

L&Q Living Limited

Dobson House

Inspection report

Dobsons House
Dobsons Close
Rayleigh
SS6 7NY

Tel: 01268776867
Website: www.lqgroup.org.uk

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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

About the service: The service provides care to people living in specialist 'extra care' housing. Extra care housing is purpose built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service. At the time of our inspection, 20 people were receiving a regulated activity.

People's experience of using this service:

People felt safe using the service and were satisfied with the support they received from staff. Staff were kind and caring and treated people with dignity and respect. People's independence was promoted and, where possible, they were encouraged to do as much as they could for themselves.

People received their prescribed medicines by trained staff, however some improvements were required to ensure the safe management of medicines. We have made a recommendation about the safe management of medicines.

Care plans and risk management plans were in place and were reviewed regularly.

Recruitment procedures were safe. Staff had been recruited following relevant checks being completed.

Staff received the required training to develop their skills and knowledge. Staff were well supported and worked effectively as a team.

People were supported to maintain good health and access health care professionals. Where appropriate, referrals to health care professionals were made and recommendations were followed by staff. Where required, people were supported with their nutritional needs.

People were consulted over their care and support needs and were actively encouraged to make decisions for themselves.

People had access to a range of social activities to take part in if they wished.

People, their relatives and professionals spoke positively about the staff team at Dobson House.

Systems were in place to check the safety and monitor the quality of the service.

Rating at last inspection: This is the first inspection of the service since registration with CQC.

Why we inspected: This was a planned comprehensive inspection of the service.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Dobson House

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team consisted of one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience's area of expertise was older people and dementia care.

Service and service type:

Dobson House is a domiciliary care service. It provides personal care to older people living in their own flats within a supported housing complex.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service three days' notice of the inspection visit because we needed to be sure someone would be present.

What we did:

We reviewed information we had received since the service was registered. This included details about incidents the provider must notify us about, such as safeguarding people.

During the inspection, we spoke with 17 people who used the service and four of their relatives to ask about their experience of the care provided. We observed staff providing support to people in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether they were comfortable with the support they were provided with.

We also spoke with three members of care staff, registered manager, regional business manager and two visiting health care professionals.

We reviewed a range of records about people's care and how the service was managed. This included three people's care records and a sample of people's medicines administration records. We reviewed records of meetings, staff rotas, three staff files and staff training records. We also reviewed complaints and quality assurance information.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in how to safeguard people from abuse.
- Staff could explain what action to take to ensure people were safe and protected from harm and abuse.
- People told us they felt safe living at the service. One person said, "I feel very safe here, because I've always got company if I need it. My children are very happy now that they don't have to worry about me so much." A relative told us, "I'm so relieved [person] is here now, I was always on edge before. They will always ring me if they're concerned about [person]."
- The registered manager was aware of their responsibilities for reporting concerns to the local authority and to CQC.

Assessing risk, safety monitoring and management

- Risks to people's health and welfare were assessed. However, some care plans did not always contain guidance for all aspects of people's care needs, including managing any associated risks; for example, catheter care. We discussed this with the registered manager and regional business manager who assured us they would take immediate action to ensure care plans were reviewed and updated to make sure people's needs were being met in a safe way.
- Although we found gaps in care plans, staff demonstrated they knew people well and how to keep them safe. We saw a member of staff returning to one person sitting in a communal area. They told us, "I knew [person] needed their frame, so I sat them down and went to find it." They went on to say, "We often walk the floor just to check if anyone needs us. People need to know that we're about."

Staffing and recruitment

- Staff were recruited safely, and appropriate checks were carried out to protect people from the employment of unsuitable staff. This included checks with the Disclosure and Barring Service (DBS).
- A dependency tool was used to determine the number of staff required to meet people's care needs safely and effectively.
- People told us there were enough staff. Comments included, "If we pull our emergency cord they come quite quickly, we've never waited long whether it's day or night they look after us." And, "I've only used my alarm once, but they came very quickly when I did."

Using medicines safely

- Processes were in place for the timely ordering and supply of medicines. A health care professional told us, "I have no concerns over management of medicines."
- Medicines administration records (MAR) indicated people received their medicines regularly by appropriately trained staff.

- Where people were prescribed 'as and when required' medicines there were no protocols to assist staff to understand when to administer such medicines. The registered manager told us this would be rectified.
- With the exception of one medication audit which was completed in April 2019, no formal medication audits had been completed. The registered manager informed us they carried out visual checks to ensure medicines were managed safely. This presented a risk that people may not receive their medicines as prescribed.
- Whilst there had been no significant impact on people using the service, improvements were required to ensure the safe management of medicines.
- People told us they were happy with the support they received to take their medication. One person told us, "They come in to check that we've both taken our tablets, always very efficient and on time." Another said, "They give me my tablets in the morning, because I'd forget, I get very confused. They do a good job." A relative told us, "[Person] is on Warfarin, they have regular checks done here. I think they're very safe here, and it gives me peace of mind."

