

Individual Care Services

Individual Care Services - 1 Dexter Way

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 inspected 1 Dexter Way on 9 March 2016. Our inspection visit was unannounced.

The service provides accommodation and personal care for up to five people with learning disabilities or autistic spectrum disorder. There were five people living there at the time of our visit.

A requirement of the service's registration is that they have a 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 and associated Regulations about how the service is run. There was a registered manager in post at the time of our inspection.

People had positive and meaningful relationships with staff who knew them well and were available when they needed them. Staff were attentive and caring towards people and took time to listen to what they had to say. People were relaxed around staff and approached them confidently. Staff had a good understanding of their responsibilities in relation to safeguarding in order to protect people from the risk of or potential of abuse. Staff told us they would be vigilant for signs that people with limited communication were unhappy or upset.

Staff received training and support so they could carry out their roles effectively and safely. Staff understood people's different communication needs and interpreted people's gestures, expressions and actions to support them in making choices. Where people did not have the capacity to make their own decisions, decisions were made in their best interests. The registered manager had considered where people's liberty may need to be restricted to keep them safe and made appropriate applications to the authorising body.

Each person had a care plan which provided staff with information about their needs in relation to conditions such as autism and epilepsy. Staff supported people to remain healthy and well and to have their medicines at the right time to promote good health. Staff responded to changes to people's health and referred them to external healthcare professionals when a need was identified. People were supported with their nutritional needs and staff were aware of any risks to people when eating or drinking.

People participated in activities both within and outside the home. There were opportunities to engage in pastimes and interests and staff provided sensory stimulation to those who had more complex needs.

The registered manager maintained an open culture at the home. There was good communication between staff members and staff were encouraged to share ideas to make improvements to the service. Staff felt well supported by the registered manager and the registered manager valued the staff team. There were processes in place to ensure good standards of care were maintained for people.

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 was safe.

People were safe because there were staff available when they needed them. Staff had completed training and felt confident to recognise and respond to different types of abuse to protect people from harm. Staff understood the actions they needed to take to minimise any risks to people's health or wellbeing. Medicines were managed safely and only administered by staff who were trained and assessed as competent to do so

Is the service effective?

Good ●

The service was effective.

Staff were well trained and knowledgeable about the support and assistance people required to meet their needs. Staff interpreted people's gestures, expressions and actions to support them in making choices. Staff responded to changes in people's health and supported people to see external healthcare professionals.

Is the service caring?

Good ●

The service was caring.

Staff had a caring approach and took time to sit and listen to what people were saying. Staff consistently referred to people in a caring, positive and respectful way. Staff understood people's individual ways of communicating and had developed a good knowledge of each person's needs.

Is the service responsive?

Good ●

The service was responsive.

People were supported to participate in activities and follow their individual interests. There were opportunities to engage in pastimes in the home and sensory activities for people with more complex needs. People received consistent care and support that was responsive to their needs.

Is the service well-led?

Good 

The service was well-led.

People and their relatives were encouraged to share their opinion about the quality of the service. Care staff felt supported by the registered manager, which encouraged and motivated them to provide a good quality service.

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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 9 March 2016. The inspection visit was unannounced. The inspection was undertaken by one inspector.

Before the inspection visit the provider completed 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 were able to review the information in the PIR during our inspection. We looked at information received from statutory notifications the provider had sent to us. A statutory notification is information about important events which the provider is required to send to us by law.

People who lived at the home could not tell us about their care and support due to their complex healthcare needs. We spent time in the communal areas observing how people were cared for and supported and how staff interacted with people. This helped us understand the care people received and assess whether people's needs were appropriately met.

We spoke with the registered manager and three other members of care staff. We also spoke with three relatives by telephone. We reviewed two people's care records to see how their support was planned and delivered. We looked at other records related to people's care and how the service operated, including the provider's quality assurance audits.

Is the service safe?

Our findings

Relatives were confident the people who lived at Dexter Way were safe. Relatives told us that one of the reasons they felt the home provided a safe environment was because staff were available when people needed them. One relative told us, "There always seem to be enough staff around whenever we go." Another said, "I know [person] is safe. The doors are always kept locked and the staff are always there and it is a safe environment for them." We saw that people were relaxed with staff and approached them confidently. A relative told us, "[Person] is always really happy to get back in the home."

