

Speciality Care (REIT Homes) Limited

The Dell

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The Dell provides accommodation and personal care for up to 48 people with learning disabilities who require 24 hour support and care.

There were 40 people living in the service when we inspected on 12 March 2015. This was an unannounced inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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, or their representatives, were involved in making decisions about their care and support. People's care plans identified how their individual needs were met and contained information about how they communicated. The provider and the registered manager understood the recent changes to the law regarding the Deprivation of

Summary of findings

Liberty Safeguards (DoLS) and had taken appropriate action to ensure the least restrictive options were considered when deciding to implement any restrictions on people.

There were procedures in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

There were procedures and processes in place to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how the risks to people were minimised.

There were sufficient numbers of staff with the knowledge and skills to meet people's needs.

Staff had good relationships with people who used the service and were attentive to their needs. Staff respected people's privacy and dignity and interacted with people in a caring, respectful and professional manner.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

People's nutritional needs were being assessed and met. Where concerns were identified about a person's food intake appropriate referrals had been made for specialist advice and support.

A complaints procedure was in place. People's concerns and complaints were addressed and used to improve the service.

Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a robust quality assurance system and regularly sought the views of both internal and external stakeholders about the quality of the service.

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?

The service was safe.

The registered provider had systems in place to manage risks and for the safe handling of medicines.

Staff displayed a good understanding of the different types of abuse and had received training in how to recognise abuse and keep people safe from harm.

There were sufficient numbers of staff, with the right competencies and skills available to meet the needs of the people who used the service.

Good



Is the service effective?

The service was not consistently effective.

Most staff had a good knowledge of people's needs, but temporary staff were not fully aware of the risks associated with choking and diet.

Staff were supported to meet the needs of the people who used the service. The Deprivation of Liberty Safeguards (DoLS) were understood by staff.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

Requires improvement



Is the service caring?

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Staff, and the manager, were clear about how they promoted people's independence.

People had access to advocacy services on a regular basis.

Good



Is the service responsive?

The service was responsive.

People's wellbeing and social inclusion was planned and delivered to ensure their social needs were being met.

People's care was planned and delivered in a way which was intended to ensure they received personalised care.

Good



Summary of findings

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

The service was well led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

Quality assurance systems were robust and consultation took place with all relevant stakeholders.

Good



The Dell

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 March 2015 and was unannounced. The inspection was undertaken by two inspectors.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the PIR and previous inspection reports to help us plan what areas we were going to focus on during our inspection. We also looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with two visiting professionals to the service. We observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to seven people's care. We spoke with the registered manager, the deputy manager, eight members of staff, including care, maintenance and activities staff. We looked at records relating to the management of the service, four staff recruitment records, training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

We were unable to speak directly to people due to their complex needs. We observed the interactions between staff and people who used the service and found the body language of people suggested they felt at ease with the staff and in their surroundings.

Visiting professionals told us that they felt their client was safe living at the service. Comments included, "I am very impressed with the way they work with [resident]. They provide safe care and work well with me."

We found the registered provider had policies and procedures in place to guide staff in safeguarding. The registered providers safeguarding adults and whistleblowing policies and procedures informed staff of their responsibilities to ensure people who used the service were protected from harm.

The registered manager told us about a recent safeguarding incident that had been brought to their attention. We saw that they had taken the appropriate action in this situation and made the necessary referrals to the police, local safeguarding team and had notified the Care Quality Commission (CQC) of the incident.

During discussion with staff they confirmed they had received safeguarding training and had a good understanding of the procedures to follow if a person who used the service raised a concern, or if they witnessed or had an allegation of abuse reported to them. Staff spoken with were able to describe the different types of abuse, the signs to look for and the action they would take in these situations. They told us they would be confident in reporting any cause of concern.

Accidents and incidents that had occurred in the service were investigated and action was taken to reduce and prevent re occurrence. For example, a recent accident involving a person falling out of their chair whilst being transferred into a minibus had resulted in additional training being provided to the staff team.

Discussions with the registered manager and staff confirmed that restraint was not used within the service. Records seen confirmed this and showed that low level interventions and distraction techniques were effective in diffusing incidents of behaviours that were challenging to the service and others.

In care records, we found appropriate risk assessments to promote people's safety in the service and within the community. Risk assessments included those for nutrition, medication and behaviours that may challenge the service and others and personal safety in the community. The risk assessments identified what action staff were expected to take in each situation and were based on least restrictive practice and positive proactive care, reducing the need for restrictive interventions.

