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

This inspection took place on 10 and 11 August 2016 and was unannounced. We last inspected this service in January 2014 and found that they were meeting the legal requirements in the areas we looked at.

Dugdale House is a residential care home that provides accommodation and support for up to eight people with learning disabilities and autism spectrum disorder. At the time of our inspection there were eight people living at the home.

The home had 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 2008 and associated Regulations about how the service is run. The registered manager was approachable and supportive of staff and people who lived at the service.

The provider had effective systems to protect people from avoidable harm. Appropriate risk assessments had been carried out and risk management plans put in place for each person who lived at the home, and for the environment to ensure people's safety. There was a sufficient number of staff who were trained and knew how to meet people's care needs. People's medicines were administered safely and they were supported to access healthcare services to maintain their health and well-being.

People had enough to eat and drink. They were provided with a choice of food, snacks and drinks as appropriate. They were supported to access healthcare services when required. Staff understood the requirements of the Mental Capacity Act 2005 and sought people's consent before providing care and support. They were trained in areas that were relevant to the needs of the people, who lived at the home. They were knowledgeable about people's care needs and they provided appropriate support to people.

People were treated with dignity and respect and were encouraged to maintain their independence, interests and hobbies. They were supported to express their views and be actively involved in making decision about their care. Staff were respectful and friendly in their interactions with people.

People's needs had been identified before they moved to the home, and changes to people's needs were managed appropriately. People had personalised care plans that gave guidance to staff on meeting people's needs. They were supported by the staff team to take part in activities that were of interest to them.

The provider had an effective system in place for handling complaints. They encouraged feedback from people and acted on this to improve the quality of the service. They also had an effective quality monitoring process in place to ensure they were meeting the required standards of care.

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.

People had individualised risk assessments in place that gave appropriate guidance on keeping them safe.

People's medicines were managed and stored appropriately.

The provider had robust policies and procedures in place for the safe recruitment of staff.

There were enough skilled and qualified staff to meet people's needs.

Staff were trained in safeguarding and there were process in place to ensure people's safety.

The provider had plans in place for handling emergencies.

Is the service effective?

Good

The service was effective.

People had enough to eat and drink. They were provided with a choice of food, snacks and drinks as appropriate.

People were supported to access healthcare services when required.

Staff understood the requirements of the Mental Capacity Act 2005 and sought people's consent before providing care and support.

Staff were trained in areas that were relevant to the needs of the people who lived at the home.

Staff were knowledgeable about people's care needs and they supported people appropriately.

Is the service caring?

Good

The service was caring.

People were supported to express their views and be actively involved in making decision about their care.

People were supported to maintain relationships with their relatives and had their privacy and dignity respected.

Staff were kind, caring and approachable.

They were respectful and friendly in their interactions with people.

Is the service responsive?

Good

The service was responsive.

People's needs had been identified before they moved to the home, and changes to people's needs were managed appropriately.

People had personalised care plans that gave guidance to staff on meeting people's needs.

People were supported by the staff team to follow their hobbies and interests.

There was an effective system in place for handling complaints.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post.

The registered manager was approachable and supportive of staff and people who lived at the service.

The provider had systems in place for monitoring the quality of the service provided.

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 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 10 and 11 August 2016 and was unannounced. It was carried out by one inspector from the Care Quality Commission (CQC).

Before the inspection, we review the provider's completed Provider Information Return (PIR) which they had sent to us. A PIR 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. We also reviewed the information available to us about the home, such as notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with three people who lived at the home, four members of staff, the visiting hair dresser, the deputy manager 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 reviewed the care records and risk assessments for two people who lived at the home and looked at all eight people's medicines and medicines administration records. We also looked at staff recruitment, training and supervision records, and reviewed information on how the quality of the service was monitored and how complaints were managed.

After the inspection, we spoke with two relatives of people who lived at the home and one care professional who regularly visited. We also reviewed the report issued following a recent local authority monitoring visit.

Good

Is the service safe?

Our findings

People who lived at the home were not fully able to tell us if they were safe living at the home because of the nature of their disabilities. However, some of them told us they were happy living at the home. Their relatives told us that they did not have any concerns in relation to people's safety. One person said, "I am happy living here." Another person also told us, "I like living here." A relative we spoke with told us, "[Relative] is safe and happy living at Dugdale, we've never had any problems. When [they] visit, after a few hours [they] are ready to go back." Another relative said, "We have no concerns about the home, nothing in life is perfect but this is a good home for [Relative]."

