

Mr & Mrs Dawson Smith

# Mr & Mrs Dawson Smith - 79 Silvester Road

## Inspection report

79 Silvester Road

Cowplain

Waterlooville

Hampshire

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Tel: 023 9225 7190

Website:

Date of inspection visit: 28 and 29 October 2014

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## Ratings

### Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



## Overall summary

The inspection took place on 28 and 29 October 2014 and was unannounced.

The home provides care and accommodation for up to seven people with a learning disability. At the time of the inspection there were seven people living at the home. Each person had their own bedroom. There was a living room, dining room, kitchen and bathrooms which people

had full access to. As well as the two owners the home had five staff. One of the providers is also the 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

# Summary of findings

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.

At our last inspection on 3 October 2013 we found the service was in breach of a regulation as adequate checks were not carried out to ensure staff were suitable to work with people. At this inspection we found this had been addressed and that staff recruitment procedures now ensured staff were suitable to work with people.

At this inspection medicines procedures were not safe as the registered manager 'predispensed' medicines from the pharmacist's containers each morning into pots for the medicines to be given at a later time that day. This is not safe as it increases the risk of medicines errors.

People told us they felt safe at the service and that staff listened to what they said. Staff were aware of safeguarding adults procedures and their responsibilities to report any concerns they had.

Sufficient numbers of staff were provided to meet people's needs and staff were trained so they provided effective care.

Staff were aware of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). The registered manager did not need to make any referrals to the local authority regarding the need for a DoLS authorisation as the people at the home had capacity to consent to their care.

People were involved in choosing and preparing food as well as being supported to have a healthy and nutritious diet.

Relatives told us arrangements were made for people to have health checks and treatment where this was needed, which was also recorded in people's records.

People's needs and preferences were central to how the registered manager and staff ran the home. We observed a 'house meeting' where a staff member supported people to make decisions about their daily lives such as meals and activities. People were also supported to raise any concerns or complaints they had. The staff member had a good knowledge of each person's needs and allowed people time to express their views. We considered the 'house meeting' as a very positive example of how staff listened and empowered people to

make decisions about their lives and how the home was run. People were also involved in the staff recruitment procedures and were able to give their views on job applicants.

Each person's needs had been assessed and there were care plans so that staff had guidance to provide safe and effective care to people. Care plans were individualised to reflect each person's needs and their preferences. People told us they were consulted about their care and people had signed to agree to their care plan.

People attended a range of activities such as work schemes, day services, shopping and holidays of their choice. People were supported to safely maintain and develop their independence as any risks were assessed with guidelines for staff to support people. People told us how they enjoyed taking part in domestic tasks in the home such as cleaning and cooking.

People's needs were reviewed and amendments made to care provision. This included reviews of incidents which had occurred, and, where needed the provision of additional training for staff so people were adequately supported.

There was a complaints procedure which people and relatives said they knew how to use if they had a concern.

The service was a family run home where staff and people had frequent communication about how the home was organised. The culture of the home was focussed on involving people in decision making in the home.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

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# 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 not always safe as the procedures for administering medicines to people increased the risk of people not receiving the correct medicines.

Staff knew how to recognise if people were abused or neglected and how to report these concerns.

Risks to people were assessed and there were guidelines for staff to follow so that people were safe when taking part in activities such as going out in the community.

There were sufficient staff to keep people safe. Staff recruitment procedures ensured only suitable staff were employed to provide care to people.

**Requires Improvement**



### Is the service effective?

The service was effective.

People were supported by staff who had the skills to provide effective care.

People's consent to care and treatment was sought.

People were supported to have a balanced and nutritious diet and were able to choose the food they ate.

Health care services were arranged for people. These included routine monitoring of health care as well as specialist treatments when this was needed.

**Good**



### Is the service caring?

The service was caring.

People were treated with kindness and compassion. Staff took full account of people's views so their wishes and preferences were incorporated in how the service was provided to them. People were involved in the recruitment of new staff.