The service used a Monitored Dosage System (MDS) prepared by the supplying pharmacy. MDS is a medication storage device designed to simplify the administration of medication and contains all of the medication a person needs each day. The registered manager told us that no one's behaviour was controlled by the use of medication. They told us one person had been prescribed a specific medication to help manage their anxieties on an 'as and when required' (PRN) basis. An individual protocol was in place for staff to follow, with detailed guidance on diversion and distraction techniques that could be used to support the individual first, followed by further steps to be taken prior to a decision being made to administer the medication. Medicines were stored in lockable cabinets, with controlled drugs provided with additional security by being stored in cupboards bolted to walls. Records showed that staff completed records of the administration of medicines without error, including full dosage details and no gaps in recording.

The registered manager confirmed staffing levels in place had been assessed according to people's needs. The registered manager told us that staffing levels had been reduced in one bungalow, following the death of a person who used the service, and had been raised following the admission of a new person. We saw records which confirmed staff recruitment checks were thorough. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS) to ensure people who worked at the service were suitable and did not pose any known risks to vulnerable adults.

The proportion of agency staff the service used had reduced since the last inspection, but still meant one in three staff were not permanent employees of the service. We observed some instances where the agency staff working on the day of our visit were not as aware of people's needs as permanent staff. This meant people were

Is the service safe?

at risk of receiving inconsistent care. We spoke to the manager about this and they confirmed that the proportion of agency staff was expected to reduce further as the ongoing recruitment of permanent staff continued.

The registered provider had contingency plans in place to respond to foreseeable emergencies including extreme

weather conditions and staff shortages. This provided assurance that people who used the service would continue to have their needs met during and following an emergency situation. We saw records which showed emergency lighting, fire safety equipment and fire alarms were tested periodically.

Is the service effective?

Our findings

Permanent staff had a good understanding of the needs of people who used the service and responded to these needs appropriately. However, we saw examples of agency staff who attempted to support people in a way that was not in line with their assessed needs and plans of care. On one occasion we saw an agency member of staff bringing in a cake for a person and was about to give it to them. We intervened as we were aware that this person should be on a soft diet. We spoke with a permanent member of staff who advised the agency worker that they should mash the cake up with some cream; however the incident demonstrated that people were at risk of unsafe care due to the risk of choking. This demonstrated that not all staff had the knowledge and skills to meet the assessed needs of people who used the service.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were unable to speak directly to people due to their complex needs; however we observed the interactions between staff and people who used the service and the way in which staff met the needs of people. We saw examples of effective care being provided, including support to people who required personal care and those who required assistance with eating. We saw staff assisting a person with poor mobility transfer out of their chair by putting their arms under the person's arms and pulling them up. This was not a recognised moving and handling technique and could have caused injury and bruising. We talked with the provider and registered manager about what we had observed and they assured us that this would be addressed.

Visiting professionals told us they thought staff had the skills and abilities to meet their client's needs. Comments included; "Yes, I think they are well trained, they know [resident] well and meet their needs well."

Permanent staff we spoke with had a good understanding of people's specific nutritional needs and their preferences of food and drink and were able to clearly describe how these were catered for. The information provided corresponded to the information detailed within people's care plans. However, temporary staff had less detailed knowledge of the people who used the service. One temporary worker was unable to describe the ways in

which people expressed preferences for food. We raised this issue with the manager. The manager told us they were aware of the problems of using temporary staff and had reduced the proportion of temporary staff since their appointment. The manager went on to tell us that they were recruiting in order to try and further reduce the percentage of temporary staff working at the service.

We observed how people were supported at lunchtime and saw they were supported by staff to prepare meals of their choice and later with washing and drying their dishes. The atmosphere was relaxed and calm and people were given time to complete the task at their own pace, without being hurried.

People who used the service were supported to maintain good health and had access to health services for routine checks, advice and treatment. Staff we spoke with told us how they supported people who used the service to see their GP when they were unwell and attend appointments with other professionals when this was required such as: neurologist, dentist, optician and members of the community learning disability team. Care records seen showed people's health needs were planned monitored and responded to quickly as their needs changed.

During discussions with the registered manager we found they had a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and were able to describe how they ensured people were people to make their own decisions. We saw people had their capacity assessed and where it was determined they did not have capacity, the decisions made in their best interests were recorded appropriately. Throughout our inspection we observed staff offering choices to people and supporting them to make decisions about what they wanted to do, what they preferred to eat and drink and the activities they wanted to engage in.

The Care Quality Commission is required by law to monitor the use of the Deprivation of Liberty Safeguards (DoLS). This is legislation that protects people who are not able to consent to care and support and ensures that people are not unlawfully restricted of their freedom or liberty. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered manager was aware of their responsibilities in relation to DoLS and had made DoLS applications which

Is the service effective?

had been authorised by the placing authority for people who used the service. We found the authorisation records were in order and least restrictive practice was being followed.

