

Greendown Trust

Dyneley House

Inspection report

Dyneley House
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Leeds
West Yorkshire
LS7 3QB

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Date of inspection visit:
25 May 2017

Date of publication:
25 July 2017

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Dyneley House is a residential home which provides accommodation and personal care for up to 24 people. The accommodation is over three floors and people share communal areas and the garden and each person has their own bedroom.

The inspection took place on 25 May 2017 and was unannounced.

There was a registered manager at the service. 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 were safe. Staff understood their role and responsibilities to keep people safe from harm. Risks were assessed and plans put in place to keep people safe. There was enough, appropriately recruited staff to safely provide care and support to people. Medicines were well managed and people received their medicines as prescribed. Emergency systems had been put in place to keep people, visitors and staff safe.

The service was effective. Staff received regular supervision and training needed to meet people's needs. Arrangements were made for people to see their GP and other healthcare professionals when required. People's healthcare needs were met and staff worked with health and social care professionals to access relevant services. The service was compliant with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received a service that was caring. They were cared for and supported by staff who knew them well. Staff treated people with dignity and respect. People's views were actively sought and they were involved in making decisions about their care and support. Information was provided in ways that was easy to understand. People were supported to maintain relationships with family and friends. People were supported to eat and drink enough.

People received a high standard of personalised care that was responsive to their needs. It was clear during our inspection that the registered manager had worked with the staff, people and relatives to look for ways that would improve people's lives. The registered manager had introduced a number of initiatives to the staff team and it was clear that the service had continued to develop since our last inspection visit. People received person centred care and support. They were offered a range of individual activities both at the service and in the local community, based upon their hobbies and interests. People, relatives and staff were encouraged to make their views known and the service responded by making changes. Transitions for people moving to the service were well planned. Staff worked to ensure people had access to healthcare services.

People benefitted from a service that was well led. The registered manager and senior staff were well

respected and demonstrated good leadership and management. They had an open, honest and transparent management style.

The provider had systems in place to check on the quality of service people received and any shortfalls identified were acted upon. The vision and values of the service were effectively communicated. The management team had a clear plan for further developing and improving the service people received.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Outstanding.	Outstanding ☆
Is the service well-led? The service remains Good.	Good ●

Dyneley 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 checked 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 25 May 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

At the last inspection in January 2015 the service was rated as Good overall.

We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

We spoke with six people who lived at Dyneley House. We also spoke with three relatives, the registered manager, deputy manager, five staff and a visiting professional. In addition, we spent time looking at records, including six care records, three staff files, staff training records, complaints and other records relating to the management of the service.

Is the service safe?

Our findings

The people living at Dyneley House and their relatives spoke positively about the safety of the service. Comments included; "I am definitely safe here", "Staff look after me very well indeed, I am in safe hands here" and "There are always staff there when you need them, I know I am safe in this wonderful place."

We saw that people were protected from the risk of abuse or harm because staff had received relevant training and were vigilant in monitoring risk and the signs of abuse. Each of the staff that we spoke with were clear about their responsibilities to report concerns inside and outside the service. Posters promoting safeguarding and whistleblowing were displayed throughout the service. Staff were aware of the whistleblowing policy in place and were aware of the protection this offered in cases where they would need to raise an issue about the way in which the service was run or a concern.

Risk was assessed prior to admission and was continually reviewed. We saw risk assessments in relation to all aspects of care for example, manual handling, falls, nutrition and medicines. Each had been completed to a high standard and showed evidence of regular review. Each person had a personal emergency evacuation plan (PEEP) in their care file which advised staff how to safely support the person during an evacuation.

Accidents and incidents were documented, with summaries of analysis and immediate action completed so that any trends would be highlighted and preventative action could be taken.

The manager told us the service had a plan in place should events stop the running of the service. People would be kept safe in the event of an emergency and their care needs would be met. We saw a copy of this plan which detailed what staff should do and where people could stay if an emergency occurred.

Staff were safely recruited and deployed in sufficient numbers to meet the needs of people using the service. The service maintained a high ratio of staff throughout the day to ensure that people were supported with their care needs and chosen activities.

Medicines were safely managed within the service by trained staff and in accordance with best-practice guidance for care homes. We checked the storage, administration and record-keeping for medicines and found that stock levels were correct and records were completed correctly.

There were plans in place to ensure the safety of the premises, including regular servicing of equipment. There were up to date service certificates for electric portable appliance testing, emergency lighting, fire alarms, call bell alarms and safety certificates for the lift and lifting equipment such as hoists. There were also window restrictors in people's bedrooms.

We observed the home and people's rooms were very clean and tidy. Staff used appropriate equipment and clothing when supporting people. All chemical items had been stored securely. Dedicated cleaning staff were employed at the home and that it was their responsibility to keep the premises clean.

Is the service effective?

Our findings

Staff received regular supervision and annual appraisal and told us they felt well supported by the management team. Supervision records showed staff received guidance from their line managers in the best ways to meet people's needs, and topics such as safeguarding were discussed to keep staff knowledge up to date. The registered manager held regular staff meetings with further meetings for staff to focus entirely on how best to support people.

