

Linkage Community Trust

Desboro 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

We carried out this announced inspection on 15 August 2017. We gave the service a short period of notice. This was because the people who lived there had complex needs for care and benefited from knowing in advance that we would be calling.

Desboro House is registered to provide accommodation and personal care for eight people who have a learning disability. At the time of our inspection visit there were seven people living in the service.

The service was run by a charitable body that was the registered provider. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. In this report when we speak about both the charitable body who ran the service and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection on 28 November 2014 the service was rated Good.

At this inspection we found the service remained Good.

Care staff knew how to keep people safe from the risk of abuse including financial mistreatment. People had been supported to take reasonable risks while also being assisted to avoid preventable accidents. Medicines were safely managed. There were enough care staff on duty and background checks had been completed before new care staff had been appointed.

Care staff knew how to care for people in the right way and they had received training and guidance. People were involved in preparing their meals and care staff were supporting people to follow a healthy diet. In addition, people had been helped to obtain all of the healthcare assistance they needed.

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

People were treated with compassion and respect. Care staff recognised people's right to privacy and promoted their dignity. There were arrangements to enable people to access independent lay advocates and confidential information was kept private.

Care staff had involved people and their relatives in making decisions about the care that was provided. People had been supported to be as independent as possible and they had been helped to pursue their hobbies and interests. There were arrangements for quickly and fairly resolving complaints.

People had been consulted about the development of their home and quality checks had been completed. The registered persons had told us about important events that had occurred and they had displayed the quality ratings we had given to the service. Good team work was promoted and care staff were supported to speak out if they had any concerns.

Further information is in the detailed findings below.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Desboro 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 registered persons continued to meet 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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from one of the local authorities who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 15 August 2017. The inspection team consisted of a single inspector and the inspection was announced. We gave the registered persons a short period of notice because the people who lived in the service had complex needs for care and benefited from knowing in advance that we would be calling.

During the inspection visit we spoke or spent time with six of the people who lived in the service. We also spoke with two care staff, the deputy manager, registered manager and the operations manager. We observed care that was provided in communal areas and looked at the care records for three of the people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, after the inspection visit we spoke by telephone with three relatives.

Is the service safe?

Our findings

People told us that they felt safe living in the service. One of them said, "The staff are my friends and I'm at home here." Relatives were satisfied that their family members were safe in the service. One of them remarked, "I do indeed think that my family member is safe in the service and they completely see Desboro House as being their home."

Records showed that care staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Care staff told us they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. We noted that they knew how to contact external agencies such as the Care Quality Commission if they had any concerns that remained unresolved. In addition, records showed that people were being reliably supported to manage their personal spending money so that they always had enough to go shopping when they wanted.

We saw that care staff promoted responsible risk taking. An example of this was people being helped to safely access the local community and to use public transport. At the same time people were helped to avoid preventable accidents. Examples of this were hot water that was temperature controlled and radiators that were guarded to reduce the risk of scalds and burns. Another example was windows being fitted with latches so that they did not open too wide and could be used safely.

There were reliable arrangements for ordering, administering and disposing of medicines. There was a sufficient supply of medicines and we saw that they were stored securely when not in use. Records showed that medicines were being dispensed in accordance with doctors' instructions and that when no longer needed they were returned to the pharmacy.

There were enough care staff on duty to promptly provide people with the care they needed. This enabled people to receive individual assistance when necessary.

Records showed that the registered persons had completed a number of recruitment checks on new care staff before they had been appointed. These included checking with the Disclosure and Barring Service to show that applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. They also included obtaining references from previous employers. These measures helped to establish that only suitable people were employed to work in the service.

Is the service effective?

Our findings

People told us that care staff knew what help they wanted to receive and had their best interests at heart. One of them said, "The staff do their best for me." Another person said, "The staff help me do the right things." Relatives were also confident about the effectiveness of the service. One of them remarked "The staff are very good and a number of them have worked there for a long time. I don't really see them as staff any more, they're more like extended family." Another relative said, "I'm sure that the staff do have training, but the best training is their years of experience."

Records showed that care staff had received training and guidance. We noted that care staff knew how to provide people with the care they needed. An example of this was care staff gently encouraging people to maintain a personal routine that did not involve spending too much time in bed. Another example was care staff supporting people to wear clean clothes of their own choice.

We saw that care staff were supporting people to be involved in planning and preparing their meals. People told us that they enjoyed their meals and records showed that they were being offered a varied range of dishes.

Records showed that care staff were helping people to safely manage and live with particular health care conditions. We also noted that people had been given all of the help they need to see their doctor and other healthcare professionals such as dentists and opticians.

The registered manager and care staff were following the Mental Capacity Act 2005 by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. An example of this was the arrangements that had been made to involve people in decisions about the medicines they were offered. We saw that people had been given meaningful information about their medicines so that they better understood how their use would assist them.

