Vibrance

Dunelm

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

This unannounced inspection took place on 13 and 19 October 2016.

Dunelm provides care, accommodation and support with personal care and nursing for up to 12 people with a learning disability. At the time of the inspection 10 people were using the service. It is purpose built and in a residential area close to public transport and other services. The ground floor is accessible for people with mobility difficulties and has specialist equipment to support those who need it. For example, hoists and adapted baths are available.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff had completed Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Deprivation of Liberty Safeguards is where a person can be deprived of their liberties where it is deemed to be in their best interests or for their own safety. Staff were aware that on occasions this was necessary. We saw that this was thought to be necessary for some people living at the service to keep them safe. We have recommended that the occasional administration of covert medicines is reviewed to ensure that this option is in people's best interest.

Staff were clear about their roles and responsibilities. The registered manager and staff team were committed to continuous improvement of the service and to improving people's quality of life.

People who used the service had profound and complex learning, physical and health needs and their care was planned in partnership with their relatives. Relative felt any issues or concerns they raised would be dealt with by the registered manager. Their views were sought and valued.

The staff team worked closely with other professionals to ensure people were supported to receive the healthcare they needed. Systems were in place to ensure people received their prescribed medicines safely.

People were safe at the service. They were supported by kind, caring staff who treated them with respect. Systems were in place to minimise risk and to ensure that people were supported as safely as possible.

People were cared for by staff who had the necessary skills and knowledge to meet their assessed needs, preferences and choices and to provide an effective service. Staff received the support and training they needed to carry out their role and provide a safe service that met people's needs.

People received a person centred service and were supported in activities they enjoyed both in the service and in the wider community.

The provider and the management team monitored the quality of service provided to ensure that people received a safe and effective service that met their needs.

People's cultural and religious needs were respected and celebrated and their nutritional needs were met

People were protected by the provider's recruitment process which ensured staff were suitable to work with people who need support.

People lived in a clean environment that was suitable for their needs.

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 provided was safe. Systems were in place to ensure that people were supported safely by staff. There were enough staff available to do this.

Risks were clearly identified and systems were in place to minimise these and to keep people as safe as possible

People received their medicines safely and as prescribed.

People were protected by the provider's recruitment process.

People were cared for in a safe environment.

Is the service effective?

Good

The service provided was effective. Systems were in place to ensure that people were not unlawfully deprived of their liberty.

People were supported by staff who had the necessary skills and knowledge to meet their needs. The staff team received the training they needed to ensure they supported people safely and competently.

People were supported to have a healthy nutritious diet that met their needs.

People's healthcare needs were identified and monitored. Action was taken to ensure that they received the healthcare they needed to enable them to remain as well as possible.

Is the service caring?

Good

The service provided was caring. People were treated with kindness and their privacy and dignity were respected. Relatives were very happy with the way staff treated people.

People received care and support from staff who knew about their needs, likes and preferences. They were encouraged to be as independent as possible.

Staff were attentive to people's needs and before they provided

care and support they took time to explain to people what was going to happen.

Is the service responsive?

Good

The service was responsive. People received individualised, person centred care and support. They were encouraged to make choices about their daily lives.

Systems were in place to ensure that the staff team were aware of people's current needs and how to meet these. Individualised care plans were in place and gave clear information about how people liked and needed to be supported.

People were supported to be involved in activities they enjoyed in the community and in the service.

People were confident that any concerns would be listened to and addressed.

Is the service well-led?

Good

The service was well led. The leadership and management of the service were very good. People were happy with the way the service was managed and with the quality of service.

People's views were sought and valued.

The registered manager and the provider ensured that people received a safe and effective service that reflected their needs and wishes.

Staff told us the registered manager was accessible and approachable and they felt well supported.

Dunelm

Detailed findings

Background to this inspection

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

This inspection took place on 13 and 19 October 2016 and was unannounced on 13 October 2016. The inspection was carried out by one inspector. At the last inspection on 25 April 2014 the service met the regulations we inspected.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we also reviewed the information we held about the service. This included notifications of incidents that the provider had sent us since the last inspection.