Staff told us there were enough staff to provide care that met people's individual needs. The registered manager explained there was a minimum of three staff on duty to meet people's needs, however staffing was increased to support people's activities. For example, on Wednesday evening, four staff were on duty; two to support two people who went to a youth club, and two who stayed at home with the other three people. One staff member confirmed there was always at least three staff on shift and another told us, "We are very well staffed here." During our visit we saw that staff were able to spend time with people supporting their different interests and care needs.

At night there was one sleeping member of staff in the home. Staff explained there were on-call arrangements in place in the event of an emergency. One staff member told us, "We would call on-call. There is always a senior member of staff on call. [Registered manager] is always on hand and she would be here in five minutes, even if it meant coming in her pyjamas."

Staff had a good understanding of their responsibilities to safeguard people from the risk of or potential of abuse. Staff told us they had completed training and felt confident to recognise and respond to different types of abuse to protect people from harm. We asked staff what abuse meant to them. Responses included: "It is a wide spectrum of things. It can be physical, mental, financial and neglect." Staff told us they would be vigilant for signs that people with limited communication were unhappy or upset. One staff member explained, "I would be worried if they were shying away or flinching, if they had marks or bruises on their skin, if they stopped eating, their behaviour changed or their body language changed." Staff told us they would not hesitate to report any concerns. A typical response was, "I would bring it to my manager's attention but first and foremost I would make sure the service user was okay." The registered manager understood their responsibilities to manage any safeguarding concerns raised by staff. However, staff told us they would escalate any concerns if they felt they had not been managed in accordance with the safeguarding procedures. One staff member told us, "I would inform the CQC and the local safeguarding team."

Staff told us they would feel confident to respond if they witnessed poor practice by other staff members. One staff member said, "I would talk to my co-worker and explain what they were doing was inappropriate and I would report it to [registered manager]." Another said, "I would inform the person not to do it and we would get together with [registered manager] and seek retraining."

The provider had a recruitment policy that ensured risks to people's safety were minimised because checks

were completed before new staff started working unsupervised for the service. This included a police check and obtaining references to ensure staff were suitable to work with the people who lived in the home.

Where a risk to someone's health or well-being was identified, care plans described the actions staff needed to take so that people's care was safe and staff were consistent in their approach. For example, one person was at risk of seizures. There was detailed information about the type of seizures the person had and instructions for staff to follow including emergency protocols for staff to use if required. This person was also at risk of sustaining damage to their skin. Staff understood the actions they needed to take to minimise that risk. Staff we spoke with all told us they checked the person's skin on every occasion they delivered personal care. One staff member explained, "We are quite vigilant with [person]. They have a pressure area check twice a day and we check every time we do personal care." Where it had been identified that people needed specialist equipment to keep them safe, we saw it was in place.

Any accidents and incidents in the home were recorded in detail by staff. The registered manager reviewed the accident or incident reports to ensure appropriate action had been taken. The records showed that there had been some minor falls and trips but no emerging patterns or trends. Where a need had been identified, people had been referred to other healthcare professionals. For example, one person had fallen and the registered manager explained, "We took them to their GP to see if their blood pressure was okay and it was up a bit and now we monitor that."

Medicines were managed safely and only administered by staff who were trained and assessed as competent to do so. Medicines were stored securely in line with best practice and manufacturer's guidelines. The service used a 'bio-dose system' which is when all medicines that are to be administered at set times of the day arrive in vacuum sealed pots with the date and time of administration recorded on them. Liquid medicines arrived in separate pots in exact dosages. Some medicines were still given directly from their packets and boxes. There was an audit process to check these medicines had been given as prescribed. Staff updated people's medication administration records (MARs) when medicines were given and records showed that people had received their medicines as prescribed.

Some people had been prescribed medicine on an 'as required' basis. We saw that there were protocols in place to instruct the staff when the medicine should be given. This reduced the chances of staff not giving people their medicine when it was needed, or giving people the medicine when it was not needed.

Is the service effective?