We have made a recommendation the provider update their practice in relation to medicines management to incorporate current best practice.

Preventing and controlling infection

- Most staff had received infection control and food hygiene training to minimise the risk of cross infection and poor food hygiene practices.
- Staff were provided with personal protective clothing (PPE) such as gloves and aprons.

Learning lessons when things go wrong

- Incidents and accidents were recorded and monitored and evaluated by the registered manager and provider to identify themes and trends.
- Systems were in place to learn from incidents and accidents to minimise the risk of reoccurrence. The registered manager shared information with staff in order to learn lessons and improve the safety of the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs were assessed prior to them using the service to ensure these could be met by the service.
- People's needs continued to be assessed and reviewed to ensure the care they received met their choices and needs, helped achieve good outcomes, and supported people to have a good quality life.

Staff support: induction, training, skills and experience

- New staff received an induction to the service. This included a range of topics such as an orientation of the building, information about policies and procedures and fire safety.
- Staff received relevant training to enable them to acquire the knowledge and skills to meet people's individual needs effectively and safely. A member of staff told us, "We've had all the training we need. If we feel we need some training, we can ask for it and we get it. We asked for dementia awareness and children safeguarding; they are really good like that."
- Staff had not received supervision in line with the provider's policy. The registered manager acknowledged this. They informed us this was because there was a period of time without a manager at the service. They forwarded to us a supervision planner shortly after our inspection.
- Although staff had not received regular formal supervision, they told us they were well supported by the registered manager who was approachable and available for support and guidance when necessary.

Supporting people to eat and drink enough to maintain a balanced diet

- Where required, people were supported with eating and drinking. Care plans included people's dietary likes and dislikes. A relative said, "They do a cooked breakfast every Wednesday, and they try to do a communal meal or fish & chip supper every other week, so people can get together."
- No one currently using the service was at risk of malnutrition or had any specific dietary requirements.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The service worked alongside local community and medical services to support people and maintain their health and well-being.
- One person told us, "I was in a bad way when I came here. Since I've been here they've helped bring me back up physically and mentally. I get a lot of infections, but the staff notice if I'm not well, and call the doctor in." Another said, "They offer extra help if they see it's not a good day. They sorted out a doctor to visit me once because they were worried, and it's how I found out I'd got bad arthritis in my hands."
- Healthcare professionals spoke positively about the service. One health care professional told us, "We come in regularly. There's always enough staff and the manager is around. We have a good rapport with

staff. Staff know people really well and follow any recommendations."

Ensuring consent to care and treatment in line with law and guidance

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 interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

We checked whether the service was working within the principles of the MCA.

- People had signed their care plans to show they consented to their care and support where they had capacity to do so.
- Where people had a Lasting Power of Attorney (LPA) in place, the attorney's details were recorded in their care file. A LPA is a legal document where people had given authorisation to make decisions about their care.
- The majority of staff had completed MCA training.
- Staff showed a good understanding of the principles of the MCA and people were supported wherever possible to make their own decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind, caring and treated them well. Comments included, "They're absolutely brilliant, they'd do anything for us. They are professional, but also friendly and caring." And, "We have a good old giggle together sometimes, that makes such a difference to my day." One person described how they were talking with a member of staff; they said, "All of a sudden I broke down, I got tearful. It was a surprise to me as much as to [staff]. I realised everything had got on top of me after a friend had died. [Staff] sat with me for twenty minutes just letting me talk; I appreciated that."
- Staff spoke positively and with affection about the people they were supporting and demonstrated a good knowledge of people's personalities, individual needs and what was important to them. A member of staff said, "We know every single person, from the way they like their tea to the way they like their toast and how they want their care delivered."
- People's equality and diversity needs were identified and recorded in care plans to ensure their individual preferences and needs were being met.

