

# Dunstall Enterprises Limited

# St George's House

## Inspection report

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Staffordshire  
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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Dunstall Enterprises Limited- St George's House provides a supported living service to people living in their own homes. At the time of the inspection the service provided a supported living service to thirty-one people across five properties.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

Staff provided people with high quality care that relatives described as 'excellent' and 'out of this world'. Staff went above and beyond to provide people with high-quality care that exceeded expectations. There was a palpable person-centred culture throughout the service and staff were empowered to work imaginatively and creatively and to focus on the needs of people.

A meticulous recruitment process meant that people were skilfully matched to staff who shared similar interests and things that were important to them. People had developed meaningful relationships with staff that were trained to provide support with kindness, compassion and sensitivity.

People were treated as individuals and were encouraged to thrive and grow, developing new life skills to enable them to live as independently as possible. People were involved in decisions about their care and the different methods used to support people to communicate played a vital role in engaging people to be involved in all aspects of their care.

Staff utilised their knowledge of equality and diversity embedding this in practice which meant people's diverse needs were respected and understood. This approach meant that care and support was tailored to meet individual needs allowing people to achieve goals and aspirations.

There was a positive approach to safety and risk and people were supported with positive risk taking. People were safeguarded from the risk of harm and abuse and people's individual risks were managed well. Medicines were managed in a safe way.

People had their needs assessed and planned for and care was delivered by a skilled staff team who were trained and knew people well. Staff worked effectively with each other and with other agencies and organisations to provide good, quality care for people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care that was responsive to their needs. People were supported to follow their interests and were given choices about the way in which their support was delivered. Complaints were dealt with in a timely way and feedback was welcomed and actioned.

The provider had a clear vision for the service and staff at all levels demonstrated the provider's values.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 14 February 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### 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 ●

# St George's 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in five 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the service 24 hours' notice of the inspection. This was because people are often out, and we wanted to be sure there would be people at home to speak with us. Inspection activity commenced and ended on 14 August 2019.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and we observed the care and support people received in communal areas to assess interactions between people and staff. We spoke with two shift leaders, the compliance manager, the clinical lead and the registered manager.

We reviewed a range of records. This included three people's care records and three medication records. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed.

#### After the inspection

We spoke with four relatives to gain their feedback about the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse and harm.
- People and relatives we spoke with told us that they felt safe and knew who to speak to if they had any worries or concerns. One person told us, "I feel safe all the time, staff look after me." A relative said, "I know [relative's name] is safe; I feel totally safe for them."
- Staff had received relevant training and were able to demonstrate that they understood their responsibilities in identifying and reporting abuse.

Assessing risk, safety monitoring and management

- People's risks were assessed, and plans put in place to mitigate the risk of harm to people.
- Staff demonstrated they knew people well and told us about the actions they took to keep people safe.
- People had Positive Behaviour Support (PBS) plans in place. PBS is an approach that is used to support behaviour change in a child or an adult with a learning disability. Staff used PBS to develop strategies for people to reduce risk and improve quality of life.
- There were plans in place to manage people's specific health conditions. For example, where people were living with epilepsy, there was guidance to assist staff to support people and identify risks associated with the condition.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. One staff member said, "Staffing is good at the minute as we have had some new recruits appointed. We obviously cover annual leave. Staffing works really well."
- People who used the service were involved in the staff recruitment process. People were involved in interview panels and designed their own questions for candidates to help assess the suitability of potential new employees.
- Staff told us they were subject to a Disclosure and Barring Service (DBS) check before they commenced their employment for the provider, DE enterprises. A DBS helps employers make safer recruitment decisions.

Using medicines safely

- People received their medications on time and in a safe way.
- Medicines were stored safely, and stock checks we completed were correct.
- Staff were trained to administer medication and told us they had their competency to do so checked on a regular basis.

### Preventing and controlling infection

- Staff told us how they reduced the risk of the spread of infection.
- We observed staff wearing Personal Protective Equipment (PPE). This evidenced what staff had told us.
- People were supported to keep their personal living spaces and the communal areas clean. There were household rotas in place and responsibilities were shared amongst tenants.

