

Dalesview Partnership Limited

Old Mill House

Inspection report

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Ratings

Overall rating for this service

Good 

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?

Good 

Overall summary

Old Mill House is a small care home registered to provide care and accommodation for up to six young adults who have a learning disability. The home is situated on a main road in Chorley, close to a variety of facilities and amenities. Care is provided on a 24 hour basis, including waking watch care throughout the night.

The last inspection of the service took place on 30 July 2013. During this inspection the service was found to be compliant with all the regulations assessed.

This inspection took place on 19 October 2015 and was unannounced.

We were assisted throughout the inspection by the long term registered manager. 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.

People's medicines were managed in a generally safe manner. There were clear procedures in place as well as individual care plans, in relation to the support people

Summary of findings

required to take their medicines. However, we found a discrepancy with one person's recently prescribed medicines, which indicated there had been an error. The registered manager investigated this immediately.

Staff were aware of their responsibility to protect people in their care from all forms of abuse. Staff were confident to report any safeguarding concerns and confident the registered manager would deal with them appropriately. However, we did become aware of one incident, which should have been referred to the local authority safeguarding team but was not. However, the incident had been dealt with appropriately by staff and the registered manager agreed to review the procedures and reporting criteria.

We found that care workers were aware of any risks to the safety and wellbeing of people who used the service and knew how to support them in a safe manner.

People's care was planned in accordance with their individual needs and wishes and their views about their care and the general running of the service were encouraged.

People were supported to access community health care when they needed it. The staff team at the service worked positively with community professionals to ensure people's needs were met.

Due regard was given to the needs and rights of people who were not able to consent to all aspects of their care. The service worked in accordance with the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards.

People were supported to engage in varied activities of their own choosing, both at home and out in the community.

Staff were carefully recruited to help ensure they had the necessary skills and knowledge and were of suitable character. Staffing levels were flexible and planned in accordance with the needs of people who used the service.

Staff were provided with a good level of training and support to assist them in carrying out their roles effectively.

People were enabled to raise concerns or express their views and opinions.

There were effective systems in place to regularly assess the quality and safety of the service provided. Both the registered manager and provider monitored all aspects of the service and took appropriate action when they identified areas for improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Safeguarding procedures were in place and all staff were aware of the action to take if they suspected a person was at risk of abuse. However, criteria for making safeguarding referrals required review to ensure all incidents were properly referred.

Medicines were generally managed in a safe way. However we found some discrepancies, which demonstrated that on some occasions staff did not follow procedures.

Staff were carefully recruited to ensure they were of suitable character and had the necessary skills to carry out their roles effectively.

Any risks to people's health, safety or wellbeing were carefully assessed and guidance was in place to help staff support people in a safe manner.

Requires improvement



Is the service effective?

The rights of people who did not have capacity to consent to all aspects of their care were protected because the service had due regard to the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards.

Staff were provided with a good level of support and training, which helped to equip them with the necessary skills to carry out their roles effectively.

Good



Is the service caring?

People were provided with care in a kind and compassionate manner.

People's privacy and dignity was promoted and they were treated with respect.

Good



Is the service responsive?

People's care was planned in accordance with their individual needs, wishes and preferences.

People were encouraged to express their views and make decisions about their own care and the general running of the service.

Good



Is the service well-led?

People were aware of the management structure and who to approach if they had any concerns.

There were effective systems in place to monitor the safety and quality of the service.

Good



Old Mill 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.

The inspection took place on 19 October 2015 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert by experience had expertise in caring for a younger adult who used services for people with a learning disability.

Prior to our visit, we reviewed all the information we held about the service, including notifications the provider had

sent us about important things that had happened, such as accidents. We also looked at information we had received from other sources, such as the local authority and people who used the service.

There were five people who used the service at the time of the inspection. They were not able to tell us their views about the service verbally. We spent time observing people receiving support and interacting with staff. We also spoke with four family members of people who used the service.

We carried out a pathway tracking exercise. This involved us examining the care records of people closely to assess how well their needs and any risks to their safety and wellbeing were addressed. We carried out this exercise for three people who used the service.

We had discussions with the registered manager and three staff members during the inspection. We spoke with two community professionals who gave us positive feedback about the service.

We reviewed a variety of records, including some policies and procedures, safety and quality audits, three staff personnel and training files, records of accidents, complaints records, various service certificates and medication administration records.

Is the service safe?

Our findings

People we spoke with felt confident in the service and felt their family members were cared for in a safe manner. All the people who used the service had done so for a number of years and their relatives felt care staff had a very good understanding of their needs.