New staff were required to complete the Care Certificate. The Care Certificate is a national induction programme designed to give all new care workers the same knowledge, skills and behaviours when they begin their roles. It covers the basic range of topics all care workers should know as part of their role. New staff were also required to shadow more experienced staff and the registered manager assessed their competency in a range of key skills to check they were achieving the required standards.

People and their relatives were complimentary about the staff. One person said, "The staff are fantastic. I was worried about moving in but it was easy." A relative told us, "I am so glad I found this place, everything they have done for my mum has been wonderful."

Staff encouraged and sought people's consent when they had the capacity to make decisions. Where people lacked capacity to make decisions staff followed the principles of the Mental Capacity Act (MCA) 2005 in making decisions in people's best interests, involving significant people such as staff, relatives and healthcare professionals. The 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. All staff attended training on the MCA and also the Deprivation of Liberty Safeguards (DoLS). These safeguards ensure that a service only deprives someone of their liberty in a safe and correct way, when it was in their best interests and there was no other way to look after them. The registered manager had applied and received authorisation to deprive one person of their liberty and was awaiting authorisation from the local authority for one other application. Our discussion with staff showed they understood the importance of DoLS and also the need to comply with the conditions of people's individual DoLS authorisations.

People were supported to have a choice of food for a healthy, balanced diet. We observed a meal time. We heard people being asked what they would like to eat. The meal was sociable with plenty of conversation. Where people needed support with their eating and drinking this was given in a dignified way. Staff ensured that where necessary people had their food cut up or had appropriate drinking vessels. Where needed, staff monitored people's food and fluid intake to ensure a well-balanced diet. All staff were aware of any allergies or dietary requirements that people had.

When there was an identified need, people had access to a range of health professionals such as a dietician, dentists and an optician. People were supported to attend annual health checks with their GP. People had

hospital passports in place, this identified people's health needs and which health professional was supporting them.

Is the service caring?

Our findings

People and their relatives were very complimentary about the caring attitude of the staff at Dyneley House. Comments included; "Staff are wonderful, kind and caring", "I am very happy with all the care provided" and "I looked at a lot of other places for mum but this is the best by far."

We looked at the provider's survey questionnaires which had been completed by relatives in 2016 and saw that comments included, "Overall the home is perfect and staff are very good," "I like all the staff and I am happy with everything they do" and "Always happy, nothing to be sad for as I am well looked after at Dyneley." One healthcare professional had written, "I have witnessed excellent communication skills with staff and relatives and there is a friendly atmosphere in the home which I feel is greatly influenced by [staff's] good management skills. It is a pleasure to visit this excellent home."

It was clear from our observations and discussions that staff knew people well and tailored the provision of care and support to meet individual needs. We saw that staff took time to discuss matters with people and confirm their understanding. The language and approach used by staff was gentle and caring. The people living at Dyneley House were clearly relaxed and responded very positively to the communication and engagement of the staff team.

We asked if people were able to choose staff assistance and interventions and how they communicated this. One person told us, "Staff never presume, they always ask first."

People were given information in a way that they understood. We heard examples where staff repeated or re-worded questions to ensure that people understood. Images and photographs were also used in care records and other documents to support people's understanding.

People's right to privacy and dignity were supported by staff in the provision of care and support. Personal care was given in locked bathrooms or people's own en-suite facilities. A member of staff told us, "To undertake the tasks we do with people, maintaining a person's dignity is a must." One person said, "I like to stay in my room but when I do come downstairs I am made to feel very welcome by everyone."

Relatives were able to visit their family members at any time. One relative told us, "I'm always made to feel very welcome." We saw the home had a homely feel and a relaxed atmosphere. People were supported to maintain relationships with their relatives, this included support to visit relatives at weekends and telephone calls. Visits could take place in people's rooms, or in communal areas, where drinks and snacks were available.

Is the service responsive?

Our findings

At our previous inspection we judged Dyneley House was outstanding in this domain. At this inspection we found that those standards had been maintained. People received care that was tailored and personalised to them and helped to improve their health and wellbeing and enriched their quality of life. One relative told us, "I can't fully explain what a positive difference this place has made to mum." Another added, "It's simply a wonderful place."

People received a high standard of personalised care that was responsive to their needs. It was clear during our inspection that the registered manager had worked with the staff, people and relatives to look for ways that would improve people's lives. The registered manager had introduced a number of initiatives to the staff team and it was clear that the service had continued to develop since our last inspection visit.

They had introduced fluid champions to assist with identifying those people who may be at risk of dehydration, pressure sores or prone to a urinary tract infection.

The registered manager had further arranged for a number of staff to identify areas of interest within the service that they could champion. There were now staff who were weight monitoring champions, environment champions and dementia champions.