During our inspection we spent time with all of the people who used the service and observed the care and support provided by the staff in the communal areas. We spoke with two nurses, four care staff, the chef, the handyperson, the registered manager, an Assistant Director of Operations and a visiting healthcare professional. We looked at three people's care records and other records relating to the management of the service. This included three sets of recruitment records, duty rosters, accident and incident records, complaints, health and safety and maintenance records, quality monitoring records and medicine records. After the inspection we spoke to four people's relatives by telephone.

Good

Is the service safe?

Our findings

Relatives and social care professionals told us that people received a safe service at Dunelm. One person told us, "[My relative] is totally safe. I have total confidence in the staff." Another said, "I have always worried about [my relative] and could not rest when they went into residential care but since they moved to Dunelm I don't have a worry in the world."

We found that risks were identified and systems put in place to minimise risk and to ensure that people were supported as safely as possible. Risk assessments were up to date and were relevant to each person's individual needs. Peoples' care plans covered areas where a potential risk might occur and how to manage it. For example, using the commode or travelling in the service's minibus.

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening. Staff had received safeguarding training and were aware of the safeguarding policies and procedure in order to protect people from abuse. They were aware of different types of abuse and knew what to do if they suspected or saw any signs of abuse or neglect. Staff were clear they would report anything of concern to the registered manager and confident that action would be taken. There were systems to protect people's finances from possible misuse. For example, before an expensive purchase was made it was discussed with relatives and social care professionals to establish if it was in the person's best interest. Cash was securely stored in individual locked tins kept in the safe. Any cash received, spent or returned was recorded and signed by staff. We checked the records and cash held for three people and found that these tallied.

There was a stable staff team and any absences were covered by the staff team, regular relief and regular agency staff. This meant people received consistent support from staff they knew and who were aware of their needs and of the support needed to maintain their safety. One relative said, "They [staff] all know the residents' really well."

Medicines were stored in locked cupboards within larger locked cupboards in each of the two lounges. There were also storage facilities for controlled drugs but at the time of the visit no one was prescribed any of these. Keys for medicines were kept securely by the nurse on duty to ensure that unauthorised people did not have access to medicines. Therefore medicines were securely and safely stored.

Medicines were administered by the nursing staff who had received medicines training and been assessed as competent to do this. Medicine administration records (MAR) had been accurately completed and were up to date. Guidelines were in place for the administration of 'when required'(PRN) medicine so that staff were clear about when and how to administer this. People received their prescribed medicines safely and when needed.

The provider had an effective recruitment and selection process in place. This included prospective staff completing an application form and attending an interview. We looked at the files of three members of staff. We found that the necessary checks had been carried out before they began to work with people. This

included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with people who needed support. There was evidence in staff records to confirm that they were legally entitled to work in the United Kingdom. This helped to ensure people were protected by the recruitment process.

Relatives and staff told us staffing levels were safe and were sufficient to meet people's needs. Staff told us that staffing levels had decreased when there were two vacancies at the service but that this had been increased when a new person started to use the service. During our inspection we found that staffing levels were sufficient to meet people's needs.

Systems were in place to keep people as safe as possible in the event of an emergency arising. Staff had received fire safety and first aid training and were aware of the procedure to follow in an emergency. A fire risk assessment had been completed and fire alarms were tested weekly. Fire drills took place and included a night time drill.

The premises were in a good state of repair and a maintenance person was employed to ensure that standards were maintained and minor repairs were carried out as soon as possible. There had been a problem with getting other maintenance actioned in a timely manner but this had improved and there was now a much better response. Records showed that equipment was serviced and checked in line with the manufacturer's guidance to ensure that it was safe to use. Gas, electric and water services were also maintained and checked to ensure that they were functioning appropriately and were safe to use. The records also confirmed that appropriate checks were carried out on hoists, specialist baths and fire alarms to ensure that they were safe to use and in good working order. Systems were in place to ensure that equipment was safe to use and fit for purpose. People were cared for in a safe environment.