During the inspection we looked at how people's medicines were managed. We were able to confirm that the service had clear procedures in place, providing guidance for staff in the safe management of medicines. Training for medicines management was part of the service's mandatory training programme, which meant all staff were required to complete it. We saw that all staff were observed by the manager on a regular basis, to ensure they remained competent to manage people's medicines safely. Records were available to demonstrate these observed competences had taken place.

We viewed people's medicines administration records (MARs) and found these were completed to a satisfactory standard. Important information such as photographs and allergies were included on every person's file.

Some people who used the service were prescribed medicines on an 'as required' basis and we saw that in these cases, there were clear protocols in place that provided staff with the necessary information about when these medicines should be administered. We also noted clear pain management protocols were in place. These helped to ensure that people who may not be able to tell a care worker verbally they were in pain, would be administered pain relief if they needed it.

Medicines were stored in an appropriate manner and well organised. Products with a limited shelf life were dated on opening to help ensure they were disposed of within the correct timescales. However, we noted that there was no separate facility for storing any items requiring refrigeration and current arrangements consisted of a locked box within the general refrigerator at the home. We advised the registered manager to carry out a risk assessment to ensure this arrangement was adequate.

The registered manager confirmed that medicines audits were carried out on a monthly basis so that any errors would be identified. We carried out some random counts of boxed tablets and records and found the majority to be correct. However, we found a discrepancy with one newly

prescribed medicine, which indicated staff had signed on two occasions to confirm they had administered the medicine but had not done so. This was pointed out to the registered manager who agreed to look into the discrepancy as a matter of urgency.

The service had a detailed safeguarding policy and related procedures in place. This information provided guidance for staff in the action to take if they were concerned a person who used the service had been the victim of, or was at risk of abuse. The guidance included contact details of relevant organisations, such as the local safeguarding authority, so that staff could refer any concerns without delay.

Safeguarding training was included in the service's mandatory training programme and all staff were required to complete it. Records also demonstrated that staff were provided with periodic refresher training, to help ensure they were kept up to date with any changes in guidance. On the day of the inspection, we noted a refresher training course was taking place for staff.

All staff spoken with demonstrated a good understanding of abuse and their responsibility to safeguard people who used the service. Staff also expressed confidence in the management team, of both the service and the wider organisation, to support them in raising any concerns and deal with them appropriately.

We saw that information was made available for people who used the service in relation to safeguarding. There was an easy read poster in the kitchen of the home entitled, 'Say No To Abuse.' We also saw that the subject of people's right to be protected from abuse was discussed on a regular basis at service user forums held by the organisation.

When viewing daily records we came across a record of an incident that had occurred several weeks previously between two people who used the service. The incident was not serious and had been dealt with appropriately by care staff. However, we noted that the incident had not been referred to the safeguarding authority. This was discussed with the registered manager along with the general criteria for referring incidents through formal safeguarding procedures. The registered manager agreed to ensure that guidance within the service would be reviewed and updated.

Is the service safe?

When viewing care files we saw that risks to people who used the service were assessed and plans of care implemented to help maintain their safety. Risk assessments seen included those in areas such as health or mobility risks. For example in relation to people falling. We also saw that personalised risk assessments were in place for various activities people took part in, such as swimming or accessing public transport. Where any risk was identified, guidance was in place to help staff support people in a safe manner.

The registered manager was able to demonstrate that measures were in place to protect the health, safety and wellbeing of people who used the service, staff and visitors to the home. There was a health and safety policy in place, which was underpinned by a variety of procedures in areas such as fire safety, infection control and COSHH (Control of Substances Hazardous to Health.)

Certificates were available to demonstrate that facilities and equipment within the home, such as fire safety equipment, were regularly checked and serviced by external contactors.

Personal emergency evacuation plans (PEEPs) were in place that outlined the individual needs of the person and the assistance they would need to evacuate the premises in the event of an emergency. An external fire professional had recently complimented staff on the quality of the PEEPs and pictorial fire procedures, which were posted in the home for the benefit of people who used the service.

We viewed rotas and saw that adequate staffing levels were in place to meet people's care needs. In addition, the staffing levels were sufficient to enable people to enjoy individual activities of their own choosing with staff support, on a regular basis. The registered manager confirmed that she was able to increase staffing levels in line with any changes in people's needs or planned activities, if required.

We viewed three staff personnel files during the inspection. The information within the files demonstrated that the registered manager followed thorough recruitment procedures when employing new staff. Records showed that all candidates were required to undergo a formal recruitment process and a number of background checks prior to commencing employment.

Background checks included the provision of a full employment history, references from previous employers and a DBS check, which would determine if the candidate had any criminal convictions or had ever been barred from working with vulnerable people. We noted the dates of some DBS checks were held at the head office of the service. We discussed this with the registered manager who agreed to ensure the dates of DBS receipt, were also recorded on people's personnel files, which were held within the home so as to improve the audit trail.

