

CareTech Community Services Limited

Dugdale House

Inspection report

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Ratings

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

Summary of findings

Overall summary

The service provides care and support to people with learning disabilities and/or autistic spectrum conditions. Seven people were being supported by the service at the time of the inspection.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People experienced good care and support. They were supported to live safe, fulfilled and meaningful lives in the way they wanted to.

People were supported with healthy eating and to maintain a healthy weight, with specialist diets when required. People who needed assistance with meal preparation were supported and encouraged to make choices about what they ate and drank.

The support staff demonstrated a sound knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns. The service was safe and there were appropriate safeguards in place to help protect the people who lived there

Staff told us they really enjoyed working in the home and spoke positively about the culture and management of the service. Staff said they enjoyed their jobs and described management as supportive. Staff confirmed they could raise issues and make suggestions about the way the service was provided.

People could make choices about the way in which they were cared for. Staff listened to them and knew their needs well. Staff had the supervision, training and support they needed.

Staffing levels were sufficient to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff worked at the home. People's medicines were managed appropriately so they received them safely.

Staff demonstrated a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. People using the service were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service ensured people were treated with kindness, respect and compassion. People also received emotional support when needed. People told us they were involved in planning the care and support they received and could maintain their independence as much as possible. Information was provided to people in formats they could understand.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains safe

Is the service effective?

Good ●

The service remains effective

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led

Dugdale House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected Dugdale house on 30 January 2019. This was an unannounced inspection which meant the staff and the provider did not know we would be visiting. Before our inspection we reviewed the information, we held about the service, including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return. This is information we require providers to send us at least once a year to give some key information about the service, including what the service does well and improvements they plan to make.

The inspection team consisted of one inspector 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.

During our inspection we spoke with two people who lived in the service, and one relative, two support workers and the registered manager. We used the Short Observational Framework for Inspection (SOFI) to observe how care was delivered. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at three people's care records, three staff records, the training matrix and daily record logs. We also looked at information which related to the management of the service such as health and safety records and quality monitoring audits.

Is the service safe?

Our findings

People using the service told us they felt safe. A relative commented "yes she is 100% safe and very happy there." Staff demonstrated a good level of understanding of safeguarding and could tell us the possible signs of abuse which they looked out for. Staff had received training in safeguarding people. They could describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. One support worker said, "we make sure people are safe, we look out for changes in moods or any bruising and report everything, there is a body map on the daily records." Staff told us they were careful to observe the people using the service for any changes in temperament which might indicate they had become unhappy.

There were many comprehensive risk assessments in place. These assessments were specific to the individual and risks were well managed. Every person had a risk management plan in place. This allowed people to stay safe while their independence was promoted as much as possible and minimising risks to their freedom. The staff all demonstrated how they helped people to lead a fulfilling life, because they assessed and reduced any identified risks as much as possible.

For example, the service had carried out risk assessments in relation to managing epilepsy, medicines administration, financial management, mobility and safety when going out in the community. The assessments provided information about what people could and could not do on their own as well as their capacity to understand the issues and risk. Staff knew what they should do to keep people safe when supporting them both in and out of the home. A support worker told us "We always make sure we are not overly risk averse."

Emergency protocols were in place to make sure people were kept safe in an event of fire, flood and other unforeseen circumstances and personal emergency evacuation plans had been developed which detailed how people were to be supported if there was a need to evacuate the building.

The service ensured there were sufficient numbers of suitable staff to meet people's needs and support them to stay safe. Staff were also appropriately deployed so that people received consistent support from staff. Where people using the service required one-to-one staff support, this was provided accordingly.

During our inspection, we observed how at no time staff appeared to be under pressure whilst performing their role. There was a calm atmosphere in the home and those who used the service received staff attention in a timely manner.

Appropriate recruitment practices were in place. All the relevant checks had been completed before staff began work; including Disclosure and Barring Service checks, previous conduct where staff had been employed in adult social care and a full employment history.

Medicines were managed safely. Staff received training and their competency was assessed to ensure they administered medicines safely. Medicines records viewed were of good standard and regular audits ensured that any discrepancies were dealt with as soon as possible.

The home was clean and free of offensive odours. Staff told us that they took great pride in a clean environment.