Staff had received training in the Mental Capacity Act 2005. Staff were aware of the DoLS authorisations in place, how they impacted on people who used the service and how they were used to keep people safe.

We looked at staff training records and saw staff had access to a range of training which the registered provider considered to be essential and service specific. This included epilepsy, administration of Buccal Midazolam (rescue medication in prolonged or repeated (serial) convulsive seizures), autism, safeguarding of vulnerable adults, first aid, health and safety, infection control, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). The majority of the staff had also completed an NVQ (National Vocational Qualification in Health and Social Care).

The registered manager and team leader told us, that after their appointment, all new staff completed a week of induction which covered training which the registered provider considered to be essential including; medication, safeguarding and care planning. They then had a period of

shadowing experienced staff in the service. Following this they completed a work based induction booklet. Further more specialised training was also made available to them during this time including, epilepsy and autism.

Records showed that annual appraisals were undertaken with staff and regular supervision was also provided. One member of staff told us, "If we feel we need something we can always put our suggestions forward for consideration." Another told us, "I enjoy working here, we work well together as a team. We all have different skills and experience which we can bring to the team." They told us they had regular support and supervision with the registered manager or team leader and were able to discuss their personal development and work practice. Other members of staff told us, "We can go to the manager with anything and we know we will be supported", "We are always listened to when we bring any suggestions or ideas into how practice can be improved" and "Her door is always open."

Staff were further supported through regular team meetings which were used to discuss any number of topics including; changes in practice, care plans, rotas and training.

Is the service caring?

Our findings

Visiting professionals told us they considered their clients were cared for well by staff. Comments included, “They are always thoughtful and kind.” And, “The manager seems very concerned of the impact of my client on the other residents and staff.”

We spent time in the activity room on the day of the inspection. The room was a hive of activity when visited. Those present both residents’ and staff, were absorbed in the activity, which they were all clearly enjoying. Some of the residents’ proudly showed us some of the items created.

The atmosphere in this room was a happy one. We observed staff interact positively with the people who used the service showing a genuine interest in what they had to say and respond to their queries and questions patiently, providing them with the appropriate information or explanation. We saw people approach staff with confidence; they indicated when they wanted their company, for example to play a board game with them, and when they wanted to be on their own. Staff respected these choices. People were seen to be given time to respond to the information they had been given or the request made of them. Requests from people who used the service were responded to quickly by staff.

Throughout the day of our inspection there was a calm and comfortable atmosphere within the service. We saw people who used the service looked well cared for, were clean shaven and wore clothing that was in keeping with their own preferences and age group. Staff told us the people who used the service were always supported to make their own selections of clothing and other purchases, for example toiletries.

Staff understood how people’s privacy and dignity was promoted and respected, and why this was important. Staff told us they always knocked on people’s doors before entering their room and told them who they were. They told us they explained to people what support they needed

and how they were going to provide this. We observed examples of this during the day with staff explaining routines and activities the person had chosen with them and planning timescales for these.

The manager told us about the importance of maintaining family relationships and supporting visits and how they supported and enabled this, in home visits and sending birthday cards to family members. They told us how they kept relatives informed about important issues that affected their family member and ensured they were invited to reviews.

Staff spoke about the needs of each individual and had a good understanding of their current needs, their previous history, what they needed support with and encouragement to do and what they were able to do for themselves. The continuity of staff had led to the development of positive relationships between staff and the people who used the service. We observed one person who used the service greet staff as they came on duty and chat to them about their day, before having a coffee with them.

During discussions with staff, they were clear about how they promoted people’s independence. One person described how they supported an individual to draw their own money from the cash machine and another to go to football matches and to buy their own clothing. We saw people being supported to complete daily tasks with support from staff including putting their dirty clothing in the laundry basket and bring it downstairs to be washed.

Staff confirmed they read care plans and information was shared with them in a number of ways including; a daily handover and team meetings.

The manager told us, and records confirmed, that an advocacy worker visits the service once a week, when people who use the service can raise any issues they have with the service, or the care they receive, with an independent person. Furthermore, formal service user meetings were held once a month where people could also raise issues about the service or their care.

Is the service responsive?

Our findings

We were unable to speak directly with people who used the service due to their complex needs. We observed the way care was provided and how people's needs were responded to and found the service was responsive to people's needs.

Individual assessments were seen to have been carried out to identify people's support needs and care plans were developed following this, outlining how these needs were to be met. We saw assessments had been used to identify the person's level of risk. Where risks had been identified, risk assessments had been completed and contained detailed information for staff on how the risk could be reduced or minimised. We saw that risk assessments were reviewed monthly and updated to reflect changes where this was required.