Is the service effective?

Our findings

People we spoke with expressed satisfaction with the health care support provided to their loved ones. We saw that each person who used the service had a detailed Health Action Plan (HAP) in place, which detailed any specific health care needs they had, as well as routine support to maintain general good health, such as, regular dental checks.

People's care records provided evidence that a variety of community professionals were involved in their care, including speech and language therapy professionals and community nursing staff.

We received positive feedback from the two community professionals we spoke with. Both felt that staff at the service had a good understanding of people's needs and communicated well. They also confirmed that any advice they gave was taken into account by care staff and included in people's care plans.

Staff spoken with told us the service had effective and well established links with the GPs of people who used the service, as well as the supplying pharmacist and that they were comfortable in contacting them at any time.

People's individual dietary needs and preferences were clearly recorded in their care plans. In addition, any risks to people's nutritional health were addressed and plans were in place to help ensure their safety was maintained. For example, a well detailed safe swallowing protocol was in place for one person who had specific needs in this area.

The registered manager advised us that people's food preferences were taken into account when developing menus. This was supported by individual records of meals provided, which demonstrated people were served a variety of different meals, in line with their personal preferences.

One of the inspection team joined people for a meal. This was a pleasant and sociable occasion during which people who used the service were provided with appropriate support to eat their meals. We saw that people were offered various food and drink choices throughout the day.

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.

The registered manager and staff demonstrated a good understanding of the MCA and DoLS. We saw that training was provided for staff in this area and records showed the majority of staff had completed it. Those who had not, were booked on courses in the near future.

We saw that one of the people who used the service received an aspect of care that was identified as being restrictive. Records showed that there had been due consideration of the person's capacity to consent to this specific aspect of their care and whether it was in their best interests. The person's family and a variety of external professionals had been involved in discussions about the restrictive practice to ensure that it was necessary and proportionate. The records were well detailed and demonstrated due process had been followed. However, advice was given at the time of the inspection to ensure formal reviews of the restrictive practice took place on a regular basis.

Relatives we spoke with told us they were confident that staff had the skills and knowledge to provide their loved ones with safe care and support. We saw there was a process in place to provide newly appointed staff with induction training at the start of their employment. The registered manager had implemented the 'care certificate' in line with national standards for induction. This helped to ensure staff were supported to develop the necessary knowledge and skills to carry out their roles.

Ongoing training was provided in a variety of areas to assist staff in carrying out their roles effectively. Training in important health and safety areas, such as moving and handling and fire safety, as well as courses in areas such as safeguarding and mental capacity, were classed as

Is the service effective?

mandatory. This meant all staff were expected to complete them. Additional training included courses such as person centred care planning and effective communication. We also noted that over half the staff team held nationally recognised qualifications in care.

Staff we spoke with were complimentary about the training and support they received. They told us they felt well equipped to carry out their roles and that they were encouraged to develop their skills and knowledge by the registered manager.

Is the service caring?

Our findings

People we talked with spoke highly of staff and expressed satisfaction with the way their loved ones were cared for. One person told us, “My relative is always treated well.” Another expressed confidence in the staff and said, “I can pop in any time unannounced to see my relative.”

A community professional commented that she found all the staff she had contact with to be very caring and helpful.

All the people who used the service had done so for many years. Some for over twenty years and all for at least, ten. It was apparent that staff had an in depth understanding of the people they cared for and how they wanted their care to be provided.

Throughout the inspection we observed very positive interactions between people who used the service and the staff supporting them. It was apparent they enjoyed good rapports and got along very well.

The registered manager advised us that the ethos of the service was that people were supported with respect, caring and understanding. This information was supported by our observations throughout the inspection. We saw that staff supported people in a kind and patient manner and responded to their observable needs and request for assistance well.

We observed people to be supported in a manner that promoted their privacy and dignity. The importance of this was addressed in their care plans and in discussion, care staff were able to tell us how they would ensure people’s privacy and dignity was respected when providing personal care.

We noted that all staff were provided with training in equality and diversity as part of the service’s mandatory

training programme. Staff spoke about the people they supported in a respectful manner and spoke of the importance of caring for people in the way they themselves would want to be treated.

People’s care plans provided a good deal of information about their personal methods of communication. For example, sections such as, ‘how I will show that I don’t like something’ and, ‘how I prefer you to communicate with me’. One person’s communication care plan stated, ‘If you give me two choices I will usually repeat the last thing back to you, so try and let me tell you what I want.’ This level of information helped care workers support people to make and express their own choices.

As part of the service’s quality assurance processes, the registered manager carried out a monthly communication audit. This was a very useful exercise during which the registered manager closely observed how staff interacted with and supported people. As a result of this process the registered manager had made some positive developments. For example, improving the way meal choices were communicated to people.