People's care reflected their individual wishes and aspirations. Information was gathered about people from initial contact and assessment by staff at the service. The assessment process gathered information about the person's care and support needs and provided a 'whole picture' of the person including any care needs due to the person's diversity. They were invited for visits to the home to gather further information and ask questions to assist in forming a decision. People were assessed to make sure the home could meet their needs and this information formed the basis of their care records. Care plans were detailed and covered the person's cognitive and physical abilities, their physical health and well-being, their prescribed medicines and any dietary requirements. It also included the person's lifestyle choices, their preferences and some life history. People said staff talked to them about their care needs and relatives said they were kept fully informed.

People's changing needs were responded to quickly and effectively. A palliative care lead commented about a staff member, "She demonstrates a real sense of commitment to her residents and has a good knowledge of their medical, nursing and general needs." We saw referrals to healthcare professionals, such as, occupational therapists. Issues and proposed interventions were discussed and actions clearly documented. For example, one person was at an increasing risk of falls which resulted in discussions about different possible interventions such as moving to a ground floor room and alarm sensors which could be used to keep them safe, yet maintain as much independence as possible. The number of falls had decreased and the person's mobility had been maintained due to increased confidence about the equipment put in place and the availability of staff.

People were encouraged to lead as active and fulfilled life as possible. We saw a very well attended quiz

being facilitated by an activities co-ordinator. We saw a programme of diverse activities to reflect people's interests and pastimes they previously enjoyed. One person told us about a recent activity of egg hatching, they told us, "It was beautiful to watch the little chicks hatch out of their eggs and begin chirping." The registered manager told us how they had assisted one person to enjoy days out in their car. One person had previously enjoyed taking his wife out in the car to drive in the countryside and places of interest. Due to his wife's reduced mobility this activity had ceased. Staff helped the person to research and contact a company who made adaptations to the passenger seat which allowed the person's wife to access the car. This driving activity was now a regular feature for the person and his wife.

Not all activities were planned. We saw one person was tapping their feet to the music which was playing. A member of staff noticed this and asked the person if they wanted to dance. The person danced with the member of staff and smiled and laughed. We asked the person if they had enjoyed dancing, they told us, "I loved dancing when I was younger and would dance all the time. Staff often dance with me." We saw discussions about activities had taken place at people's reviews and the care plans we looked at all contained information about the activities people had taken part in.

Personal and individual activities included how and when people wished to worship. A number of people who lived at Dyneley House were members of Christian Scientist Church. The registered manager told us a member of the church would attend to provide a reading, for those people who wished to take part. One person we spoke with told us that they were waiting for a reading which was being broadcast from the U.S.A. In one person's care plan, staff had identified and documented Jewish festivals. Staff had documented discussions with the person and their relatives to ascertain what they could do to assist the person in these activities.

People were confident if they had any concerns or issues these would be listened to and action taken to address them. One person told us, "I don't have any complaints but if I did the staff would sought it out." Relatives we spoke with said they would be able to speak with management or staff if they had any concerns, but also added that they were happy with all aspects of the service and had no concerns. The complaints process was clearly displayed in the reception area and each person had a copy given to them as part of the admission process. People's feedback was valued and all issues raised were dealt with in swift way. For example recent feedback from people who used the service included, "Sometimes there is too much talking amongst staff at mealtimes." We saw team meeting minutes which had addressed this issue directly. The service had set forms to record details of any complaints they received and this included how these were investigated, the outcome and what had been learnt from the complaint. Complaints formed part of set meeting agendas and an audit schedule to identify any trends or reoccurring issues. Care staff also stated that they felt able to raise any concerns they had.

Is the service well-led?

Our findings

We saw a person centred culture and a commitment to providing high quality care and support throughout the inspection. People living at Dyneley House, their relatives and staff spoke positively about the quality of communication and the management of the service. The relatives that we spoke with said that they were kept up to date by their family members and staff when they visited the service. One relative told us, "Communication is great, there are never any surprises." A member of staff said, "Any changes are always quickly communicated through verbal and written handovers and staff meetings. Communication is great" Another member of staff commented, "We have regular briefings to make sure we are up to speed with all aspects of people's care. I always make sure I read up on things if I have returned from leave."

The registered manager had been in post for 30 years and was a visible presence both in and outside the service. Staff told us the registered manager was available, approachable and very supportive. The registered manager was also a member of the Leeds Care Association and the Adult Social Care Framework. Both of these groups worked closely with the local authority to discuss and set care standards.

Staff morale was high and the atmosphere was positive. Staff told us, "It's a great place to work, we have a fantastic team." The home had a stable staff group; the manager told us that agency staff were very rarely used as staff turnover was extremely low.

Systems were in place to check on the standards within the service. This consisted of a schedule of monthly audits carried out by the registered manager and senior staff. Audits completed included medicines management, health and safety, financial audits and care records. These were linked to CQC's key lines of enquiry and asked if the service was safe, effective, caring, responsive and well-led. Checks were also conducted for accidents, incidents and any complaints received or safeguarding concerns made were followed up to ensure appropriate action had been taken. The manager analysed these to identify any changes required as a result and any emerging trends. The registered manager and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the provider in the 12 months prior to this inspection. These had all given sufficient detail and were all submitted promptly.