Staff received an induction into the service before starting work and documentation on staff files confirmed this. The induction allowed new staff to get to know their role and the people they were supporting. Additionally, the induction incorporated training such as values and attitudes; person centred planning, death, dying and bereavement, medication, infection control, health and safety and developing relationships. Upon completion of their training staff then worked ‘shadowing’ the manager or another member of staff in the service or the other sister service. Supervision was discussed with staff who confirmed the manager’s remarks that supervision occurs every month to ensure best practice. One member of staff said, “We have regular supervision and if we need to discuss anything with the manager we can speak to them at any time as they are always here willing to listen to us. Staff added that they had regular team meetings and these were often joint meeting with other service so we are all staff were updated on what the company requires of them and this was also an opportunity for staff to raise any issues they may have may have. Staff also received yearly appraisals.

The Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) governs decision-making on behalf of adults who may not be able to make particular decisions because they do not have capacity to do so. Therefore we looked at whether the provider had considered the MCA and DoLS in relation to how important decisions were made on behalf of the people using the service. The registered manager confirmed that people

were not subject to continuous care and supervision and did have capacity to consent to such arrangements. Subsequently there were not any current deprivation of liberty safeguards in place and people’s freedom was not being inappropriately restricted. The manager and staff had a good understanding of the Mental Capacity Act and confirmed their awareness of how to make an application if it is deemed necessary. Manager went on to say they had recently attended training offered by the Local Authority as this ensured that they were up to date with the changes in legislation. No applications had been made recently, however the manager knew how to make an application should one be required.

People had enough to eat and drink and their were well supported with their nutritional needs. Support plans contained risk assessments regarding dietary and healthy eating specific to individuals’ needs and identified the importance of monitoring weight and encouragement of consuming healthier foods. Support plans also contained the monthly weight monitoring records; no gaps or adverse changes were identified in the monitoring records. Staff supported people to be independent with the purchasing of their food. One member of staff said, “We support people with their shopping by explaining the options and reasoning behind healthier food, we advise them so they can make an informed choice.” Staff also supported people to be independent with the preparation of their food. One person stated, “Staff help me prepare meals when I am hungry, and if I want a takeaway staff will take me out to my favourite restaurant.” Where appropriate people were allocated a budget weekly to buy their own food. People also had their own allocated space in the kitchen cupboards, fridges and freezers. We observed a person asking the registered manager for part of their budget so they could go to a restaurant with one of the staff for lunch and also buy some cigarettes on their way back. The registered manager responded to the person’s request promptly, respectfully and discussed purchases that would be made by the person.

People had access to healthcare professionals as required and we saw this recorded in people’s care records. We noted people were supported to attend any hospital appointments as scheduled. When required people liaised with their GP, mental health professionals and community mental health services, in addition people were supported to obtain dental care and vision tests in the community. One person said, “I see my social worker at least once or

Is the service effective?

twice a year and GP every six months, but I will need a review as I've started new medications." The registered manager and care plans supported this statement. Furthermore, discussions were observed between the

person and the registered manager outlining how the new medications were making them feel. The registered manager expressed how important those discussions were in order to monitor health together.

Is the service caring?

Our findings

Staff had positive relationships with people. One person was able to tell us that they liked living at the service. The person went on to say, “It is good here everything is fine, it’s a good place to live I have been here for few years now. I find all the staff to be very caring and the manager is always willing to help and listen to us.”

People were supported to be as independent as they chose to be. People and staff were really relaxed in each other’s company and with the staff who were present. There was free flowing conversation and exchanges about how they planned to spend their day, endorsing people’s well-being. Independence was promoted and people and staff respected each other’s choices, for example ensuring each other’s privacy. One person chose to sleep in until mid-morning and get up and shower before going out with one of staff for lunch. We observed a member of staff knocking on people’s doors before entering and then proceeded to ask the person if they were ok or needed anything. The interaction was a display of respecting people’s privacy whilst ensuring their safety and wellbeing.

Staff knew people well, their preferences for care and their personal histories. One member of staff said, “Different people prefer different members of staff, but we know that

as staff we must learn each of their specific needs to be able to care for each of them well.” Another member of staff told us, “It can take time to build relationships.” And, “We can give a lot of 1:1 time with people.” This demonstrated that staff understood how to care for and support people as individuals. One example involved a person who needed full attention when they were speaking otherwise it would promote anxiety and agitation within them. People told us that they had a key worker; this was a named member of staff that worked alongside them to make sure their needs were being met. People and their relatives were aware of their support plans and had regular meetings with their key worker and manager to identify any needs or wants they may have, along with their overall well-being. Details of these regular meetings were verified within the support plans.