Supporting people to express their views and be involved in making decisions about their care

- People had been involved in the development of their care plans.
- People were given the opportunity to provide feedback about the service and the care they received through a variety of formal and informal forums. For example, questionnaires, resident meetings and day to day conversations.
- The service held information on local advocacy services. The registered manager informed us no one was currently using advocacy. An advocate supports people to express their views and wishes.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and their privacy was respected. One person told us, "I love it here. I have my own privacy, but I can come down for a chat if I want. Every day I go into the garden, and getting some fresh air really helps me." Another said, "I help on interviews. I remind potential staff about peoples' privacy, and ask how they would respect peoples' independence etc." Staff could tell us how they protected people's dignity, for example when providing personal care, by ensuring doors and curtains were closed.
- People's independence was promoted; staff encouraged people to do as much as they could for themselves. One person told us, "They come in and do odd jobs for me whilst I have a shower every morning. It gives me the confidence to have a shower, because I know they're here if I need them."
- People's confidentiality was respected, and care records were stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were person centred and included information on individuals' background, hobbies and interests, likes and dislikes and preferences on how they wished to receive their care and support.
- Care plans were reviewed every six months or sooner if people's needs changed.
- Daily 'huddle' meetings took place. This provided an opportunity for staff to have an overview of what was happening in the service and to be kept informed of any changes in people's care needs.
- Staff recognised the importance of preventing social isolation and worked with the landlord of Dobson House to deliver various activities. This included celebratory events where people's families were invited to attend.
- People were given the opportunity to be involved in making decisions about the type of activities provided. For example, knit and natter, gardening club and sport events programmes. One person told us, "Sometimes I bring a few CDs down, and I'll put one on in the [communal] lounge. A few of us sit together and watch it, that's quite nice."
- From April 2016, all organisations which provide NHS or adult social care are legally required to follow the Accessible Information Standard (AIS). AIS aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read and understand so they can communicate effectively. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements.
- The registered manager and business operations manager assured us no one would be discriminated from accessing the service and information would be made available to ensure people's communication needs were met.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure.
- There had been one complaint since the service's registration which had been responded to appropriately.
- People knew who to speak with if they had any concerns. One person told us, "If I had any problems I'd go and see the manager, they would get it sorted out for me."

End of life care and support

- At the time of our inspection, the service was not supporting anyone at the end of their life.
- A health care professional told us how the service worked well with other professionals when supporting people at the end of their life. They said, "The staff work well, including with the palliative team. We have a lot of patients on the end of life register and staff will inform us of any changes or if the end of life team or GP needs to come in."

- We saw feedback the service had received from a bereaved relative. It said, "I would like to bring to your attention how grateful we are that we found this place for [person] to live. In the last years their needs grew significantly but nothing was ever too much trouble. [Registered manager] made sure they were well looked after, whatever stage of care they reached so they were able to die at home which is what they really wanted. I want to formally send by heartfelt thanks and those of my family for the most amazing care staff took of [person] and to highlight the fact that they helped them to retain as much independence and dignity as they could through the more challenging stages of their life. They were always there to help us to do what was best for [person]."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had worked at the service for 12 years. They were recruited to the post of manager in September 2018.
- The provider had arrangements in place to manage risks and monitor the quality of the care people received.
- The provider had undertaken a quality assurance audit in November 2018. This had identified some of the issues we found, for example with regard to the safe management of medicines and risk assessment documentation. An action plan had been developed and, the regional business manager, told us they were working with the registered manager to complete these.
- Both the registered and regional business managers were open and transparent and acknowledged further work was required to improve the monitoring of the service to ensure people received safe care and treatment.
- The regional business manager informed us the provider was in the process of recruiting a senior carer to provide additional support to the registered manager with the day to day management of the service and support continuous improvement.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager and staff demonstrated a commitment to providing good quality person centred care. They placed people using the service at the centre of everything they did. The registered manager told us, "We have a good team here. We all want to provide good quality care. The outcome of the recent [residents] survey was positive and shows we are achieving the right support that people need." We noted 92% of respondents to a survey, undertaken in March 2019, were satisfied with the support they received.
- The registered manager operated an 'open door' policy and people came with their individual matters directly; we observed this throughout our visit to the service.
- People were complimentary about the registered manager and staff. Comments included, "We see a lot of [registered manager], they are very easy to talk to. The staff working here always seem quite happy, so I think [registered manager] does a good job running this place." And, "Since [registered manager] took over it seems a bit more stable here. There's a lot more activities organised now; they are 'on the ball' and runs the service efficiently. There's not a great turnover of staff now, and they all seem happier too."
- Staff told us they felt well supported by the registered manager.
- Statutory notifications about accidents, incidents and safeguarding concerns were sent to the CQC as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager promoted a positive culture. Staff knew people well and had developed positive relationships with people.
- People and relatives knew who the registered manager was and spoke fondly of them.
- People were asked for their views about the care and support they received and with the day to day running of the service. One person told us, "At the end of each month we have a meeting. The manager tells us everything we need to know about what's going on, any repairs being done, activities etc.; they're very helpful meetings."
- Regular team meetings were held and provided staff with an opportunity to discuss a variety of issues with regard to the day to day running of the service.

Working in partnership with others

- The service worked well with other organisations. They had good relationships with local healthcare services and the landlord of Dobson House. They worked with them to achieve the best outcomes for people.