

Desmond House Limited

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Inspection report

16-18 Desmond Avenue
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Tel: 01482448865

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Desmond House Limited is a care home providing personal care and accommodation for up to 19 people with mental health needs in one adapted building. At the time of our inspection 17 people were using the service.

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

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

Quality monitoring of the service required improvement to ensure it was effective. The current systems in place had not always highlighted areas for improvement, or where they did action plans were not always recorded effectively. Management systems need to work better to ensure safety and quality for people.

We have made recommendations in the safe and well-led section of this report about improving systems to ensure timely quality monitoring is undertaken.

We received positive views from people using the service, people told us they were well supported by the staff and manager. People, their relatives and staff told us they were confident in the management of the service and good personal and professional relationships existed.

People were protected from avoidable harm and abuse by trained, knowledgeable staff. People were supported by a small group of staff who had a positive approach to risk management and helped people to safely make the most of opportunities and activities.

Staff supported people in a kind and caring way that took account of their individual needs and preferences. People were supported to express their views and be involved in making decisions about their care and support.

Recruitment, induction and ongoing processes helped ensure only suitable staff were employed and that they had the required skills and knowledge. Staff were supported by the registered manager through supervision and team meetings.

People received regular and on-going health checks and support to attend appointments. They were supported to eat and drink enough to meet their needs and to make informed choices about what they ate.

The service was responsive to people's needs and staff listened to what they said. Staff were prompt to raise issues about people's health and people were referred to health professionals when needed.

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

Rating at last inspection

The last rating for this service was good (published 8 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Desmond House Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this inspection and an assistant inspector supported on the first day of inspection.

Service and service type

Desmond House Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Both days of the inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection-

We spoke with eight people who used the service and observed care to help us understand the experience of

people. We spoke with four members of staff including the registered manager, the deputy manager and two care staff. We also spoke with the owners of the service and one relative.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visited the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- Dirty to clean flow arrangements in the laundry did not follow published guidance to minimise the potential risk of infection. The registered manager advised action was being taken to address this.
- Handrails in a downstairs toilet were permeable and could not be cleaned effectively, further debris was found below the cistern and the downstairs shower cubicle had a build-up of lime scale. The registered manager advised these would be addressed.
- Routine environmental checks were completed but had not identified the issues found during inspection.

We recommend the provider consider best practice guidance on the prevention and control of infection and update their practice accordingly.

- People's bedrooms and other areas of the service were clean and tidy.

Learning lessons when things go wrong

- Accidents and incidents were responded to appropriately. Though monitoring and analysis records did not clearly show what actions were taken which meant emerging patterns and trends could not be easily identified or used to aid learning.
- Staff were aware of their responsibilities to raise concerns, record safety incidents and near misses.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- Staff continued to keep people safe from the risk of abuse. They were trained in recognising abuse and had the skills and knowledge to raise concerns. People told us they felt safe living at the service.
- The registered manager knew to liaise with the local authority if necessary. Any incidents had been managed well. Policies in relation to safeguarding and whistleblowing reflected local procedures and contained relevant contact information.
- Staffing levels met people's assessed needs. The registered manager described how staffing levels were considered during the assessment process and staff confirmed there was enough staff on duty.
- Staff were recruited safely; appropriate checks were carried out to protect people.

Assessing risk, safety monitoring and management; Using medicines safely

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. One professional told us, "I have nothing but praise for the service, they have supported my client to manage their behaviours in a

really person-centred way with really positive outcomes for them."

- People were supported to take positive risks to aid their independence . One person told us how they had been supported to regain their independence following a period of illness and was now ready to move back into their own tenancy.
- People's medicines were administered safely. Medicines were stored appropriately, and systems were in place to ensure sufficient stock levels.
- Staff were knowledgeable about how people liked to take their medicines and when they needed to take them. Appropriate guidance was in place to guide staff when to administer 'as and when required medicines.'

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Staff assessed people's needs, strengths and interests before admission. They understood the support people needed to manage their anxieties and maintain their emotional wellbeing. Though appropriate guidance to promote consistency for people was not always recorded in their care plans and to help measure the progress people made.
- People visited before their first overnight stay, so they could get to know the service and what to expect. People using the service told us they were consulted about new people coming into the service and when visits had been planned. One person told us, "Any new people coming into the home, the manager talks to us about them, they visit, have tea, stay over. We don't have any violence here or anything like that, we all get on."
- People achieved positive outcomes as their healthcare needs were met through appropriate support. One person's mobility had improved, and they were maintaining their independence through staff working closely with relevant healthcare professionals.

Staff support: induction, training, skills and experience; Supporting people to eat and drink enough to maintain a balanced diet

- Staff were competent, knowledgeable and skilled. They received appropriate training, supervision and support to fulfil their roles effectively.
- People's dietary needs were met. Staff were knowledgeable about people's specific diets and personal preferences and ensured suitable options were always available for people.
- People enjoyed healthy balanced diets which helped improve their health. One person told us, "The food is lovely and there is plenty of it. The new jeans I bought before coming here don't fit me anymore!"
- People were involved and contributed to menu planning. Staff monitored people's weights and relevant healthcare professionals were involved when required. Care plans contained appropriate guidance for staff.