Good

Is the service effective?

Our findings

People were very positive about the effectiveness of the service provided. One relative said, "I've no reason to doubt the competencies or abilities of the staff. They seem to understand [my relative's] needs." Another said, "[My relative] is extraordinarily lucky they are there. It's a great success for them."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had completed MCA and DoLS training and were aware of people's rights to make decisions about their lives. For people with DoLS in place these had been agreed, by the relevant supervisory body. The registered manager was aware of when to make a referral to the supervisory body to obtain a Deprivation of Liberty Safeguard (DoLS). Records showed that some people had a DoLS in place and relevant applications had been made to supervisory bodies for another person. Systems were in place to ensure that people were not being unnecessarily or unlawfully deprived of their liberty.

We found that when important decisions needed to be made about a person's care and treatment meetings were held with relatives and other professionals to discuss what was in their best interest. For example, to discuss surgical interventions or dental treatment under anaesthesia. Relatives confirmed that they had been involved in these meetings and the decision making process. On occasions some people received their medicines without their knowing (covertly) and staff confirmed that this was not always necessary but did happen. However, best interest meetings had not been held to agree that this was a suitable option. We recommend that best interest meetings take place with regard to the occasional administration of covert medicines to ensure that this is necessary, the most suitable option and that people's rights are protected.

People were supported by staff who had the necessary skills and knowledge to meet their assessed needs, preferences and choices and to provide an effective service. Staff told us that training was relevant to the needs of the people who used the service and was up to date. One member of staff said, "Training is good and reminds you of things and also gives you new things." A healthcare professional told us, "Staff have learnt a lot. They are encouraged to get trained and know what they are doing. They have regular and ongoing training."

Staff told us they received good support from the registered manager and the nursing staff. One member of staff said, "I had supervision with [a nurse] the other day. I can go to them and talk about any concerns. It's good to have the nurses here with you." Systems were in place to share information with staff including a

communication book and handovers between shifts. Care plans were up to date, and gave a picture of what was needed and how this was to be achieved. Therefore people were cared for by staff who received good support and guidance and had the necessary information to enable them to provide effective support to people in line with their needs and wishes.

People were provided with a choice of suitable, nutritious food and drink and were supported to have a healthy diet. This was a small service and the chef knew people's likes and dislikes and the menu was based on this, with adjustments made to suit individual preferences and health and cultural needs. Staff told us, and we saw, that people liked different drinks and they explained that if they did not drink the first drink they were given then another choice was tried.

We saw that people who were unable to eat independently received good support with staff sitting next to them, talking to them and helping them to eat at their preferred pace. Some people needed to have their food pureed and others were unable to take food orally. When this was necessary their care file included details and guidelines on their requirements. The relative of one person who was unable to take food orally told us, "Any problems they go straight to the dietitian to sort it out." The chef pureed different foods separately to try to make the meals look as nice as possible and so that people had the opportunity to enjoy different tastes. If there were any concerns about a person's weight, nutrition, or ability to swallow this was monitored and if necessary a referral was made to the relevant professional. People were supported to receive sufficient amounts food and drink to meet their needs.

People's healthcare needs were monitored and addressed. They were supported to remain as healthy as possible. They saw professionals such as GPs, dentists, physiotherapists and dietitians. Each person had a 'health action' plan and a 'my health passport' in place. The health plans gave details of the person's health needs and how to meet these. They also gave details of what might indicate that a person was unwell. Details of medical appointments, why people had needed these and the outcome were all clearly recorded. The 'my health passport' contained information to assist hospital staff to appropriately support people if they were treated at the hospital. A healthcare professional told us, "Staff are so proactive. They are aware of what is needed and ask for it."