Our findings

Staff were knowledgeable about the people who lived at the home and relatives told us staff understood people's different methods of communication. One relative told us, "They always seem to react and know what [person] needs." Another relative said, "If we can't understand what [person] is saying, they always understand." Our observations showed that the support and assistance provided to people was effective in meeting their needs.

New staff received induction and training when they started work at the home. The induction was linked to the Care Certificate which assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support. The induction included training identified as necessary to meet people's health and social care needs and familiarisation with the service and the provider's policies and procedures. New staff also worked alongside more experienced staff so they could develop a good understanding of people's individual needs.

The Provider Information Return (PIR) told us: "At present staff have commenced the new Care Certificate Standards. Knowledge, and most importantly understanding of the standards, will further develop staff personal development plans. Implementing what they have learned will enhance service delivery to a high standard." Training records showed that all staff were up to date with training which included: fire safety, safeguarding, manual handling, first aid and infection control. One staff member told us, "We do training all the time. We constantly have to update our training." Another staff member said, "We do our mandatory training every year and we are encouraged to do extra courses. [Registered manager] is good at encouraging staff to keep up with their training."

Staff also completed training to support the individual needs of the people who lived in the home, for example, epilepsy and managing behaviours that can be challenging. One staff member explained how the epilepsy training had increased their knowledge and understanding of the condition. "I did epilepsy training not long ago. It was more in depth and we had a lady who specialises in epilepsy care come in. It made me understand more about the signs I was looking for. It helped me to understand the little absences more."

All staff we spoke with told us they felt supported on a day to day basis. Staff told us they had regular meetings with the registered manager during which they discussed the needs of the people who lived in the home and their own personal development and training requirements. One member of staff explained, "[Registered manager] likes to go through different standards with me to check what my understanding is. We go through any training I need to do and set goals for getting it done and discuss any extra training I may be interested in." Another member of staff told us they felt confident to raise any issues saying, "If I've got something to say, I feel I can and I don't have to wait for a supervision. I can approach [registered manager] at any time."

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 interest 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.

Staff understood the principles of the MCA. Staff told us that although all the people in the home were living with differing degrees of learning disability, they were able to make day to day choices and decisions for themselves. Staff interpreted people's gestures, expressions and actions to support them in making choices. One staff member explained, "[Person] is probably the one with least capacity to make choices, but if they don't like the food they will push it away. That is [person] making their own decision about whether they want it or not. You go by body language, but they are still making their own decision." Another member of staff told us, "Everybody is given choices. We try to do things in their best interests and if we succeed, we succeed and if we don't we will try again." Staff used objects of reference to support people make choices. For example, during the afternoon we saw people being shown different food items so they could choose what they wanted to eat that evening.

Where people did not have the mental capacity to make decisions about aspects of their care, family members and health professionals were consulted to ensure decisions were made in the person's best interests. For example, a relative we spoke with confirmed they had been fully consulted when their family member indicated they wanted to buy a piece of furniture for their bedroom.

Staff sought people's consent before offering support. They told us they would respect people's right to refuse support. One staff member told us, "I would leave them and tell them to let me know when they were ready. I would follow their lead. I wouldn't like to be forced if I didn't want to do something so they wouldn't want to be. Just because they have learning difficulties doesn't make them any different to you and me."

The registered manager understood their responsibilities under the DoLS. They had identified that people's freedom was being restricted in a way that was necessary to keep them safe. For example, people were not able to leave the home unsupervised due to safety. Records showed that DoLS applications had been submitted and two had been formally authorised by the relevant local authority at the time of our visit.

People were supported with their nutritional needs. Staff we spoke with knew each person's dietary needs and their nutritional risks. One person was at risk of choking. We saw thickener had been put in their cup of tea to minimise that risk and their meal was prepared in accordance with their risk management plan. Another person needed the full assistance of staff to eat. We observed staff followed the person's guidelines to ensure they were assisted safely. This person had been under the care of a dietician when they first came to live in the home because they were very underweight. The registered manager explained, "[Person] has reached and maintained their body mass for the last five years. They are still under the dietician but they only have to go to the weighing clinic to keep an eye on their weight." A relative spoke positively about the commitment of staff in encouraging their family member to eat.