The views of the people who lived at the home and their relatives were echoed by members of the staff team and professionals involved in supporting people. One professional told us, "We have no concerns about this service. The care they provide to users is very good, if they can't meet the needs of a user they ask for them to be relocated rather than holding on to them which could compromise safety." One member of staff added, "Service users are safe, they like living here and we take steps to safeguard them. If anything is not fit for purpose we replace it and we are always on the lookout for anything that could put them at risk."

The provider had an up to date policy on safeguarding which gave guidance on how safeguarding and related concerns were managed. We saw contact details for the agencies that staff must contact if they had any safeguarding concerns displayed in various parts of the home. Staff were trained on safeguarding and they understood how to protect people from potential risk of harm. A member of staff was able to tell us the types of abuse that could affect the people they supported and how they would go about dealing with any suspected or witnessed cases of abuse. They said, "I completed the safeguarding training a few months back. If I suspected abuse or was worried about anyone of the service users, I would report to my line manager and record everything. If the manager did not take any action then I would whistle blow."

There was an up to date whistleblowing policy in place. Whistleblowing provides a way in which staff can report misconduct or concerns within their workplace without the fear of consequences of doing so. Staff were aware of the provider's whistleblowing policy and spoke confidently about it. One member of staff said, "I have no problem blowing the whistle if there was ever a need."

People had individualised risk assessments in place to safely manage risks associated with their care. These risk assessments formed part of people's care plans and covered areas such as slips, trips and falls, accessing the community, use of the stairs, stair lift and kitchen. They provided guidance to staff on keeping people safe and were reviewed every three months or sooner if required. Staff told us they were aware of people's risk assessments and kept up to date with any changes by reading them, and in discussions during team meetings and shift handovers. A member of staff we spoke with said, "All service users have their own risk assessments. We discuss changes to the identified risk to service users at team meetings and the risk assessment is updated afterwards. If team meetings are not scheduled, I will talk to the manager about the changes I have noticed and then the team meeting would be brought forward. It's all about communication."

In addition, the provider had carried out health and safety risk assessments to identify and manage risks posed to the people by the environment. These covered areas such as moving and handling, safeguarding people, infection control and fire safety. They identified hazards that could cause harm, those who might be harmed and what was being done to keep people safe. Emergency protocols were in place to make sure people were kept safe in an event of fire, flood and other unforeseen circumstances and had personal emergency evacuation plan (PEEP) had been developed which detailed how people were to be supported if there was a need to evacuate the building. The provider had an electronic system for recording accidents and incidents. The registered manager told us that accident and incidents records were reviewed by the provider's risk management team to identify any trends so that action could be taken to reduce reoccurrence.

People's medicines were administered as prescribed and stored in a locked cabinet in the office. A person we spoke with confirmed that they received their medicines in a timely way. They said, "Yes, I get them [medicines] on time." Staff told us they had been trained and their competency was assessed before they supported people with their medicines. One member of staff said, "We get trained before we support the service users with their medicines. Medicines are given to service users on time." There were protocols in place for the administration of people's medicines. These gave guidance to staff on how people preferred to take their medicines. They were accompanied by another set of guidance for staff on how to manage medicines errors if they occurred.

We checked the stock of medicines held for the eight people who lived at the home against the medicine administration records (MAR). We found that one person's had gaps for the morning of the second day of our inspection. The person's stock of medicines showed that they had been given their medicines on the day. The registered manager and the deputy manager confirmed they had seen the person taking their medicines on that particular day with support from staff. We were satisfied that the person had received their medicine that morning but a recording error was made. The manager told us they would record and report this as a medicines error in line with the provider's incidents reporting procedures and the member of staff would be retrained. There were no other gaps found.

The provider had an effective policy in place to support the recruitment of new staff. We reviewed the recruitment records for three members of staff and found that the provider had carried out the required pre-employment checks. These checks included employee's identity checks, employment history checks and verification, and health check to ensure potential staff were fit for the role they were being considered for. The provider also obtained references from previous employers and completed Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People were not fully able to talk with us about the staffing levels due to the nature of their disabilities. However, their relatives, healthcare professionals and members of the staff team told us the staffing levels were sufficient. One relative told us, "Yes there is enough staff; there is always staff around to help. It makes [Relative] feel secure." A professional we spoke with said, "We have no concerns about the staffing numbers. I would say they are adequately staffed." We reviewed the staff roster for the four weeks prior to our inspection and the week ahead of the inspection and were satisfied that there were enough staff deployed at all times to keep people safe.