People were able to be independent and their privacy was promoted.

**Good**



### Is the service responsive?

The service was responsive.

People's changing needs and preferences were taken into account so they received personalised care. Each person had a care plan which reflected how the person wanted to be supported.

People, and their relatives, were aware of the complaints procedure and said they felt able to raise any issues or concerns which they said were addressed.

**Good**



# Summary of findings

People were supported to attend social, recreational, occupational and educational activities of their choice. These included holidays.

## Is the service well-led?

The service was well led.

The service is a family run home where communication between the staff and manager took place on a daily basis.

Staff were aware of their roles and how to safely support people as well as their responsibilities to report any concerns about people. Staff were supported by the registered manager and had opportunities to enhance their skills in providing care to people.

The quality of the service provided was monitored which including obtaining the views of people and their relatives.

Good



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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 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 was an unannounced inspection, which took place on 28 and 29 October 2014. The inspection was carried out by one inspector.

We reviewed the Provider Information Record (PIR) before the inspection. 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. This enabled us to ensure we were addressing any potential areas of concern. We also looked at our previous inspection reports and any notifications sent to us. A notification is information about important events which the provider is required to tell us about by law.

During the visit, we spoke with each of the seven people who lived at the home. Following the inspection visit we spoke to two relatives of people who lived at the home.

We looked at care records for five people, as well as staff training and supervision records. We spoke with two staff about their work and how they were supported in their job. We spent time looking at records relating to the management and running of the service. This included the checks made on staff before they started work as well as audit checks on the environment.

We also spoke with a social services' care manager who had recently reviewed the care needs of each person at the home. We spent time observing staff providing support to people in communal areas of the home. We also joined a 'house' meeting where all the people who lived at the home discussed and planned meals and activities they preferred. The home's facilities were seen including people's bedrooms (with their permission), communal lounges, the kitchen and the dining room.

# Is the service safe?

## Our findings

People said they felt safe at the home. People, and their relatives, told us staff supported people so they were safe when they went out. People also said they had regular discussions with a member of staff where they said they could raise any issue of concern.

At the last inspection of 3 October 2013 we found the registered manager had failed to carry out a Disclosure and Barring Service (DBS) check on one staff member. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The registered manager wrote to us to tell us the DBS was completed on 23 October 2013. At this inspection, we checked the recruitment procedures for two newly appointed staff and saw checks had been carried out on the suitability of staff to work in a care setting. These checks included a DBS check and written references. A staff member told us their recruitment included an interview where their suitability for the post was assessed. The staff member told us people were also involved in the staff recruitment process and the registered manager told us how people were able to say if they considered the staff member was suitable.

We looked at the procedures of the handling and management of medicines. Staff recorded a signature each time they supported someone to take their medicines. Medicines were securely stored. The registered manager, however, 'pre-dispensed' medicines from the medicine containers into lidded pots with the name of the person at 9am for the day ahead. There was no record of this procedure which was also not included in the service's own procedure guidelines. Pre-dispensing medicines in this way increases the risk of people not receiving the correct medicines and is contrary to best practice guidance. This is a breach of Regulation 13 of The Health and Social Care Act (Regulated Activities) Regulations 2010.

There were policies and procedures regarding the safeguarding of people. This included definitions of what constituted possible abuse and the actions staff should take to report any concerns of this nature. Staff told us they attended training in the safeguarding of people and were aware of these procedures and knew what to do if they were concerned about the safety or welfare of people. Training records showed staff had completed training in the

safeguarding of people with a learning disability. A social services care manager who had reviewed people's needs said the registered manager and staff were aware of the procedures for reporting any suspected abuse.

Staff demonstrated they were committed to ensuring people were not discriminated when they attended community facilities and we observed people were given time to raise any concerns they had. Staff training records showed staff were trained and assessed in equality, diversity and social inclusion for people.

