

Mr Vincent Kelly

Damascus House

Inspection report

517 Loughborough Road
Birstall
Leicester
Leicestershire
LE4 4BJ

Tel: 01162671173

Date of inspection visit:
25 October 2023
26 October 2023

Date of publication:
24 November 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

People's experience of the service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Damascus House is a residential care home providing accommodation and personal care to up to 12 people. The service provides support to people with a learning disability, autistic people and people with physical health needs. At the time of our inspection there were 12 people using the service.

People's experience of the service and what we found

Right Support:

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. Knowledgeable staff who were committed to improving the lives of people with a learning disability and/or autism were recruited safely. There were enough staff to ensure people living at the service had their support needs continually met. Staff had received training to ensure they were skilled to effectively meet people's needs. People were supported to maintain their independence. People were supported to personalise their rooms and there were communal areas people could use when they chose. People, relatives, and staff told us the management and staff were approachable and listened when they had concerns.

Right Care:

There was a relaxed, warm and jovial atmosphere in the home. Where people required support with personal care this was provided with dignity and privacy. People were given choices about the way in which they were cared for. Staff listened to them and knew their needs well. People received their medicines safely. The service worked in partnership with other healthcare professionals to maintain positive outcomes.

Right Culture:

People were promoted to be as independent as possible and choose how they lived their lives. People's privacy and dignity was respected. Staff had formed positive relationships with people they supported. People were provided with opportunity to make suggestions and feedback on their experience, which was considered to improve the service. People were protected from the risk of abuse. Risks were assessed and managed effectively. The service was managed effectively. Audits and reviews of care were undertaken to ensure the care and support people were provided with was current.

Overall the service is meeting 'right support, right care, right culture'. We are aware this is a large service

supporting up to 12 people and therefore is larger than good practice guidance suggests.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 10 August 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for 'Damascus House' on our website at www.cqc.org.uk.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Damascus 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 Health and Social Care Act 2008.

Inspection team

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.

Service and service type

Damascus House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Damascus House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who lived at the service about their experience of the care provided and 5 relatives. We spoke with 7 members of staff and the registered manager. We also spoke with the nominated individual who is the provider.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of documents and records. These included 2 people's care records, multiple medicines records, records relating to recruitment, training, and supervision, and records relating to the management of 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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- A safeguarding policy was in place. Staff we spoke with told us they had read and understood the policy and knew their responsibilities in relation to safeguarding matters.
- All the people we spoke with told us they felt safe. One person told us, "I am safe here, they [staff] really care about us."
- All the relatives told us their loved ones received safe care. One relative said, "[Name] has lived there for 8 years. They are safe there and well looked after by amazing staff."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Care plans and risk assessments were person centred providing clear and accurate information in line with best practice to guide staff on how to support people's behavioural, physical, or mental health needs. For example, 1 care plan clearly described how the person will show they are agitated and provided staff with guidance on how to effectively support them.
- People had individual emergency evacuation plans in place. These were accessible for staff to ensure people received the support they needed in the event of a fire or other emergency incident.
- Health and safety checks of the premises were carried out regularly. Risks associated with the premises and environment were well managed. Safety systems and equipment were maintained and serviced at regular intervals to make sure these remained in good order and safe for use.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- The provider operated safe recruitment processes.
- There were enough staff to meet people's needs in a timely way. We saw staff had time to sit with people, share meals together and speak to people on a 1 to 1 basis if they needed to.
- People and their relatives raised no concerns regarding staffing numbers.

Most staff at the service had been employed for a significant amount of time. This meant people were cared for by a consistent staff team who knew them well. Our observations, and discussions with people and relatives confirmed this.

Is consent to care and treatment always sought in line with legislation 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 MCA 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

The provider was working in line with the Mental Capacity Act.

Using medicines safely

- People were supported to receive their medicines safely.
- Staff were trained to administer people's medicines and had their competencies checked regularly.
- Where people were prescribed 'as required' medicines there were protocols in place detailing the circumstances in which these medicines should be used.
- Medicines were stored safely and checked regularly. We saw checks were in place on the temperature of the refrigerator and the medicines room.

Preventing and controlling infection

People were protected from the risk of infection as staff were following safe infection prevention and control practices.

- Whilst there was no dedicated domestic staff, we found the premises to be hygienic and free from any malodour. A member of the staff team was deployed each shift to oversee and undertake cleaning duties. Cleaning schedules and records confirmed the service was cleaned appropriately and frequently in line with best practice.
- All staff had received infection prevention and control training (IPC).

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong. The registered manager used incidents and accidents to identify any themes or trends. This reduced risks to people and improved their care.
- Appropriate action was taken following any accidents and incidents to minimise the risk of events reoccurring. Healthcare professionals were contacted for reviews or additional advice as required.

Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. 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

- There was a positive and open culture at the service.
- The provider had systems to provide person-centred care that achieved good outcomes for people.
- The atmosphere was warm and friendly. People were supported in a kind, compassionate and sensitive manner.
- Feedback from people living at the service and their relatives was extremely positive. People were treated as individuals and their lives enhanced by a dedicated management and staff team.

One person told us, "This is my home. We can choose what we want to do and when and don't have to do anything we don't want to."

- A relative said, "Damascus House is so good for my [family member]. I have never had to ring up and ask anything. They prompt [Name] to bathe and to put their clothes into the wash basket. They are 150% more independent now. They go to college, do their own shopping, and use public transport independently."
- The provider told us, "Everyone should be treated equally and fairly in society. People with a learning disability and/or autism have every right to receive the same standard of care, lives and accommodation as everyone else. This is what Damascus House achieves for all the people who live here. I am confident you [CQC] will come to the same conclusion."

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- The service supported and educated people on safe relationships with others.
- People were at the heart of the service. Their choices and wishes were respected and fulfilled. This included, but not limited to, food choices and when and where to eat, choice of activities; including holidays and day trips, and educational courses which were sourced and undertaken in mainstream colleges.
- Staff were consulted and included in the service. They were supported with regular supervision, appraisals and competency checks relevant to their roles.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.

- The registered manager governed the service safely and effectively. They were committed to maintaining high standards.
- When required notifications of incidents were reported to the relevant authorities as legally required to do so.

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- We noted some décor in communal areas needed refreshing. Following the inspection the provider acted and made the improvements we identified.

Working in partnership with others

- The provider worked in partnership with others.

A relative told us, "[Name] had a recent infection. Staff contacted the GP straight away for medication and it cleared up quickly."

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 provider understood their responsibilities under the duty of candour.
- There had been no complaints made in the previous 12 months to the inspection.