Staff were knowledgeable about people's individual health needs, which minimised risks to people's health. Staff recorded people's appointments with other health professionals, such as doctors, chiropodists, and dentists. The registered manager told us that staff were effective at identifying changes in people's health so action could be taken promptly. They explained, "This is a very effective team and they are very on the ball with regard to changes in skin condition, changes in mobility or changes in behaviour." Relatives told us staff kept them informed if their family member was unwell. One relative said, "When [person] has had any

problems, they have kept us informed." Another said, "If there is anything, they always give me a call." One relative spoke positively about how staff had been proactive in managing their relation's health condition and worked with the person's consultant to reduce the medication they required.

Is the service caring?

Our findings

Relatives said they were very happy with the care and support provided to people. One relative said, "[Person] is happier now than I have ever seen them." Another said, "They (people) all seem very contented." When we asked one relative if they thought staff were caring they responded, "Definitely, that is a big part of it. You can tell the way they interact and the way the clients go up to them."

We found staff had a caring approach and took time to sit and listen to what people were saying. People demonstrated by their responses that they appreciated staff and understood staff cared for them. For example, one person showed pleasure and hugged staff when they came on duty. Staff responded to this person's greetings in a warm and friendly manner.

Many of the staff had worked in the home for a number of years and it was clear they had established relationships with people. When talking with staff we found they consistently spoke about and referred to people in a caring, positive and respectful way. They had taken time to get to know people and what was important to them. One staff member told us, "We always put the service users first. We follow the service user's needs. Their needs, their wants, their choices and their independence are our priority." Another member of staff explained, "Every client here has different needs and is different to each other. The most important thing is empathy and if you can see things through their eyes and how they want to be cared for, it is a very big advantage. [Person] can't portray what they want to do, so we have to think, how can we fill their day with things they enjoy?" A relative told us, "It is hard to understand what [person] wants so the staff just have to gauge it. [Person] is always remembered in what they (staff) are doing. They don't just worry about the ones who are more able-bodied. [Person] is never forgotten."

Although people living in the service had limited verbal communication, staff understood their individual ways of communicating and had developed a good knowledge of each person's needs. People were supported to express their views about their daily living arrangements and lifestyles. For example, two people had indicated they only wanted to receive personal care from female staff. We saw that people were involved in decisions during the day about what they ate, where they ate and how they spent their time. One person preferred to eat separately and did not want to socialise. Staff respected that person's routine. On the day of our visit, another person decided they did not want to eat in the home so a staff member took them out for lunch.

Some people were involved in daily chores which helped to promote their independence. The registered manager told us some people loved chopping the vegetables and others liked to put aprons out ready for people to use. Each person had their role in the home. Staff explained that people's ability to carry out tasks might change on a day to day basis but they would support them to do what they could to maintain independence.

One person invited us to look at their bedroom. They were very happy with their private space and showed us how they had decorated it with their personal belongings. They particularly enjoyed showing us a collage of photographs of activities they had participated in.

Staff understood the importance of treating people with dignity and respect. For example, people had been supported to dress in clothes that reflected their age and personalities. One relative told us, "[Person] is always dressed lovely which shows they care."

Is the service responsive?

Our findings

Relatives told us that people were supported to participate in activities and follow their individual interests. Comments included: "[Person] seems to be busy. Whenever we see them they always seem to have been doing something. They go out more than I do." "They take [person] to the cinema, theatre and restaurants – places we wouldn't have had the confidence to take them to." "They take [person] to watch heavy metal music and one of the carers takes them out regularly to tribute bands." There was flexibility in order to accommodate people's wishes if people wanted to go out for a walk or a drive. There were three vehicles available for staff to use which enabled people to go to places more easily. One person enjoyed telling us about a club they attended regularly and were going to that evening.

There were opportunities to engage in pastimes and interests in the home. During our visit one person had a foot massage and then sat with a member of staff looking at some picture cards. Another person did some art work which they told us they were going to hang up in their bedroom.

One person had a profound learning disability and staff involved them in a lot of sensory activities. When we arrived for our inspection, they were participating in a "zesting" activity with different fruits to stimulate their sense of smell. Later in the day a member of staff sat and did some work to stimulate their sense of touch with different textured items. This included a small musical instrument to stimulate their sense of hearing. This person's care plan stated they liked a particular type of crisp because they enjoyed the crunching sound when they ate them. At lunch time we saw they were given a packet of these crisps. In their bedroom they had a safe corner with different coloured lights to stimulate their visual senses. A member of staff explained, "We try and enter [person's] world to understand how they see things. They enjoy it, you can tell by their body language and they relax. [Person] likes water activities. We put objects of reference into warm soapy water and they enjoy the feel of the water and the objects."

