

Vibrance

Dunelm

Inspection report

Dunelm, Grove Road
Chadwell Heath
Romford
Essex
RM6 4XJ

Date of inspection visit:
09 May 2019

Date of publication:
13 June 2019

Tel: 02085970429

Website: www.vibrance.org.uk

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

About the service:

Dunelm is a residential care home that is registered to provide accommodation, personal and nursing care to 12 people with a learning disability. At the time of the inspection, 11 people were using the service.

People's experience of using this service:

The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider had ensured they were applied. The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; people's support focused on them having opportunities to, remain, and become more independent.

People who used the service were not able to tell us about their experience, but two relatives we spoke with were satisfied with the service. Each person had a risk assessment which identified possible risks and provided guidance for staff on how to manage the risks. Staff had knowledge of adult safeguarding which meant that they knew how to recognise and report incidents of abuse. New staff were checked through the provider's staff recruitment processes and this meant that staff employed were safe to support people in a care home. There were enough staff to meet people's needs.

Relatives told us staff had knowledge and skills to meet people's needs. Staff received induction and training and felt supported by the registered manager.

Arrangements were in place to ensure staff received supervision and appraisals. Staff supported people to eat and drink. They also supported people to access healthcare services.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service did support this practice.

Staff were kind and caring. Relatives told us staff listened to them and communication with the service was good. Staff had good awareness about equality, diversity and human rights.

People had care plans which identified their needs and how they wanted staff to support them. There were a range of activities within the service which people benefitted from. There was a complaints procedure in place.

The registered manager carried out a range of audits to ensure the service was running well, and areas of improvements were identified and acted on. Relatives and staff gave positive feedback about the registered manager. The auditing of various aspects of the service enabled the registered manager to provide safe care and, as appropriate, to learn lessons to maintain the quality of the service.

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

Rating at last inspection:

At the last inspection on 13 October 2016, (report published on 5 October 2016), the service was rated 'Good'.

Why we inspected:

This was a planned inspection based on their previous inspection rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection programme. If any concerning information is received, 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 safe.

Details are in our Safe findings below.

Good ●

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 well-led.

Details are in our Well-Led findings below.

Good ●

Dunelm

Detailed findings

Background to this inspection

The inspection:

We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team:

Our inspection was completed by one inspector.

Service and service type:

Dunelm is a care home that provides accommodation and support with personal care and nursing 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:

Our inspection took place on 9 May 2019 and was unannounced. This meant staff did not know we were visiting.

What we did:

Our inspection was informed by evidence we already held about the service such as notifications. A notification is information about important events which the provider is required to tell us about by law. We also checked feedback we received from members of the public and local authorities.

We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we observed people's interactions with people and spoke by telephone with two relatives. People were not able to share their experience with us due to verbal communication difficulties.

We spoke with two care staff, an activities coordinator, a nurse and the registered manager. We also spoke with a visiting healthcare professional.

We reviewed three people's care records, four staff personnel files, audits and other records about the management of the service.

After the inspection we continued to seek clarification from the provider to corroborate evidence found. We looked at additional evidence which the provider sent us and the information was used as part of our inspection.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Relatives felt there were systems and process in place to safeguard people from abuse. One relative told us, "[My relative] is absolutely safe. I have no reason to think otherwise."
- The registered manager understood their responsibilities to report safeguarding concerns to the local authority safeguarding team to protect people from the risk of abuse.
- Staff had received training on adult safeguarding and knew how to report incidents of abuse. A member of staff told us, "If I become aware of an incident of abuse, straightaway I will report it to my manager. If I feel nothing is done about it by my manager, I will report it to the local authority or the CQC."

Assessing risk, safety monitoring and management.

- Relatives and professionals told us people were safe. One relative said, "We do not have to worry about [our relative]. [Our relative] is in good hands." A healthcare professional told us, "People using the service are safe. Staff know how to look after them and make them safe."
- Each person had a risk assessment which supported them to reduce the risk of avoidable harm. Staff had guidance on how to manage risks to people and ensure they were safe.
- People had access to suitable equipment which was regularly maintained to ensure it was safe for use.
- The registered manager undertook regular health and safety checks, such as gas and fire safety, and checks of electrical equipment, to ensure the premises was safe.

Staffing and recruitment.

- Staff were recruited in line with safer recruitment processes. Pre-employment checks had been completed and new staff had induction training before they started work at the service.
- Relatives told us there were enough staff to meet people's needs. One relative said, "There are always plenty of staff. No issues with staffing levels."
- The registered manager explained and showed us records confirming that the staff levels were reviewed based on the needs of the people.

Using medicines safely.

- Relatives told us people were supported to take their medicine at the right time.
- Medicines were administered by nurses, who worked as shift leaders and who had received medicine training and had knowledge of medicine administration to ensure people received their medicines safely.
- Regular weekly and monthly audits of medicines were carried out to enable the management team to identify and address any errors promptly.

Preventing and controlling infection.

Relatives told us the service was clean. One relative said, "The service is always clean."

- Staff had a good understanding of infection control procedures. They told us that cleaning schedules were in place to maintain good housekeeping standards within their home.
- Staff followed good infection control practices and used personal protective equipment (PPE), such as disposable gloves and aprons to prevent the spread of healthcare related infections.

Learning lessons when things go wrong.

- The registered manager recorded and analysed accidents and incidents. This enabled them to look for any patterns or trends and take action as needed to minimise risk.
- The registered manager used any incidents as a learning opportunity. For example, care plans and risk assessments were reviewed after incidents and new equipment was provided to ensure people were supported to keep safe.