Relatives told us that people's healthcare needs were well managed and action taken when needed. One relative said, "They are on the ball regarding seizures. When my relative had one the staff had them medically assessed and bloods taken immediately." Another told us, "When they are worried about [my relative's] health they make the necessary appointments and take them."

Care staff were knowledgeable about the needs of people they supported and how to meet them. They told us how they identified if a person was unwell or unhappy and the action that they took if this occurred. For example, a member of staff said about one person, "If they don't eat we know something is wrong." For another if they are quiet it suggests that there might be a problem. The nurses check them and if needed calls the doctor or an ambulance."

Dunelm Nursing Home was in in a residential area close to local services and transport links. The environment met people's needs and consisted of two units each with a large lounge/diner, laundry, bathing facilities and five bedrooms. There was also a sensory room and a large well-kept garden with a summer house and greenhouse. The ground floor was accessible for people who used wheelchairs or those with mobility difficulties. There were adapted baths and showers and specialised equipment such as hoists were available and used when needed.

Good

Is the service caring?

Our findings

Relatives gave us very positive feedback about the caring way in which people were supported. One relative said, "It's a godsend. They look after [my relative] as if they were their own." Another told us, "The staff are lovely, absolutely super."

Throughout the inspection we saw that staff spent a lot of time with people. There were positive interactions between the staff and people who used the service with lots of 'chatting' and laughing. Staff were patient and considerate. They took time to explain things so people knew what was happening. When people needed support with their personal care this was done discreetly.

People were treated with respect and their dignity maintained. People wore adult 'bibs' to protect their clothing at meal times and a member of staff told us that to help promote people's dignity these were not used when they ate out. People's privacy was maintained and staff told us ways in which they did this. One member of staff said, "We make sure doors and curtains are shut and cover them with a towel so that they are not always naked. If there are visitors in the building we also shut the double doors from the lounge." Another told us, "We explain what we are doing and cover them with a towel. We observe body language and if they seem upset we leave them for a little while but make sure they are safe."

People's religious, cultural and social needs were identified and addressed. The service celebrated festivals from different religions and people were supported to wear traditional clothing and to listen to music from their own culture. One relative told us they had asked that one ritual was followed each day and staff had accommodated this. Another said, "They cater for everyone's needs in terms of culture."

People who used the service had profound and complex learning, physical and health needs but staff were committed to supporting them to do what they could for themselves. For example one person's care plan indicated that they needed the support of two staff during personal care. It also said that the person liked to soap themselves with the flannel. Another person had been cared for in bed before they started to use the service but they were now supported to get up each day, to use a wheelchair and spend time in the communal area with others. A relative told us, "They know [family member] so well and encourage them to do what they can for themselves. Really encourage them."

People's ability to make decisions about their care and about any changes to the service was limited. However, relatives told us that they were involved, consulted and listened to. One relative told us, "I still want to be part of [family members] life and staff are allowing that."

Staff respected people's confidentiality. They treated personal information in confidence and did not discuss people's personal matters in front of others.

People were supported to maintain relationships with their relatives and friends and relatives told us they visited when they wanted and felt at ease when they visited. Friends and relatives were invited to social events at the service. One relative told us, "I get invites to meetings, events and celebrations." There was also

a "Friends of Dunelm" group who raised funds for trips and events.

The registered manager told us that there was an end of life care policy and if the need arose they would support people at that time. Earlier in the year one person was in hospital and was diagnosed as needing end of life care. The family had wanted the person to return to Dunelm and everything was set up to support this, including the assistance of McMillan nurses, but sadly the person passed away in the hospital.

Good

Is the service responsive?

Our findings

People received individualised care and support that was responsive to their needs. One relative said, "It's a perfect place. I love the staff and the management." Another said, "I am amazed at what they have helped [family member] to achieve. Year on year they do more little things for themselves."