Good

Is the service effective?

Our findings

People we spoke with were not fully able to tell us their opinion about staffs' skill because of the nature of their disabilities. However, one person told us, "I like them [Staff]." People's relatives and care professionals told us the care provided to people was effective because staff were trained to meet people's needs. One relative said, "Staff are very much on the ball, they are trained and they know what they are doing." A professional gave us an example of how the service introduced sign language training which was now being used by staff to communicate with a person who moved to the home. Another professional told us, "I find them really good, they are organised and really know how to care for service users." A member of staff we spoke with said, "I am happy with how things work in this home. We are lucky because all staff know the service users' needs. [Manager] makes sure all staff have had an induction and are trained."

Staff records confirmed they had received an induction at the start of their employment. A member of staff told us, "We've all done our induction. We spend a few days at head office learning about the company and the policies then we come to the home for the remainder. We meet [People] and we read through their care plans [to understand their needs]. We also work alongside experienced members of staff observing them support people individually to understand how their needs are met. We also do training and all our online learning during this time." New members of the staff completed the care certificate as part of their induction.

Staff were trained in areas that were relevant to the needs of the people who lived at the home. One member of staff told us, "My training is up to date. They [the provider] tend to ask if there is a specific training course you want to do and they provide it. The training has made me confident and reassured that I can do my job properly. For example, doing the first aid training made me feel confident that if someone was hurt I could do something about it which is nice to know. Also when doing the moving and handling training, they make you get into the hoist. They say you must know what it feels like for service users." The training records showed that staff had received training in areas such as health and safety, safeguarding people, medicines administration, fire safety, first aid and positive behaviour support. Although most training provided to staff was completed on line some courses were classroom based. We saw that staff were given the opportunity to complete national vocational qualifications such as; NVQs levels two, three or four or Diplomas in health and social care levels two, three or four.

Staff were supported in carrying out their job roles by way of regular supervision meetings with the management team. They also received annual appraisals of their performance. A member of staff we spoke with told us, "We talk about any issue regarding service users and any training we need in my supervision." The registered manager told us that supervision meetings were held on a monthly basis for permanent staff and every two months for part time staff. They had developed a schedule which they used to monitor and plan supervision meetings. We reviewed this rolling schedule and found that, although there were times when supervision had not taken place as planned, these were minimal.

People had enough to eat and drink. They were provided with a choice of food, snacks and drinks as required. One person told us, "The food is all right, I like it. My favourite food is potatoes. I choose what I want to eat." A member of staff we spoke with said, "We [staff] do the cooking with support from the service

users if they want to. They [person who used the service] help us. For example [Name] helps peel potatoes or bakes cakes. Food shopping and menu planning is also done with service users involved. They choose what they want to eat for example, [name] would tell you want they would like to eat, and [name] would use their communication sheet to tell you what they would like on the menu for the week." We observed that people were able to access food and drinks as much as they wished and they were supported accordingly. Weekly menus were in place and people's dietary needs, likes, dislikes and preferences around food and drinks were detailed in their care plans. We reviewed the previous three menus and found that people had a healthy and balanced diet that incorporated their individual choices.

People's healthcare records showed that they were actively supported to maintain their health and well-being. They had access to healthcare services when required and their known health conditions were recorded in their health plans. The service routinely monitored people's healthcare needs and supported them to access the right health care services when changes occurred. A member of staff told us, "We support service users to all their appointments. We also monitor their health and if we are concerned we call the GP immediately." We saw that people had interactions with healthcare professionals as appropriate and the outcome of appointment was recorded in their individual health folders.

People and members of the staff team told us that people's consent was sought before any care or support was given. One person said, "They ask my permission." A member of staff told us, "We always ask service users' permission and give them choices to make their own decisions." We observed staffs' interactions with people and saw they asked people's permission before going into their room or provided support.

The requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS) were being met by the service. 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. Staff had good understanding of their role and responsibilities in supporting people around decision making. A member of staff told us, "The MCA relates to service users having the right to make their own decisions and if they don't have capacity to do that, we support them to make decisions in their best interest. I have done the training and there is a flow chart on the office notice board about MCA and how it all works. If I am unsure about anything I would ask [Manager] to refresh my memory." Assessments of people's capacity to make decisions had been completed in areas where it had been considered necessary.