Risks to people were assessed so staff knew how to safely support people when they pursued activities which enabled them to maintain and develop their independence. For example, we saw some people were assessed as they were at risk of experiencing falls. Guidelines were in place so these people were supported to safely mobilise in the home. These were reviewed and the guidelines updated so people were safely supported when their needs changed. For example, when someone had experienced a fall. Adaptations had been made to the physical environment so people with mobility needs were supported to maintain their independence.

There were risk assessments and guidelines regarding people accessing the community either independently or with staff support. This included activities such as crossing the road. We also saw risk assessments and guidelines regarding the safe management of people who were at risk of choking on food. The registered manager and staff had involved a Speech and Language Therapist for assessment and advice so the staff knew how to prevent choking when supporting people to eat. Guidelines were recorded for staff to follow so people did not choke and a staff member described how they supported someone by following these procedures. We saw records that these were reviewed and updated and further assessments carried out by health professionals when needed. The registered manager and staff told us additional training was provided to staff to support people at risk of choking when eating which was also recorded.

Staff were trained in first aid, fire safety and fire evacuation so people could be supported in the event of an emergency or fire. Each person had an evacuation plan so they could vacate the building in an emergency.

The registered manager had assessed that at least one staff member needed to be on duty to safely care for people and

## Is the service safe?

that staffing levels were flexible to meet people's changing needs. There was no staff duty roster as the register manager told us staff worked the same hours each week. Staff did, however record their working hours which showed between one and two staff on duty. People, and their relatives, said there were enough staff to meet

peoples' needs. A social services' care manager also commented the home provided enough staff. We observed staff with people during the late afternoon and early evening when sufficient numbers of staff were provided to meet people's needs.

# Is the service effective?

## Our findings

People told us they received care and support from staff who enabled them to make choices in how they were helped. People were consulted about their care needs and contributed to their care plan. Relatives told us staff were skilled in meeting people's needs. One relative said, "The staff are extremely good at providing personal care and more general support." Nutritious and balanced meals were provided and people were supported to choose meals they liked by deciding on the menu plans and helping to cook the meals. We observed people asking for snacks which were provided and people said how they enjoyed cookery sessions with staff. People and their relatives told us how people were supported to have regular health checks and treatment.

Newly appointed staff told us they received an induction which prepared them for the role of providing care to people. We saw records of the induction for a newly appointed member of staff which included procedures such as fire safety and medicines management. Staff were motivated to learn and to develop their skills in caring for people. Two staff told us they were studying national qualifications in care such as the National Vocational Qualifications (NVQ) in care or the Diploma in Health and Social Care. NVQ's are work based awards that are achieved through assessment and training. To achieve an NVQ candidates must have proved that they have the ability and competence to carry out their job to the required standard. One staff member was completing a management in care course. Staff said they were able to discuss their training needs and could suggest courses relevant to the care of the people at the home. The registered manager said training was arranged for staff in response to people's changing needs such as in supporting people to eat who were at risk of choking. Records showed staff were trained in courses relevant to the care of people such as effective communication, and managing behaviour which challenged others.

Relatives and a social services care manager told us staff were skilled in working with people who had a learning disability. We observed staff were skilled in communicating with people. This gave people opportunities to say what they wanted.

Staff said they were supported in their work and had access to regular supervision as well as being able to discuss the care of people on a less formal basis. Records of individual supervision with staff were maintained and showed these covered the principles of care and confidentiality.

People were consulted and had agreed to the arrangements for their care. Each of the seven people who lived at the home had capacity to consent to their care or treatment. We saw records where people had signed to agree to their care plan or to a review of their care. Staff received training in the Mental Capacity Act 2005 (MCA) and were aware of the principles of assessing those who did not have capacity to consent to care or treatment. A social services care manager told us staff were aware of the principles of the MCA. The registered manager did not need to make any referrals for a Deprivation of Liberty Safeguards (DoLS) authorisation as people had capacity to agree to their care. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

Staff were trained in supporting people with behaviour which challenged others and were aware of the principles of the least restrictive alternative to any restraint. Of the four care records we looked at none of the people had identified behaviour which challenged others where some sort of physical intervention was needed that might indicate a DoLS authorisation was needed.