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.

Good: 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.

- Assessments of needs were completed before people started using the service. This ensured that people were admitted to the service only if their needs could be met.
- Support plans contained information to support specific health conditions, dietary requirements and mental health support.

Staff support: induction, training, skills and experience.

- Staff were trained in the areas the registered manager identified as relevant to their roles. New staff were supported through induction programmes, shadowing experienced staff and completing training.
- Staff told us they had received training specific to people's health conditions. This enabled them to have a greater understanding to support the person effectively. For example, epilepsy awareness
- Staff were provided with supervision on a regular basis by their line managers. One member of staff told us, "We have regular staff meetings and supervision meetings. [My manager] is good and always there if I need [them]."

Supporting people to eat and drink enough to maintain a balanced diet.

- Relatives were happy about the meals provided at the service. One relative said, "Staff do their best to encourage people to eat nutritious meals. I can assure you [my relative] never goes hungry."
- People were supported to have a balanced diet and were supported to make choices about the kind of food they enjoyed.
- Staff were aware of any specialist diets that people had and ensured people were supported to follow their required diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- Relatives confirmed people were supported to access health care professionals as and when needed, such as GPs, community learning disability teams and mental health services.
- A healthcare professional told us staff worked with them effectively. They said they were contacted for support and advice and felt the staff used their advice well in delivering effective care to people.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff had received training in the MCA and were aware of their responsibilities.
- People were often deprived of their liberty and subject to continual supervision in their best interests.

Where this was the case the registered manager had met their requirement to apply to the local authority in line with DoLS procedures.

- Mental capacity assessments had been completed for people and, where people lacked capacity, best interest meetings were organised for them, so that decisions were made on their behalf.

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

Good: 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.

- Relatives gave positive comments about the service. They told us staff were caring and kind. One relative said, "Staff do everything possible to make life better for people."
- The service treated people without discrimination. The registered manager and staff told us they did not discriminate against people and they treated each person respectfully. The service's policies and documentation detailed the importance of equality, diversity and no discrimination in the provision of the service.
- We observed caring interaction between staff and people. One member of staff told us, "I love this job. I love supporting service users. It is a satisfying job."

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

- People had variable support needs and we saw staff supported them when they needed this. For example, staff supported people with making choices about with food.

Relatives were involved in people's care plans. This ensured that people's support needs were discussed and reviewed with the involvement of their relatives or representatives.

Respecting and promoting people's privacy, dignity and independence.

- Staff understood the need to respect people's privacy. One member of staff explained how they ensured people's privacy by closing doors and curtains when supporting them with personal care. We also observed staff knocking on the doors before entering bedrooms.
- People were supported as needed to maintain their relationships with people that were important to them.
- Staff encouraged and supported people to be as independent as possible.
- We noted that records were stored securely and were only accessible to authorised staff within the office.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

People were supported by staff who knew them well and helped them to plan for things they wanted to do.

- The support each person received was individualised to meet their needs and preferences.
- Care plans were personalised detailing each person's goals and providing guidance for staff on how to meet people's needs.
- Staff were passionate about providing individualised support to people and we saw people were encouraged and supported to achieve their goals described in their care plans.

Meeting people's communication needs

- From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.
- The registered manager worked in line with the AIS. We saw that information was provided in an accessible format for people that required this, using pictures and symbols and sign language to support people's understanding.
- Staff followed communication strategies detailed in people's care plans. These outlined how staff could effectively communicate with people using the service.

Improving care quality in response to complaints or concerns.

- Relatives knew how to make a complaint and were confident that they would be listened to. One relative said, "Yes, I do know how to make a complaint. I have no complaints."
- No complaints had been received for more than a year. However, the registered manager told us that any complaints received by the service would be reviewed in line with the provider's procedure.

End of life care and support.

- At the time of the inspection there was no one receiving end of life care.
- The registered manager confirmed that policies and procedures were in place to guide staff on supporting people with end of life care and training was available to staff.

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The registered manager ensured notifications about important events were sent to the CQC so that we could check that appropriate action that had been taken. We saw that the previous rating was displayed in the office and on the provider's website in line with our requirements.
- Relatives talked positively about the registered manager. One relative said, "In my opinion the manager is the most caring and qualified to run the home."
- Regular assessments and audits of the service including care plans, medicines, health and safety and training took place weekly or monthly to ensure the service was safe.

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

- Staff told us they felt well supported and able to develop in their role. One member of staff told us, "Every time I approach [the manager], [the manager] tries to solve my queries. [The manager] is very understanding. [The manager] likes perfection."
- There was a clear management structure in place. This ensured that staff knew their roles and responsibilities to provide care that met people's needs.
- Staff spoke positively about the culture of the provider. They told us they worked closely together as a team, shared information and supported one another.

Engaging and involving people using the service, the public and staff.

- Relatives told us they were happy with the support people received and confirmed their views on the service were sought.
- Survey questionnaires were sent out from the provider's head office to relatives annually to cover all aspects of support provided. These were collated and sent to the registered manager to put an action plan in place to address any areas that required improvement.
- The registered manager told us that they would take a more active leading role in the quality assurance process. This would offer them the opportunity to be involved from the beginning to the end of the process.
- Staff had regular team meetings and they told us they felt comfortable to speak freely in these meetings.

Continuous learning, improving care and understanding quality performance, risks and regulatory requirements.

- There were quality audits in place to measure the success of the service and to drive improvement. The auditing processes enabled the registered manager to identify and address shortfalls and make sure the

service was safe.

Working in partnership with others.

- The service had good relationships with local health and social care professionals and with the local community.