The service took responsibility for managing finances in cases where the people using the service lacked capacity to understand financial management. In these circumstances, an appropriate financial management risk assessment had been carried out to identify what people could and could not manage on their own.

The service had effective systems in place to ensure lessons were learned and improvements were made if things went wrong. For example, any safety incidents or 'near misses' were recorded and investigated thoroughly.

The home had up to date maintenance checks for services like gas, electrical installation and fire equipment.

Is the service effective?

Our findings

People received effective care because staff were well supported with induction, training, supervision and appraisal. Staff were motivated and talked in an enthusiastic way about their training and supervision. Staff were supported and encouraged to complete a variety of training including safeguarding, health and safety, moving and handling, medicine administration and food hygiene.

Staff were also given specific training so they could effectively meet the individual needs of each person. This included supporting people with epilepsy, autism and behaviour that may challenge.

We observed staff putting this knowledge into practice while we were in the home. Staff were very good at understanding people's needs. People's behavioural triggers were identified and we saw action was taken to prevent any escalation in anxiety. People and staff were relaxed with each other, and staff were very natural and comfortable when they were caring for people. People were happy and smiling.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

All the staff we spoke with had an excellent understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were working within the law to support people who lacked capacity in some areas to make their own decisions. Staff understood the importance of assessing whether a person could decide and the decision-making process if the person lacked capacity. We saw that all the people living in the home were assessed as having their liberty deprived and standard authorisations had been issued by the supervisory body, the local authority.

Staff understood the importance of helping people to make their own choices regarding their care and support. Staff consistently obtained people's consent before providing support and, when people lacked capacity to make some decisions, staff understood how to act in people's best interests to protect their human rights. Throughout this inspection we observed staff obtaining people's consent before providing support to them.

People were well supported to eat and drink enough and maintain a balanced diet. People chose what food they wanted. Healthy choices were encouraged and people were supported to make their choices either verbally or by using pictures or photographs where appropriate. Mealtimes were person centred and flexible and were eaten together or separately depending on each person's preference. A person using the service told us "the food is good, I like sausages and a drop of whisky." Staff knew about each person's dietary

needs including special diets. People were supported with food preparation and staff helped them to be as independent in the kitchen as they wanted or could be. People were weighed monthly to ensure they maintained a healthy weight.

The registered manager took a very proactive approach to helping people maintain good health, and promoted positive relationships with the GP and other healthcare professionals. Staff told us that they accompanied people to all their health care appointments when required. Meetings with health care professionals were all logged in each person's 'Health Action Plan'.

Is the service caring?

Our findings

People told us they were very happy with the approach of staff. A relative told us "the staff are kind, we have peace of mind they keep us informed of everything."

We observed the interactions between the people who lived at the home and the staff and found these to be positive in nature. Staff were patient, supportive and understanding of people's needs. People appeared well groomed and well looked after. Staff were very clear that treating people well was a fundamental expectation of the service. One member of staff told us treating people with respect and maintaining their independence was "the most important thing." Staff told us that they would involve people in their day to day tasks according to their ability including domestic tasks and laundry.

Staff were motivated and proud of the service. They understood the importance of building positive relationships with people who used the service and spoke about how they appreciated having time to get to know people and understand the things that were important to them. A support worker told us "the residents are always so happy to see us, you can see their faces light up its so rewarding."

There was good evidence in the person-centred care plans we looked at that staff encouraged those who used the service to be as independent as possible. People's individual care plans also included information about their cultural and religious beliefs.

People were given information in a way which they understood. Staff used photographs, symbols and objects of reference to support communication. Staff told us that they had received training in equality and diversity and that they were enthusiastic about finding ways to positively support people's wellbeing in this area.

People's personal histories were well known and understood by staff. Support workers knew people's preferences well, and what they should do to support people who may have behaviour that could cause themselves or others anxiety. Staff could identify possible triggers that caused people to become anxious. We observed occasions where workers noticed when people had the potential to become anxious. The staff members could use techniques to distract people or support them to manage their anxiety before it escalated.

We observed staff interacting with people using the service throughout the day. At all times staff were polite and caring. Staff could tell us about people's different moods and feelings, and reacted swiftly when they identified that people needed extra support. They clearly understood how to make people feel valued and relaxed.