Each year the people who lived in the home went on holiday together. One relative told us, "I love the fact they take [person] on a holiday to a very safe place."

People received consistent care and support that was responsive to their needs. The PIR told us, "All service users have their own personal needs, wishes and expectations detailed in their care plans." We saw people's care plans were personal to each individual, and had considered their complex needs in relation to conditions such as autism, epilepsy and their communication needs. For example, one person had a diagnosis of autism and could sometimes become anxious. There were very detailed plans for staff to follow to ensure they used a consistent approach with this person to minimise the risks to them and others if they became distressed or anxious.

Staff reviewed people's needs by observing their response to the support delivered. Relatives told us they were involved in planning and reviewing their family member's care needs. One relative told us, "I have attended a couple of reviews. If I want to talk to one of them (staff), they always listen." Another said, "When we take [person] in, we always have a chat with the staff."

The complaints procedure was available in a format people could understand. However, some people at the home were unlikely to make a complaint due to their communication needs and level of understanding. Staff were aware of the signs to look for if people were expressing they were unhappy about something and told us they would address this. One staff member said they would be aware of, "Body language, facial expressions and gestures they make. Little signs you tend to pick up and learn to understand." Relatives told us they had no complaints but they would raise any concerns with the staff or the registered manager.

Is the service well-led?

Our findings

Relatives were happy with the quality of care and the support provided to their family members. One relative told us they were very "pleased" with the care and another said, "I don't think there is anything you could say should definitely be improved." Another relative said, "We love it 100%. It has taken the worries off our mind. It is lovely and so clean and tidy. They all seem so happy and settled."

Staff and relatives spoke positively about the registered manager. One relative told us, "[Name] is a brilliant manager. I can talk to her about anything and she is always there. Any sudden things that popped into my head, I could always talk to her. She is so sympathetic and understanding." A member of staff said, "She is marvellous, very approachable and very knowledgeable. She is one of those rare people who can juggle a lot of things at the same time and still be good at what she does." Another staff member said, "[Name] is a very good manager." We saw the registered manager was known to the people in the home and engaged with them in a way they understood.

Staff were motivated and throughout our conversations the registered manager stressed how the staff team worked together to provide care that met people's individual needs. They explained, "Staff know the clients and are innovative in their thinking. We work together as a team." One staff member told us, "I tend to see things more as opportunities rather than problems. A lot of the staff here are quite skilled and anything is quite achievable."

Staff told us they enjoyed working in the home and felt able to share their views at regular team meetings. The PIR told us, "Regular formal and informal meetings take place to serve as avenues to openness.I (registered manager) encourage open discussion of ideas and make sure that all suggestions are heard with respect." One staff member told us, "We all get on really well so everybody chips in. [Registered manager] will tell us if there is something new she would like to try. We discuss it together and talk things through." Another member of staff said, "We tend to discuss things and any ideas and suggestions. We look at things in a positive manner."

The provider had ensured that the views of people who lived in the home, their families and other visitors to the home had been regularly sought via surveys. The results of these told us that people were very happy with the care provided. There were positive comments from visiting healthcare professionals: "I always enjoy going to 1 Dexter Way, I'm made to feel welcome by all" and "I am always made most welcome." People's views had been sought through regular meetings so they could say what they wanted. The minutes of the meetings showed that people's verbal and non-verbal responses had been recorded in detail to evidence that everyone in the home had been included in the decision making. The last meeting had been to discuss holidays and action had been taken by booking an annual holiday of people's choice.

Quality assurance and monitoring of the home was established and carried out both on a daily basis and via regular audits. Each week the registered manager completed a report which was sent to the provider so they could maintain oversight on the standards of care and identify any areas where improvements were required

The registered manager had completed our Provider Information Return (PIR). The information provided on the return, reflected what we saw during the inspection. The registered manager had submitted the notifications we require by law about important events in the home.