We observed staff communicating in a meaningful way with people who used the service through the use of gestures and picture cards when supporting them to make choices, for example in relation to food and drink. We also noted there were various pieces of information posted about the service, which had been produced in a pictorial format. For example, menus, activities timetables and staff rotas.

We noted there was information about external advocacy services posted in the home. Staff spoken with were aware of the roles of external advocates and how to signpost people to them if they required the service.

Is the service responsive?

Our findings

The feedback received from relatives of people who used the service was very positive. Their comments included, “We are very happy with the care provided for [name removed].” And, “We have no complaints at all.”

Each person who used the service had a very detailed care plan. People’s care plans contained a good level of information about their daily care needs, as well as a detailed social history. Important information such as people’s hobbies, goals and significant relationships was also included, so care staff had a good understanding of the people they supported.

Comprehensive protocols were in place for all aspects of people’s care. These provided staff with clear guidance about how to support people in a safe manner and included any preferences people had about the way in which they were supported.

We saw some very good examples of person centred protocols, which had been carefully considered and reflected the individual needs of the person. For example, one person had a protocol in place regarding activities coming to an end. This was because activities coming to an end was a known trigger of upset and distress for the person. The protocol included a number of measures which were known to make these situations better for the person, including having a five minute countdown.

Another example was that of a person who had a fear of needles but due to a medical condition, was required to have regular blood tests. The staff team had worked very hard with the person to help them in tolerating the blood tests and there was an innovative protocol in place, which made these situations more pleasant for the person.

People we spoke with told us they felt involved in their family member’s care planning and review. Some people spoke of annual reviews of their loved one’s care plans, to which they were always invited. However, people felt changes could be made at any time they felt necessary.

People’s care plans contained a good level of information about their valued hobbies and activities and the support they required to undertake them. Each person had a lifestyle plan which detailed the activities they took part in both inside and outside the home.

We saw that people regularly enjoyed various hobbies and activities including college courses, local walks, pub trips, music clubs, swimming and various sporting pursuits. One person who used the service was looking forward to an arranged weekend away in Blackpool.

There were a number of activities going on at the time of the inspection, which included a music session, food preparation and a themed movie afternoon.

People we spoke with told us they felt involved in the running of the home and were able to make suggestions and share ideas. In addition, people felt their feedback was listened to and acted upon by staff and the registered manager. We saw that the registered manager issued satisfaction surveys to people who used the service and their families on a regular basis, during which they were invited to express their views and opinions.

Residents’ meetings were regularly held within the service. We viewed the minutes of one of these meetings and noted staff had communicated with people who used the service in a meaningful way, with the use of picture cards. People who used the service also took part in the service user forum, which was led by the provider and included people who used services across the organisation.

People we spoke with felt comfortable in approaching staff and the registered manager. People were aware of how to raise concerns should they need to, although none of those we spoke with had ever had any complaints in the past.

We saw there was a complaints procedure in place which advised people how to raise concerns and how to escalate them should they be unhappy with the response they received. In addition, the provided included contact details for relevant external agencies such as CQC and the local authority.

The complaints procedure was made available in an easy read, pictorial format for the benefit of people who used the service. We saw this was posted in various areas of the home, and that each person had been provided with a copy for their own use.

Is the service well-led?

Our findings

There was a well-established management structure in place, which included a long term registered manager and deputy manager. People we spoke with were all aware of the management structure and who to speak with if they had any concerns. In addition, people commented they found the registered manager to be approachable and always available to discuss any issues.

Staff we spoke with told us they felt well supported and able to approach the registered manager with any concerns. In addition, staff felt they could express their views and ideas in an open manner and that their views were both heard and appreciated.

There were a number of ways in which the registered manager and provider monitored quality and safety across the service.

Monthly audits were carried out in a number of areas including health and safety, finances and environmental standards. Audits also extended to aspects of people's care such as lifestyle provision and care planning. Having regular audits such as these, meant the registered manager was able to identify any areas for improvement and rectify them in a prompt manner.

The provider carried out a monthly visit during which she made checks of the environment, looked at records and engaged with people who used the service and staff members. A detailed report was completed following these visits and any actions identified by the provider, were clearly recorded and followed up to ensure they had been completed.

There was a process in place to record any complaints and adverse incidents, such as safeguarding concerns. These were then analysed on a regular basis to ensure that any themes or trends could be identified and addressed.

The registered manager advised us that a useful support network was in place with other registered managers from the organisation. Regular meetings took place during which developments in best practice or any changes in legislation or guidance could be shared.

Themed meetings took place to discuss areas such as capacity and consent or safeguarding, during which policies and procedures were reviewed and updated. This information was then discussed and cascaded to the staff teams across the organisation.