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). The management team had assessed whether people were being deprived of their liberty (DoLS) under the Mental Capacity Act, due to the care they received. They found that authorisations were required in some areas therefore applications were made to the supervisory body as required by the MCA. Information was provided to staff to help them to understand their responsibilities in relation to this legislation, and we saw evidence that they had received the relevant training.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were caring and approachable. One person said, "Yea, I like it here. Aren't they [staff] nice?" A relative told us, "Staff are wonderful. I can't fault them in any way, [Relative] is happy and secure. The staff really are fabulous." Another relative said, "Staff are very approachable, I cannot give a bad review about them." Professionals we spoke with were also complementary about the service and its staff. They told us that the staff were kind in their approach to supporting people. One professional said, "The care they deliver is very good." Another professional told us, "It is a great setting, the staff are amazing, they are very good with the service users."

The atmosphere within the home was relaxed and welcoming. People were comfortable and at ease in the presence of staff. 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. They spoke with people appropriately and called them by their preferred names. People were well presented and appeared well looked after. A member of staff we spoke with told us, "Staff are very caring and understanding. There is a good rapport between staff and service users. We understand that this is their home and respect it, because they are letting us in their home. We take time out to listen to them and be patient because that is what it is all about. That is why they [People] are happy living here. It is a nice, welcoming and relaxed home and that is the most important thing." A newer member of staff told us, "I love working here. I like the interaction with them [People]. It has taken a while to build up a rapport but I have now got round it. They [People] trust me enough to ask me for support. It is a nice atmosphere. You look forward to coming into work."

Staff were knowledgeable about people's care needs. We found that people's care records contained information about their life history, preferences and the things that were important to them. There was a specific section in people's care plans called 'my life story'. This detailed information about people's early life, their family structure and where they spent their childhood. This provided staff with an understanding of people's backgrounds. Furthermore, people were supported to maintain relationships with their families and loved ones. Their relatives were able to visit them when they wanted without any restrictions on visiting times. A relative we spoke with told us, "No there is no restrictions on the times we go to see [Relative]. We can pretty much visit anytime." A member of staff added, "There are no visiting times, Most families will ring before coming but some will just turn up and that's no problem at all."

People's care records contained a section called 'my daily living skills'. The detailed the tasks that people enjoyed or could carry out independently or with some support from staff as a way of promoting their independence. Staff understood the importance of promoting people's independence. They encouraged people to do as much as they could for themselves. For example, we saw one person requested a drink and a member of staff encouraged them to go into the kitchen with them and supported them in making the drink of their choice. A member of staff told us that this was one of the ways they promoted people's self-esteem.

Staff told us that they protected people's privacy and dignity by making sure they respected people's

choices and wishes, keeping information about their care confidential, providing personal care in private, and knocking on people's bedroom doors before they went in. A member of staff said, "We give service users space if they want to be alone and make sure we ask their permission, and explain everything we are going to do for them before we do it." Another member of staff told us, "You have to respect them [People] because you would like to be treated with respect. So the same goes for them." Staff also understood how to maintain confidentiality by not discussing people's care needs outside of the work place or with agencies that were not directly involved in people's care. We also saw that people's care records were kept securely in the registered manager's office.

People were supported to express their views and be actively involved in making decision about their care. They had been provided with a 'service user' guide which detailed information about the service. This included information about the complaints procedure, and who people could raise concerns with, if they had any. Some people's relatives or social workers acted as their advocates to ensure that they understood the information given to them and that they received the care they needed. Some people had support from independent advocacy services. Information about advocacy services was displayed in the registered manager's office and on a notice board in the hallway. The provider also worked closely with the local authority that commissioned the service and community healthcare services to make sure people's needs were met.

Staff had received training in end of life care to ensure that appropriate support could be offered to people at home rather than moving to a hospice at this stage of their life. The manager told us about the experience of one person who had been very unwell. Staff had worked with other healthcare professionals to develop an individual support plan to ensure the person was comfortable and had the chance to participate in celebrations and events they enjoyed. They told us that staff had shown a strong personal commitment to supporting the person well and as a result their health had significantly improved. As a result the manager had nominated the staff team for the provider's annual team of the year award. They were awaiting the results when we inspected.

Good

Is the service responsive?

Our findings

People were not fully able to tell us if the service was responsive to their needs because of the nature of their disabilities. However, their relatives and staff told us that people's needs were identified before they moved to the home, and that changes to these needs were managed appropriately. One relative said, "If there is something not right with [Relative] they pick it up very quickly and they will let us know." A member of staff told us, "Needs assessments are done for all the service users before they move in." Our review of people's records confirmed this. We found that these assessments identified the level of care people required to determine if the home could meet their needs, and formed the basis upon which people's care plans were developed.