Staff told us that they were praised and rewarded by management and the provider for displaying compassionate care and that they felt their caring attitude was appreciated and acknowledged. They were extremely motivated and spoke with enthusiasm to us about how they could improve the experience of care and compassion for people. This included being proactive about understanding when people may feel particularly sad or in need of extra attention

People were encouraged to be involved in making decisions about their care as much as possible. People's privacy was respected and staff shared with us examples of how they protected people's dignity when supporting them with personal care. For example, by closing doors and curtains and explaining clearly to people what they were about to do. We saw that staff knocked on people's doors before entering their rooms.

Is the service responsive?

Our findings

People were happy with the home and the way in which they were being cared for. Care records showed that people had been consulted each day about the care they received, the social activities they took part in and the food they ate. We saw that their levels of satisfaction had been recorded and the staff had used these records to review and improve personalised care for each person.

People had participated in a range of different social activities individually and as a group and were supported to use the local community. Individual activity programmes were detailed on a weekly activity timetable. One person told us "I go bowling and to the Galway Club on the minibus." The home had its own vehicle. Activities included bowling, going to the cinema, local parks, pubs and shopping. A number of people also regularly attended day centres,

Care plans were very detailed; person centred and provided good information for staff to follow. The plans included information and guidance to staff about how people's care and support needs should be met and each person had written a 'hopes and dreams for the future, that had identified their own person goals and aspirations. The registered manager and staff made sure people were at the centre of everything they did. Person centred care assessment, planning and delivery were fundamental to the service. Person centred care sees the person as an individual. It considers the whole person, their individual strengths, skills, interests, preferences and needs

People who used the service had a detailed annual review of all their care needs and care plans were amended if necessary. People were empowered to make choices and were helped by staff to be as involved as much as they could or wanted to be. People were helped to use objects of reference so they could assist staff to understand what their choices were if they were unable to say what they wanted. Family members and staff from the local authority also contributed to assessment and plans where appropriate. People's care needs were also regularly reviewed throughout the year and updates to care plans and risk assessments were made when they were needed.

Each person had an assigned keyworker who was responsible for reviewing their needs and care records. Staff told us they kept people's relatives, or people important in their lives, updated through regular telephone calls or when they visited the service and they were formally invited to care reviews and meetings with other professionals.

There was a clear complaints procedure that was available in pictorial format and we saw that this was displayed on the wall in the hallway. People we spoke with told us they knew what to do if they were unhappy about anything. We saw that there had been no formal complaints made since our last inspection.

Is the service well-led?

Our findings

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People who used the service and staff were overwhelmingly positive about the registered manager and said they were approachable and visible. It was clear from our discussions that they were highly motivated and passionate about their role. A relative told us "I am very happy, we would never move her, the manager always keeps us informed and up to date, very happy with Dugdale."

Observations and feedback from staff, showed us that they had an open leadership style and that the home had a positive and open culture. Staff spoke positively about the culture and management of the service. Staff said they enjoyed their jobs and described management as supportive. Staff confirmed they could raise issues and make suggestions about the way the service was provided in one-to-one and staff meetings and these were taken seriously and discussed. Staff comments included, "I really enjoy working here, it's the best place I have ever worked "and "X is a great manager, she asks you what you think, she has a lot of empathy for both staff and residents." The provider sought the views of people service, relatives and staff in different ways. People told us that regular service user and staff meetings were held. Annual surveys were undertaken of people living in the home and their relatives. The manager also monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. During our meeting with them our observations it was clear that they were very familiar with all the people in the home.

The registered manager and provider had many management systems in place to oversee and check the quality of care people received and the condition of the environment. We saw regular checks and audits for medicines management, care plans and health and safety.

The registered manager told us they regularly attended locality managers meetings and received ongoing support from the provider. The home had established positive working relationships with a variety of healthcare professionals as well as community services. Records showed links with GP's physiotherapists, social workers and dieticians. The registered manager explained that they had also linked up with many local care homes run by the provider, so that they could share best practice as well as share resources together such as training. This meant that people had access to a range of holistic services which supported their health and well-being.