People were supported and encouraged to maintain relationships with their friends and family, this included supporting trips home and into the community. One person confirmed people’s relatives and friends could visit whenever they wanted, “My mum comes here for dinner sometimes and I go home with her every other weekend.” Daily notes confirmed this. People were asked to respect others space and privacy at the service when entertaining visitors.

Is the service responsive?

Our findings

People's care and support needs were well understood by the staff working in the service. This was reflected in detailed support plans and individual risk assessments and also in the attitude and care of staff towards people. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other, interests and meals. Staff expressed that, "We are always trying to achieve and promote people's independence, we support people to be able to access the community and hopefully be reintegrated back into the community."

Before people came to live at the service their needs were assessed to see if they could be met by the service. People's needs were discussed with them and a support plan put in place before they came to live at the service. People's diversity was respected. The manager met with other health professionals to plan and discuss people's transfer to the service and how the service would be able to meet their needs. People and their relatives were encouraged to spend time at the service to see if it was suitable and if they would like to live there.

Support plans included information that was specific to the individual. Each support plan included information about the person's health, medication and preferences. There was information about how to best support people if they were showing symptoms that might suggest their mental health was deteriorating. We saw from records that people's comments were recorded on their care plan when reviewed and their support needs were discussed with their key

worker weekly. The support plan was regularly updated with relevant information if people's care needs changed. This told us that the care provided by staff was current and relevant to people's needs.

People's strengths and levels of independence were identified and appropriate activities planned for people. Also people were being supported to attend creative classes and/or classes with a view to discover work opportunities. People sometimes chose not to continue with activities once commenced for various reasons. The manager expressed that staff continued to encourage and support people to develop and sustain their aspirations.

The service had a garden area in which people had regular access and staff were able to observe them from a distance to ensure they were safe. One person stated, "When the weather is nice I go into the garden and sit on the chairs outside to enjoy the sunshine, and throughout the day I access the garden to have a cigarette."

The manager had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would either try and deal with it or notify the manager or person in charge, to address the issue. The manager gave an example of a complaint he had received and how he had followed the required policies and procedures to resolve the matter. One person reported that they felt they could approach the manager or any member of staff with any complaints or issues they have, "There is always staff and the manager is around a lot, we can always speak to him if we need to."

Is the service well-led?

Our findings

The service had a registered manager in place and the manager and provider were very visible within the service. The management team passionately expressed a vision of providing a service which enables and empowers people with mental illness to be supported towards independence as much as possible. The Manager was very passionate about the support the service provides to people living in the service and told us, “We try and ensure that all staff we recruit are passionate about supporting the people using the service, as this ensures people receive the best support possible”.

The ethos to enhance the wellbeing of the people that live in the service was put into practice by value based training and a robust induction process. Staff felt supported by the manager, one member of staff said, “They are always available anytime, the provider will come in at any time if you need support.” Staff received regular supervision from the manager and a yearly appraisal, which is documented within staff files. Staff received positive feedback, encouragement and motivation from their manager. One member of staff said, “I feel really supported by manager and they are always willing to listen to me and support me at work and sometimes with some personal problems that may have an impact on being able to do job”. Staff’s opinion of management demonstrated a culture which supports staff with an open door policy.

People were actively involved in improving the service they received. Management displayed good leadership with the

monitoring and auditing of the service and responsiveness to any concerns raised. The manager gathered people’s views on the service not only through regular meetings each month, but on a daily basis through their interactions with people. The manager also used annual questionnaires to gain feedback on the services from people, relatives, and other health professionals. They used information from these questionnaires to see if any improvements or changes were needed at the service. This showed that the management listened to people’s views and responded accordingly, to improve their experience at the service. The registered manager reported that a requirement has been identified for people to understand the complaints procedure better and stated that issues such as this are discussed at the residents meetings to make improvements.

The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example they carried out regular audits on people’s support files, medication management and the environment. The manager was very keen to deliver a high standard of care to people and they used the quality monitoring processes to keep the service under review and to drive any improvements. Annual quality audits were undertaken in June every year. Residents meetings also took place every two months to listen and learn from people’s experiences. The registered manager expressed that, “Building good relationships is key, if people come and see me, I will listen; I am there for them. I expect my staff to make people feel comfortable and that they can speak openly.”

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.