### Learning lessons when things go wrong

- Records of accidents and incidents were recorded and reviewed. This enabled the registered manager to identify suitable actions to address shortfalls.
- Examples of when things went wrong were shared with staff in training sessions. This gave staff the opportunity to discuss what went wrong; to learn from past mistakes and develop new working practices so similar incidents could be prevented from occurring in the future.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement as we could not always be assured that consent to care and treatment was sought in line with legislation and guidance. At this inspection improvements had been made and this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

### 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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People had their capacity assessed where appropriate and when decisions had been made in people's best interests, relevant parties had been consulted and this was recorded and documented in line with the principles of the MCA.
- The provider had compiled pictorial information packs about specific topics such as finances and sexual consent to support people when making life decisions.
- Staff told us how they asked for people's consent before supporting them with care tasks. We observed this in practice during our inspection.

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

- People received a pre-assessment before moving to reside to their chosen supported living setting. This ensured that staff could meet people's needs. A relative told us, "We spent a lot of time visiting the service before [relative's name] moved permanently and the staff were fundamental in making this a smooth process." Another relative we spoke with confirmed their relative had received a pre-assessment.
- Care plans were reviewed regularly, and changes were made as necessary to people's support plans. Staff we spoke with told us they read care plans to keep up-to-date with people's changing care needs.

### Staff support: induction, training, skills and experience

- Staff received training to ensure they were able to support people in the most effective way. The provider delivered additional internal training to staff around specific subjects that were relevant to people's care needs.
- Relatives were made aware of the training that staff received. The registered manager said, "It

is reassuring for relatives to know their family members are being looked after by trained and skilled staff." We saw comments from relatives that included, "It is nice to know that staff are receiving such training and are providing consistent care for all the clients."

- Staff received regular supervisions with their line managers. This provided an opportunity for staff to discuss their practice and identify areas for development and improvement. One staff member told us, "I find the sessions really beneficial for sharing ideas with management about improving the service."

Supporting people to eat and drink enough to maintain a balanced diet

- Where people required support to eat and drink they received sufficient amounts to maintain a balanced diet.
- Staff knew people's dietary requirements. Advice was sought from relevant healthcare professionals where necessary to support people with their nutritional needs.
- A relative we spoke with told us how staff had supported their relative to lose weight and that they received copies of the menu so that they could continue to be involved in their relative's care. They told us, "The staff were really proactive in supporting [relative's name] and helping them to lose weight."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked well with other agencies to provide additional and specialised support for people when necessary. The provider had employed a learning disability nurse in the role of clinical lead. The registered manager told us, "We were aware that community resources are limited so we employed [clinical lead's name] to fill the clinical void. They liaise with the community teams and they work closely together to provide positive outcomes for people."
- People had access to healthcare professionals as required and support was arranged in a timely way. People had hospital passports in place. A hospital passport provides easy read information for healthcare staff about people's communication, support needs and wishes.

## Is the service caring?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant 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; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- The provider adopted a culture that placed a strong emphasis on people's well-being and happiness and placed people at the centre of the service. One relative we spoke with said, "The service is pioneered around people and that was evident from the moment we visited. I travelled up and down the country trying to find the best home for [relative's name] and I knew I had found that once I found here."
- Relatives feedback was unanimous about the excellent standards of care their relatives received and shared examples with us about the positive impact that the service had on their relatives. One relative said, "We see a difference each time we see them [relative] and we are constantly amazed with how [relative's name] is always maturing; it is a breath of fresh air."
- People were cared for by staff who were notably driven to provide exceptional kind and compassionate care and who were extremely proud of people's achievements. A staff member said, "We give people the chance to be independent; it is wonderful to be able to help people and see them develop and grow." Staff supported people to develop new skills and overcome fears and anxiety. One person had been given support to reach their goal of travelling independently in a car without a family member present. Staff had developed strategies to enable the person to achieve their objective over time which meant the person could now travel further afield giving them the opportunity to try new experiences. The family of the person feedback to the service saying, "Six months ago, [relative's name] would have never gone back with anyone other than family. The family recognise the hard work that goes into everything that you have done for [relative's name]."
- There was a strong focus on maintaining and developing relationships between people, their families and staff. There was a diverse staff team in place who were specifically matched to people who shared the same interests and personalities as them to build positive relationships. Families were encouraged to be involved in people's care as required. One relative told us, "We are so involved in everything that goes on in [relative's name] life and I can sleep at night now knowing they are looked after when I am not around."
- People were involved in every aspect of their care. Records we viewed evidenced people had been actively involved in compiling their care plans and relatives told us staff worked well with them to provide the care and support people needed and desired.
- People were able to effectively communicate with staff because staff assessed people's emotional needs and were sensitised to people's behaviours. This reduced the frequency of episodes of anxiety and stress for people and enabled them to express their needs, wishes and feelings. We observed this in practice during our inspection.
- The registered manager encouraged the involvement of advocates for people as and when required.