Supporting people to live healthier lives, access healthcare services and support

- People had access to integrated, community based and specialist health and social care support. People were offered an annual health check.

Adapting service, design, decoration to meet people's needs

- The premises had been adapted to meet people's needs including their physical care needs. People's rooms were personalised to their tastes with personal belongings, photographs and objects of interest

which reflected their hobbies and interests.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff involved people in decisions about their care and understood when decisions need to be considered in a person's best interests.
- Where people were deprived of their liberty, the registered manager had worked with the local authority to seek appropriate authorisation.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff knew people's preferences and used this knowledge to care for people in the way they preferred. Information about people's life histories and their likes and dislikes were recorded. This information helped staff to get to know people and foster good relationships.
- People were treated with kindness and people and professionals were positive about the staff's caring attitude. One professional told us, "The staff are brilliant, they are really patient and understanding."
- People's equality, diversity and human rights were respected. The provider had a policy and procedure for promoting equality and diversity within the service. Staff completed training in equality and diversity and demonstrated an understanding of discrimination and prejudice-free support.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and provided personal care in a discreet way.
- One person told us, "The staff are brilliant, I'm happy with everything, they treat me with as an individual, respect my wishes, they don't judge only advise, everything is my decision."

Supporting people to express their views and be involved in making decisions about their care

- Staff and people were involved in the care planning process. People and their relatives were included in decisions about their care and were offered choices.
- People had the aid of advocacy services or other representatives to support decision-making when required. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote people's rights and responsibilities.
- Staff knew people's communication needs well and we saw people made decisions about how they spent their day. We observed staff respected people's wishes and their preferred routines.
- Staff knew people well and supported them to make their own choices based on their knowledge of people's likes and dislikes.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- The registered manager had updated care files to reflect people's care and support needs in a person-centred way. However, some daily records were inconsistent about care provided.
- Staff provided person-centred care which met people's needs. Staff were knowledgeable about people's personal routines and care plans contained information about people's care needs, personal histories and interests.
- Care plans were detailed and regularly reviewed and updated with people to ensure they contained current information. Information from health and social care professionals was included in people's care plans. Professionals told us, "I would definitely recommend the service, I have had a really positive experience with them and the staff team work well to keep us, and the family updated."

Meeting people's communication needs

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

- People's communication needs were assessed, and information was provided to people in a way they understood in line with the AIS. Care plans contained detailed information about people's communication needs and staff were knowledgeable about this.
- Information could be made available in different formats when required.

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

- People were supported to take part in activities they enjoyed, which helped people lead fulfilling lives. Activities were planned around people's interests and included; shopping, trips out, going out for lunch, cinema visits, and visits with friends and relatives.
- People who had moved on to their own tenancies kept in touch with the service and visited friends they had made while staying at the service. Friends and families were able to visit at any time.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make complaints should they need to and were confident they would be addressed. One person told us, "I haven't had to make a complaint, but I know I can speak up at the residents meeting or go to the office to speak to [Name of registered manager and deputy manager]. They are both really good and would sort anything out."

- The provider had a complaints policy and procedure and staff understood how to manage complaints and said they addressed them immediately if possible or passed concerns to management. A copy of the complaints policy was on display within the service.

End of life care and support

- No one in the service was receiving end of life care. Staff were knowledgeable about how and when to involve relevant healthcare professionals to ensure appropriate care, medication and equipment was provided.
- Care plans documented people's end of life wishes including any religious beliefs and preferences. Staff knew where to find this information.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- Systems for quality monitoring required strengthening to identify all shortfalls and support effective improvements. Quality assurance systems were not fully effective and had not identified the issues found during inspection in relation to infection control, incomplete or limited daily records and monitoring records.
- A range of audits were being completed, but these were not always dated. The resulting actions had not been developed into an overall plan to drive improvement.
- The analysis of incidents and accidents was completed, however, records did not reflect the actions taken following these or any learning from the incident.

We recommend the provider consider current guidance on maintaining complete and accurate records and effective monitoring of systems and take action to update their practice accordingly.

The provider responded immediately during and after the inspection. They confirmed actions, which they had taken to address identified shortfalls.

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

- The registered manager was committed to promoting an inclusive culture. They told us they supported a culture in which people were treated as individuals and promoted an open-door policy making themselves accessible and spent time working alongside staff and people using the service.
- Staff understood their roles and responsibilities. They felt valued, well supported and had confidence in the management team .
- Feedback we received about the registered manager's approach was positive. One professional told us, "I would definitely recommend the service and have nothing but praise for them,"

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

- Staff, relatives and people provided positive feedback about the registered manager, noting they were approachable and supportive.
- The provider had notified CQC when incidents had occurred. The management team were open and

transparent in their sharing of information.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, working in partnership with others

- Feedback was sought from people in a variety of ways. This included 'residents' meetings and questionnaires. Results from the most recent questionnaire was positive.
- Staff meetings were held, and staff felt they could raise their concerns or feedback at these meetings.
- Staff within the service had built up good relationships with a range of health and social care professionals.
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