People were supported to eat and drink enough and to have a balanced diet as nutritional needs were assessed and recorded. We saw nutritional assessments for people along with guidance of how people were supported with eating and drinking. The registered manager and staff had involved community health services in assessing one person's dietary needs so that the staff had specialist guidance on how to support the person. We observed people choosing the evening meals for the week ahead at a 'house' meeting when a staff member also encouraged people to choose healthy food. Fresh fruit was available which people could help themselves to. People told us they were able to choose the food they liked and people were observed choosing food for their packed lunch to take to day time activities. Records were maintained of people's food likes and dislikes. We also saw people ask staff for snacks which were available to people and people told us

## Is the service effective?

how they liked to cook food with the staff. People's weight was monitored so staff could take action where appropriate if people gained or lost weight. One person told us how they were supported to manage their weight.

Relatives showed people were supported to access health care services which included checks of blood pressure, regular health care checks and dental appointments. These checks were recorded in people's care records and also included health checks such as attending a 'well woman' clinic, plus appointments for more specialist hospital treatment. We saw records where the provider had responding to people's changing health by making appropriate referrals to health services. For example,

people's changing mental health needs were assessed so people got the appropriate care. People were also referred to specialist services such as the Speech and Language Therapy and neurological services so health care needs were addressed. A social services care manager who had recently reviewed the needs of people at the home said the staff had a good knowledge of people health care needs and followed up any changing needs with the relevant health care services.

# Is the service caring?

## Our findings

People, and their relatives, told us the staff treated people with kindness. For example, one person said, “The staff are kind and considerate and always available for help.” People said they were listened to and their preferences and choices catered for. People said how they were involved in making decisions about their care. People described how they had positive relationships with staff. For example, one person described one of the staff as being like “her sister.” Another person said the staff and people who lived at the home were like one big happy family. People told us they were able to maintain personal relationships by visiting their partner or their partner visiting them. People said staff helped them with any emotional problems they had.

We observed staff talking to people in a warm and friendly way. People were comfortable talking to staff and there was much humour in these conversations which were centred on the needs and preferences of people.

We observed a ‘house meeting’ where a staff member facilitated a discussion with all the people about the menu plans, any forthcoming activities people wished to attend and holiday plans. The staff member ensured the meeting was centred on what people wanted to discuss. It was evident the staff member knew each person well and made sure all people were able to express their views. The

meeting was calm and unhurried so that people had time to discuss all of the issues they wished. People suggested activities they would like to attend and one person made arrangements for their boyfriend to visit for a meal. The staff member listened to what people had to say and ensured people’s views and contributions were central to the meeting. The staff member asked people if they had any concerns and people reported a chair was broken which the staff member recorded as an action to be completed. People were comfortable expressing themselves and felt able to talk about more personal issues such as their family. The staff member allowed people to express these views as well as their feelings and offered appropriate support. We viewed the ‘house meeting’ as a very positive example of a staff member promoting people’s dignity, inclusion, empowerment and choice.

There were policies and procedures on privacy and confidentiality as well as entering people’s rooms. We observed staff respected people’s privacy in their bedrooms which were only entered with the permission of the room’s occupant. Each person had a key to their bedroom door which they used for privacy and security. Staff were aware of people’s rights to be able to access community facilities as well as the importance of privacy to people. We observed one person being supported by a member of staff in a way that promoted the person’s privacy and dignity.

# Is the service responsive?

## Our findings

People, and their relatives, told us they were able to raise any issues or concerns with the registered manager or staff and that these were dealt with to their satisfaction. People were supported to pursue their hobbies and interests such as attending work schemes and day centres as well as social events. We observed staff and people making plans to go shopping and discussing future arrangements for holidays. People said they were able to choose which staff supported them when they attended activities. People also told us how they were able to maintain relationships with family members as well as personal relationships with partners. People told us how they enjoyed each other's company and offered support to one another.