- The registered manager went above and beyond to fulfil people's wishes. One person had expressed their wish to have a horse drawn funeral carriage. At the end of their life, the registered manager created a fundraising platform to raise monies to make the person's last wish possible.
- One person had expressed they enjoyed attending an activity which was over an hour's drive away. The registered manager acknowledged the importance of this and arranged for staff to drive the person to the venue to participate in their choice of activity to enhance the person's quality of life and provide a meaningful experience for them.
- The provider considered people's cultural needs and was pro-active in meeting them. The registered manager had been trying to employ a worker who shared the same first language as a person using the service to enhance communication between the person and staff and to create a more inclusive culture. Interpreters were utilised, and care staff were encouraged to develop new language skills to promote effective communication and engagement.
- The provider and the registered manager continually strived to ensure staff were committed to providing high-quality care. The provider had been successful in winning the 'Care Employer' award at the Great British Care Awards in 2018 and the clinical lead had been successful in winning the 'Good Nurse' Award.

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

- Privacy and dignity were embedded in the culture of the service and staff were proficient in promoting these values. One staff member said, "The care and support people get here is second to none. The provider has its own set of values that are instilled in our practice."
- Staff knew how people liked to be supported with personal care and supported people in a discreet and non-intrusive manner which we observed during our inspection.
- Relatives were consistent in their opinions that staff upheld people's dignity and supported them in a personalised way. One relative told us, "[Relative's name] takes pride in their appearance and staff support them to ensure they are always well dressed and so well presented; they always look immaculate which is just how it would be if they lived with me and staff know and respect this. I have never had to wash or clean anything myself as it is all kept so well."
- Staff were skilled in recognising the importance of people having time to themselves. Staff gave regard to people's privacy but offered and delivered support as people needed it demonstrating sensitivity and respect.
- The registered manager recognised the importance of developing and creating innovative ways to meet individual needs as younger adults transitioned from children's services. The registered manager worked closely with local schools to develop this practice. The registered manager said, "There is not a lot out there for young people who are going through the transitional period. We work with local schools to identify what services we can offer people to support this process." A relative told us, "We had lots of transition days; it really helped."
- Staff supported and enabled people to be as independent as possible. One person we spoke with told us, "I do things for me; [staff member's name] helps me when I can't do it." Another person had been supported to develop their cooking skills and was observed cooking for people and staff at a weekly breakfast club. This had helped improve their confidence and life skills.
- Comments we received and saw from relatives included, "Staff explain things to [person's name] and this helps them be more independent; we already see a difference in [person's name]" and, "[Relative's name] is treated as an individual and consulted about what is important to them and how they can achieve it."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were individualised and reflected people's preferences and choices. Records showed what was important to people and how staff could support people in the most responsive and person-centred way.
- Relatives told us they were involved in the care planning process with their relatives. One relative said, "I am always asking questions about what is happening and going on; the service is very responsive and are very welcoming of me doing that." Another relative told us, "I am always involved in [relatives' name] care."
- Tenant's meetings were held on a monthly basis to enable people to contribute to the running of the service. A relative said, "[Relative's name] is involved in house meetings; they have the opportunity to discuss what the group would like to do as a household and express their own individual ideas and choices."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider understood their responsibilities in meeting the AIS. For example, people had information provided in easy read and pictorial format. Specific computer software was enabled so that care plans could be accessed in audio format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a range of activities that were designed to meet their individual needs and were inclusive of religious and cultural needs.
- People accessed education and work opportunities as desired. One relative said, "There has been lots of opportunities for [relative's name] to access a variety of things and we can see how this has been adapted to encompass everything they [relative] love to do; they [staff] certainly know their likes and dislikes."
- Each year the provider held a talent show in which people were encouraged to showcase old and new talents and skills that they had developed throughout the year.
- Relatives were encouraged to visit the service without restriction and people were encouraged to continue to develop relationships that were important to them, for example with family and friends.