We looked at the care files for each of the people who used the service. We found these to be well organised, easy to follow and person centred. Sections of the care file was found to be in a pictorial easy read format, so people who used the service had a tool to support their understanding of the content of their care plan.

People's care plans focused on them as an individual and the support they required to maintain and develop their independence. They described the holistic needs of people and how they were supported within the service and the wider community. They also contained details of what was important to people such as their likes, dislikes, preferences, what made them laugh, what made them sad and their health and communication needs; for example, their preferred daily routines and what they enjoyed doing and how staff could support them in a positive way.

We saw evidence to confirm people who used the service and those acting on their behalf were involved in their initial assessment and on-going reviews.

Records showed people had visits from or visited health professionals including: a psychologist, psychiatrists, chiropodists and members of the community learning disability team, where required.

We saw that when there had been changes to the person's needs, these had been identified quickly and changes made to reflect this in both the care records and risk assessments where this was needed. People's care plans were reviewed monthly, this ensured their choices and views were recorded and remained relevant to the person.

When we spoke to the registered manager and staff they were able to provide a thorough account of people's individual needs and knew about people's likes and dislikes and the level of support they required whilst they were in the service and the community. Staff told us there was more than enough information in people's care plans to describe their care needs and how they wished to be supported.

During inspection we observed a number of activities taking place. These included people being supported with cooking and laundry tasks, walks in the local community, shopping, playing board games, watching television and going out for meals. Activity records showed other activities people had participated in including: football, cinema visits, shopping, baking, swimming and day trips.

Staff we spoke with described the progress and achievements of the people who used the service and comments included, "When they first came to the service they were very compliant initially, but we have worked with them and encouraged them in decision making and they will now make decisions for themselves."

The registered provider had a complaints policy in place that was displayed within the service. The policy was available in an easy read format to help people who used the service to understand its contents. We saw that few complaints had been received by the service, but where suggestions had been made to improve the service these had been acknowledged and action taken. The registered manager told us, "Staff are very good at advocating on behalf of the people who use the service, if they feel they have been treated unfairly or anyone has acted disrespectfully, they will challenge this."

Is the service well-led?

Our findings

Visiting professionals spoke positively about the open culture of the service and the way the service worked with them. They told us, “My experience is very positive.they know they’re not experts, so know when to ask other professionals.”

We observed people who used the service approach the registered manager confidently during our inspection and were comfortable in their presence. During our inspection we observed the registered manager took time to speak with people who used the service and staff and assisted with care duties. The registered manager told us they were supported by a senior manager.

The registered manager was experienced, having previously managed the service for a number of years. The service was one of two services the registered manager had responsibility for. A team leader worked with the registered manager and shared some of the management responsibilities on a day to day basis for example, supervision for some of the staff and completing checks and audits of the environment.

Staff we spoke with told us they enjoyed their work and worked well together as a team in order to provide consistency for the people who used the service. They told us they felt well supported and valued by the manager and senior staff at the service and comments included, “She has an open door policy we can speak to her at any time about anything and we will be listened to” and “Any ideas or suggestions we make are taken on board. Sometimes changes have been made as a result of this.” Another staff member told us, “[Manager] and [Team Leader] are both very good and very approachable. If we have any concerns about anything, they are very receptive and always keen to know what we can do to get things sorted.”

The registered manager told us, “My management style is fair, I have an open door policy and staff can come to me at any time with any queries. The staff need to be supported, and the people who use the service deserve the best care possible. The job can be demanding at times and we need to make sure that everyone is confident and comfortable in their role.” They told us they felt supported by the registered provider and attended regular management meetings where best practice and changes to legislation were discussed.

A quality assurance system was in place at the service which involved the use of stakeholder surveys, reviews and assessments. People who used the service, relatives, staff and other professionals were actively involved in the development of the service. We looked at the service’s audits and found that these included audits in a wide range of areas related to care provision, health & safety, the environment, records, staffing and the first impressions a visitor would have of the service if they arrived unannounced. Actions had been taken where this had been identified as required.

The manager told us a staff consultation exercise had recently been completed and an action plan, based on the feedback, was due to be produced in response to this.

Records showed that accidents and incidents were recorded and immediate appropriate action taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and risks in order to reduce the risk of any further incidents.

We confirmed the registered manager had sent appropriate notifications to CQC in accordance with registration requirements.

We sampled a selection of key policies and procedures including medicines, safeguarding vulnerable adults, consent, social inclusion and infection control. We found these reflected current good practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Care and treatment is not provided in a safe way for service users. Regulation 12 (1) (2) (c).