The registered manager and staff said how people were involved in domestic routines which people told us they enjoyed as it made them feel involved in how the home ran as well as making their time purposeful.

We observed a 'house meeting' where a staff member facilitated people to choose activities of their choice. People were also asked at the meeting by a staff member if they had any complaints or wanted any improvements to be made. People were comfortable in raising issues which the staff member acknowledged and said would be dealt with. Staff also told us how they responded to any issues or requests made by people. Relatives told us they felt able to raise any concerns or issues they had which the registered

manager or staff responded to. There was a complaints procedure which had timescales for responding to any complaint raised as well as a system of recording any complaint investigation. People told us they knew what to do if they had a complaint. The registered manager told us there had been no complaints made to the service.

Care plans reflected how people preferred to receive care and support. Each person's personal preferences and daily routines were recorded. These had been reviewed on a regular basis and amended to reflect any changes. A social services care manager told us how the staff and registered manager adapted any care arrangements to reflect people's changing needs. Care records included details about whether people preferred to receive care from a male or female staff member which a relative said was accordingly arranged. Care plans included details about how staff should support people in response to specific conditions such as epilepsy.

People had access to a range of activities such as social, recreational and educational events. One person described how they enjoyed attending a day centre and another person said how they liked a work placement. A relative told us how one person's work placement was changed at the request of the person. Relatives also told us how the staff responded to people's changing health needs by making arrangements for health checks and medical treatment when needed.

# Is the service well-led?

## Our findings

People were involved in developing the service by making decisions about the service such as menu plans and holidays. Relatives told us they considered the home was well led and was run with the needs and preferences of people as the central focus. People told us how they were able to decide how their bedroom was decorated. People and their relatives said their views were listened to and they were able to say what they thought of the service by completing a satisfaction survey. We saw copies of the surveys and the registered manager told us these were reviewed to see if any improvements could be made to the service.

People were able to express their views and make decisions about how the home was run by being involved in the selection of new staff as well as via the 'house meetings.' The 'house meeting' we observed encouraged people to openly communicate what they wanted and how they preferred the service to be delivered to them. At the meeting the staff member ensured people's preferences determined how events such as activities, meals and holidays were arranged. This reflected a positive culture that was both 'person centred' and empowering for people.

Support was provided to staff so they were aware of their responsibilities to report any concerns they had to the registered manager and to the local authority safeguarding team. Staff were committed to promoting people's rights to access community facilities and in providing a good standard of care.

The service had a registered manager who was also one of the two owners. Training for the registered manager and senior care staff was provided so they had the skills to

effectively lead the service and to supervise staff. The registered manager had completed qualifications in management in care and one of the staff was also studying a qualification in care and management.

The staff and registered manager said the relatively small size of the staff team encouraged frequent informal discussions about people's needs and the running of the home. Staff said they were able to contribute to discussions and decisions about the operation of the home. There were examples of the registered manager taking steps to improve the quality of the service and the standard of care people received. For example, the registered manager identified in the Provider Information Return (PIR) that the service would be introducing improvements in staff training. Information was also obtained from national organisations for people with a learning disability regarding current best practice which the registered manager said was used to improve staff awareness of specific conditions people had.

We saw there were audit checks on the medicines stock to ensure the safe storage of medicines. There was also a weekly check on each person's care and health records to identify that care was being provided as set out in each person's care plan. Regular audit checks were carried out on fire safety and food hygiene in the home by the registered manager and staff so the standard of care was monitored and maintained.

A social services care manager described the service as well led with people's needs and choice central to how support was given. Comment was also made that the staff and registered manager worked in partnership with social services to ensure people's needs and choices were met.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>People who use services were not protected against the risks associated with unsafe use and management of medicines. Regulation 13 (1) as medicines were 'pre-dispensed' in advance which increased the risk of errors in administering medicines to people.</p>