Improving care quality in response to complaints or concerns

- There was a system in place to ensure complaints were addressed in a timely and effective way. At the time of the inspection, there had been no formal complaints made about the service.
- The registered manager told us how they would respond to formal complaints in line with the provider's policy.
- People and relatives, we spoke with told us that they would feel able to make a complaint if necessary and felt reassured that they would receive an appropriate response. One person told us, "I would always talk to [staff member's name], they always listen." A relative said, "I would always feel able to complain; I am very involved in [relative's name] care."

#### End of life care and support

- At the time of our inspection, no one was in receipt of end of life care and support. People and their relatives had however been consulted about end of life wishes and preferences.
- People had been integral in renaming end of life plans to 'what I want to happen' plans after a discussion about the subject and its sensitive nature. The registered manager told us that this helped people become more engaged in the planning for the care at the end of their lives.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was committed to driving improvement through the service and this was underpinned by the provider's values. Staff demonstrated these values which promoted a person-centred culture and a high-quality service for people with positive outcomes. The registered manager told us, "People are at the heart of everything we do. We offer choice and maximise people's independence and autonomy."
- People were complimentary of the registered manager and the staff team. Comments we received included, "I know the manager and they are good" and "I know [clinical lead's name] and I really like them." People used gestures to express their feelings when we spoke about staff members. For example, one person gave us two 'thumbs up' with a big smile when we mentioned a staff name.
- Relatives also held the staff team in high regard. One relative said, "The clinical lead has been really supportive and helpful, and I know [relative's name] really likes being around them." Another relative told us, "I can approach the registered manager at any time."
- Staff felt supported by a management team that led by example. A staff member said, "The registered manager is always approachable. Since they have been here, the service has grown so much, and they are always there for anyone, tenants and staff; they are just ace."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities in relation to the duty of candour saying, "We take action to address things when they go wrong and we give people the opportunity to learn from their mistakes. We say sorry and respond to everyone involved."

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

- The provider and registered manager understood their registration requirements. The previous ratings of the service were on display in communal areas and notifications about events that happened at the service such as safeguarding concerns were sent to us as required by law.
- There were quality assurance systems in place which were overseen by the compliance manager. Audits were completed, and actions and timescales put in place where follow up was required.
- There was a clear staff structure in place and staff we spoke with understood and followed the lines of delegation that were in place to support the daily running of the service. This staff structure provided

consistency for people using the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager used a variety of ways to engage people, relatives and staff with the running of the service. People had meetings with their key workers to ensure that their support was tailored to their individual needs. Key workers are assigned to work with people on an individual basis and are responsible for ensuring people's specific health and social care needs are met. Family meetings were held six monthly and relatives we spoke with felt these were beneficial as it gave families the opportunity to meet with other parents to discuss and share experiences. Some relatives told us that they would like to have individual house meetings and that this had been discussed with the registered manager.
- Staff had received internal awards for their commitment, dedication and passion. The provider had incentives in place to inspire staff to ensure people received high quality care such as pay enhancements for achievements such as continuous service.
- The provider produced its own publication, The DE Echo that kept people, their relatives and visitors informed about events and achievements that had happened at the service.

Continuous learning and improving care

- The registered manager told us, "We are always learning. We analyse and summarise everything we do to improve." We saw how improvements had been made during our inspection and as highlighted throughout this report.
- The registered manager and the clinical lead continually developed their own learning and practices to improve outcomes for people and staff.

Working in partnership with others

- There were good community links in place and relationships with other agencies and organisations had been forged to improve the service.
- The provider had built on relationships within the neighbourhood so that people living in the community could live as fulfilled and inclusive life as possible.