People's personalised care plans detailed information about their care needs, their history, preferences, interests and hobbies. They provided guidance to staff on delivering a consistent level of care and support. We saw that people and their relatives were involved in the development and regular reviews of these care plans. A member of staff we spoke with told us, "[People] get involved in care plan reviews and they decide who to invite to their review meetings."

People were supported to take part a range of activities that interested them. A relative of a person who lived at the home told us, "They are always out doing one thing or another." A professional said, "They go out a lot, I often see them in [supermarket name] doing shopping." One member of staff told us, "We make sure there is always something to do if they want to join in." Another member of staff said, "They are always out, they do more activities than the rest of us." When we arrived at the home on the first day of our inspection, we found only two people at the home as everyone else had gone out to their chosen activities. On the second day of our inspection we observed staffing asking people what activities they wanted to take part in as they prepared to leave the home. The atmosphere was upbeat with people looking forward to going out. The regular activities that people took part in included; bowling, going to the cinema, local parks, pubs and shopping.

The provider had a system for handling complaints. People and their relatives told us they knew how to raise concerns if they had any. One person said, "I will speak to [staff name] or [Relative] if I am not happy about something." A relative we spoke with told us, "I will speak to [Registered Manager] or [deputy Manager] about any issues I have." Another relative said, "I will speak to staff if I'm not happy." We reviewed records of the 'formal' and 'informal' complaints that were received by the service and saw that they had been addressed in a timely and appropriate manner.

Good

Is the service well-led?

Our findings

The home had a registered manager in post. They were supported by a deputy manager, the staff team and the provider's locality manager. People and their relatives commented positively about the registered manager and told us the management team provided a stable leadership for the home. One person said, "[Name] is the manager, she is all right." A relative told us, "I have no concerns. The home has been a good home since [registered manager] took over. If we had spoken before the time [registered manager] took over, my feedback would be different but now it is better. She knows what she is doing." Another relative said, "I can always speak to [registered manager] and [deputy manager] about anything. They are very approachable."

Care professionals and members of the staff team were equally complementary in their comments about the home's management team. One care professional told us that the registered manager worked in partnership with their offices to ensure people's needs were being met. They said, "It's quite a good service, the manager is good at sharing information and keeping us updated." A member of staff added, "[Registered manager] is open and very supportive."

We observed the interactions between the manager, the people who lived at the home and staff. We found these to be friendly, relaxed and supportive. People and members of the staff team were able to approach the management team freely when they needed to. A member of staff told us that the managers' relaxed and friendly approach made them feel welcomed and able to effectively carry out their role. They also said that, as a staff team, they had nominated the registered manager for the provider's 'manager of the year' award because of the support they provided to staff and people who lived at the home. We found the manager to be knowledgeable, visible and aware of the day to day culture within the home.

Staff were knowledgeable about their roles and with direction from management team, they ensured people's needs were met. We saw that people were supported in a person centred way. A member of staff we spoke with told us, "If is a person centred service. We make sure they [People who used the service] are involved in all of their care. We offer them choices and make sure we listen to them. They get involved in care planning and reviews, menu planning, monthly 'service user meetings' that is what we are about."

Staff told us they met regularly as a team to collectively discuss issues that affected the home. This ensured they were involved in the development of the service. We reviewed the minutes of the staff meeting held in August 2016 and found that the areas discussed involved the smoking policy for people who lived at the home, staff changes and the principles of DoLS.

People who lived at the home were also involved in developing the service. Monthly 'Service Users' meetings were held as a way of supporting this. We reviewed the minutes of the meeting held in July 2016 and found the topics of conversation included; the weather, purchase of new garden furniture, shopping trips, an upcoming birthday party and nail painting.

Annual satisfaction surveys gave people, their relatives and professionals the opportunity to give the

provider formal feedback of their experiences of the service. We found the feedback provided from the survey carried out in February 2016 was positive, with people and their relatives saying they were pleased with the level of service.

The provider had a robust quality monitoring process in place. This included monthly and three monthly audits carried out by the home's management team with regard to people's finances, medicines, health and safety, people's care plans and activities. These audits were designed to pick up on any shortfalls within the service provided and address these to ensure continuity of the service. We saw that the Local authority had also carried out an audit of the service in June 2016 and had awarded them a score of eighty-nine and a half percent in the areas they looked at which means the service was 'good'.