Records showed that when people lacked capacity the registered manager had ensured that decisions were taken in people's best interests. An example of this was the registered manager liaising with relatives and social care professionals when a person had wanted to buy a relatively expensive household item for their bedroom.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that the registered persons had obtained the necessary authorisations and so had ensured that people only received lawful care.

Is the service caring?

Our findings

People were positive about their relationships with care staff and about the support they received. One of them said, "I like being with staff and we do make up together and try on clothes in shops." Relatives were very complimentary about care staff. One of them remarked, "I find the staff to be really caring and gentle people. There's no doubt at all in my mind about that. I have complete confidence in them."

We saw that people were being treated in a kind and respectful way. Care staff took time to speak with people and we witnessed a lot of positive conversations that promoted people's wellbeing. An example of this was a member of care staff chatting with a person about the new mobile telephone the person wanted to buy. The member of staff spent a lot of time helping the person to decide which technical features were most important to them when deciding between models available on the market.

We also saw that people were asked about how and when they wanted their care to be provided. An example of this included care staff having established with people how they wished to be addressed. Another example was care staff carefully establishing how much help people wanted to be offered when deciding what they wanted to do each day.

Care staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors could be locked when the rooms were in use. In addition, people had their own bedroom which was their own personal space that they could use whenever they wished.

We found that people could spend time with relatives and with health and social care professionals in the privacy of their bedroom if they wished. In addition, care staff assisted people to keep in touch with their relatives both by telephone and by using social media sites. Care staff also spoke with relatives by telephone and email to let them know how their family member was doing.

Records showed that everyone had family and friends to support them. However, the registered manager had also made arrangements to enable people to be supported by local lay advocates should this be necessary. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

Written records that contained private information were stored securely. In addition, computer records were password protected so that they could only be accessed by authorised care staff.

Is the service responsive?

Our findings

People appreciated the way care staff provided them with all of the assistance they needed. One of them said, "I don't mind doing things for myself and the staff help me without taking over so I can go along at my own speed and do how I want stuff done." Relatives were reassured that their family members received the right care. One of them told us, "My family member has lived in Desboro House for many years now and I am very happy that they've made their home there. When they stay with me they're always pleased to go back which is the best praise isn't it."

Each person had a written care plan that described the practical assistance they needed. This included help with maintaining their personal hygiene and dealing with correspondence. The plans also focused on supporting each person to achieve goals that were important to them. We noted that imaginative steps had been taken to enable people to be as independent as possible. An example of this was special arrangements that had been made with a local shopkeeper so that a person only purchased items that supported their commitment to follow a healthy diet. This enabled them to go to shop on their own because they did not need guidance from care staff about buying the right things.

Care staff understood the importance of promoting equality and diversity. An example of this was the arrangements that had been made to support a person to enjoy developing a friendship with someone who did not live in the service. This had included the person inviting their friend to visit the service where they both enjoyed an evening meal.

Records and photographs showed us that people were being offered the opportunity to participate in a range of occupational and social activities. We noted that most people had chosen to attend a local day opportunities service where they could learn new life skills and enjoy undertaking arts and crafts. The social activities people could choose to enjoy included going to sporting events and music concerts. In addition, we were told that each person was offered the opportunity to enjoy going away for a summer holiday.

People had been given an easy-to-use document that described how they could make a complaint about the service they received. Records showed that in the 12 months preceding our inspection the registered persons had not received any expressions of concern.

Is the service well-led?

Our findings

People told us that they considered the service to be well run. One of them said, "All good for me here. I've got things how I like them." Relatives were confident that the service was well run. One of them remarked, "Desboro House has got the balance right. It's professional but friendly at the same time. It's a small service and thankfully it will still be there when I'm gone as it's part of a bigger charity."

We noted that people participated in a weekly residents' meeting. This enabled them to discuss with care staff how well the service was meeting their needs and wishes. There were a number of examples of people's suggestions being acted upon. One of these was the particular vegetables they wanted to grow in the service's allotment.

Records showed that the registered persons had regularly checked to make sure that people were receiving all of the care they needed. These checks included making sure that care was being consistently provided in the right way, medicines were being dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed. In addition, records showed that fire safety equipment was being checked to make sure that it remained in good working order.

We noted that the registered persons had correctly told us about significant events that had occurred in the service. These included promptly notifying us about their receipt of deprivation of liberty authorisations so that we could confirm that the people concerned were only receiving lawful care. In addition, we saw that the registered manager had suitably displayed the quality ratings we gave the service at our last inspection.

Care staff were being provided with the leadership they needed to develop good team working practices. We found that there were handover meetings at the beginning and end of each shift when developments in each person's needs for care were noted and reviewed. In addition, there were regular staff meetings so that care staff could review how well the service was performing and suggest how it might be improved. Care staff were confident that they could speak to a representative of the registered person or to the manager if they had any concerns about the conduct of a colleague.