Before a person started to use the service the registered manager visited them and carried out an assessment of their needs. They spoke to relatives and other people involved in the persons care. One relative confirmed that this had happened and that their family member had introductory visits, including an overnight stay, before they moved to Dunelm. Systems were in place to ensure that people's needs were assessed and that the service would be able to meet their needs prior to them using the service.

People's care and support was planned in partnership with their relatives. Care plans contained clear information to enable staff to provide personalised care and support in line with the person's needs and wishes. Care plans also contained details of how people expressed happiness, dislike, pain or discomfort. We found that care plans were reviewed every six months and updated when needed. Staff told us that in addition to care plans and records they got updates at shift handover. They understood that it was important to communicate and share information so that others knew what was happening with each person.. Systems were in place to make staff aware of any change in people's needs and to enable them to respond appropriately.

People were supported and encouraged to make as many choices as they were able. Staff told us that they observed people's body language and facial expressions to gauge what choice they were making. This could have been a smile or just turning their head towards something. Staff said that some choices were more obvious. For example, if a person turned their head away when given a certain food or drink.

Arrangements were in place to meet people's individual social needs. Activities were arranged within the service and in the wider community and were based on individual likes and interests. One member of staff told us, "We try to find out what they like and incorporate it into their daily life. For example, one person liked animals and has been to visit the zoo." Some people had been on holiday and others had day trips out. There were weekly aromatherapy and music sessions that people could participate in. A relative told us, "Staff try to engage [family member] in activities in a way that has not been done before. [Family member] really enjoys the music."

People benefitted from a service that listened to and addressed complaints and concerns. None of the people who used the service were able to raise a complaint but relatives said they knew how to complain but had never needed to. They felt confident that any complaints would be taken seriously and action taken. The provider required the registered manager to report monthly on complaints and compliments. This information was fed into a quality monitoring group and reviewed every three months. In addition the chief executive reviewed complaints each month to ensure they had been resolved. However, there had not been any complaints about the service provided.

Good

Is the service well-led?

Our findings

People told us the service was very well managed. A healthcare practitioner said, "[Registered manager] keeps the troops in line." One relative commented, "It's well managed. Since [registered manager] has been there they have managed the service extremely well and I feel they have the confidence of the staff team because of that."

There was a registered manager in post and a clear management structure. Staff were clear about their roles and responsibilities. In addition to the registered manager there were nurses responsible for the daily running of each shift. There was also an on call system which was used if staff needed any additional support or guidance. Staff told us they believed the service was well-led. One said, "[Registered manager] makes sure everything that should be is in place." Another commented, "[Registered manager] is capable and is on top of everything. They understand what needs to be done."

Staff told us that the registered manager was accessible and approachable. They said that they felt comfortable to approach them or a nurse if they wished to discuss anything. They were confident that any issues raised would be dealt with. One told us, "We are free to say what we want about anything but I've not needed to raise anything so far."

Staff used their knowledge of people and their different ways of communicating to establish if the person was happy or not. This information was taken into account when decisions were being made about the service. Relatives were also asked for their opinions at review meetings and during relatives meetings. People were listened to and were involved in decisions about the services.

The provider had a number of different ways in which they monitored the quality of service provided. This included monthly unannounced monitoring visits carried out by different members of the senior management team, including the chief executive. Reports of these visits showed that they spoke to people who used the service and to staff, checked the environment and also records. They wrote a report of their visit and this included any action that was required. Records showed required actions were checked at the next visit to ensure they had been completed. In addition, the provider carried out a six monthly service review. The assistant director of operations responsible for the service attended the relatives meetings to get feedback from them.

The provider also carried out a two yearly residents and relative's survey. Responses from this were analysed and a plan put in place to respond to any issues that had arisen. Relatives confirmed they had received and completed questionnaires and were asked their opinion of the service provided. People used a service where feedback was actively sought and valued.

Providers of health and social care have to inform us of important events which take place in their service. Our records showed that the provider had told us about such events and had taken appropriate action to ensure that people were safe.