

Gateshead Council

Dunston

Inspection report

19 Spoor Street
Gateshead
NE11 9BD

Tel: 01914611772
Website: www.gateshead.gov.uk

Date of inspection visit:
25 May 2021
09 June 2021

Date of publication:
10 August 2021

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

Dunston is a supported living service providing personal care to two people at the time of the inspection.

People's experience of using this service and what we found

People received good care from kind and caring staff. People and staff had developed positive relationships which meant they interacted well. Staff treated people with dignity and respect.

Staff endeavoured to keep people as safe as possible. Staff knew about the whistle blowing procedure and were confident concerns would be taken seriously and dealt with. Staffing levels were sufficient to enable people to receive personalised care. People received their medicines on time and staff followed good IPC procedures to prevent infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service this practice. People's needs were fully assessed to identify the care they required. This included discussing their wishes and aspirations for the future. Staff received good support and the training they needed. People were supported to have enough to eat and drink and to access health care services.

People were involved in developing personalised care plans, which included goals for people to work towards. The provider followed the Accessible Information Standard (AIS). Information was made available in accessible formats to help with people's understanding, such as safeguarding and how to complain. There had been no formal complaints received about the service.

There was a positive, relaxed and welcoming atmosphere. People, relatives and staff were encouraged to share their views about the service. The provider had a structured approach to quality assurance which was used to improve the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The service prioritised people's needs and staff supported them to make choices and promote their independence. People received personalised care and were treated with dignity and respect. The service had a person-centred ethos focused around the wishes of people.

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

Rating at last inspection

This service was registered with us on 6 August 2019 and this is the first inspection.

Why we inspected

This was a planned inspection to assess the standard of care delivered by the service and award a rating.

Follow up

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

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.

Dunston

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out this inspection.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 short notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections.

During the inspection

We spoke with one person who used the service and one relative about their experience of the care provided. We spoke with the senior support worker and received feedback via email from two support staff.

We reviewed a range of records. This included two people's care records and medication records. We looked a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems to help keep people safe from abuse. Information about how to recognise and report abuse was written in accessible formats, to promote people's understanding.
- There had been no safeguarding concerns raised. The provider had the relevant policies and procedures should this be required.
- Staff completed safeguarding training and understood the importance of the whistle blowing procedure. Staff confirmed they felt confident to raise concerns if needed.

Assessing risk, safety monitoring and management

- The provider managed risks effectively to help ensure people remained safe.
- The provider assessed potential risks during the care planning process and implemented measures to reduce the risk of potential harm. The focus of the assessment was to enable people to lead as full life as possible. They covered a range of areas, such as accessing the local community independently.

Staffing and recruitment

- The provider ensured enough staff were deployed to enable people to receive personalised care. Staff knew people well and used this knowledge to respond quickly when people needed support.
- New staff were recruited safely.

Using medicines safely

- Medicines were managed safely. Trained staff supported people to receive their medicines when they were due.
- The provider regularly checked that staff followed the correct medicines procedures.

Preventing and controlling infection

- The provider had effective policies and procedures to promote safe infection prevention and control (IPC) practices. The environment was clean and well maintained.
- Staff had completed IPC training and were supplied with the PPE they needed. Staff used PPE correctly and screening was in place to ensure visitors could access the service safely.

Learning lessons when things go wrong

- The provider investigated incidents and accidents. Appropriate action was taken to help keep people safe.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 needs had been fully assessed. This helped ensure care was focused on what people wanted, including a consideration of religious, lifestyle or cultural needs.

Staff support: induction, training, skills and experience

- Staff were well supported and accessed the training they needed. One staff member commented, "I am very supported in my role."
- Records confirmed supervisions and training were up to date.

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

- Staff supported people to have enough to eat and drink. People were involved in deciding menu options and were involved in preparing meals.
- Care plans described people's preferences and the support they needed with nutrition.

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

- The provider worked with others to help ensure people's needs were met. Care records summarised important information, to be shared with professionals when they accessed other services.
- Staff supported people to access healthcare services when needed, such as GPs and community nurses.

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The provider followed the requirements of the MCA.
- Staff knew how to support people with making daily living choices and decisions. This included adapting their communication to meet each person's needs.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 received good care from kind and considerate staff. One person told us they liked their home and the staff supporting them.
- People were supported to meet their religious needs. One person told us, "The priest and vicar come in. I would recommend here. We are well looked after and everyone talks to you."
- Staff had a good understanding of people's preferences. They used this knowledge to support people to be involved in decisions about their care.
- People and staff had positive relationships which helped develop a caring culture within the service.

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

- Staff understood people's communication needs; they used this knowledge to support people with making choices.
- People had advocates to support them with making important decisions, such as plans for the future and financial matters. Outcomes were recorded and any actions agreed were implemented.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. People were comfortable around staff and regularly approached them for help.
- Staff understood the importance of maintaining independence; they adapted their practice to promote independence with each person. One staff member commented, "We are always looking for new skills for the ladies to gain."
- Care plans clearly recorded people's skills and abilities, as well as those areas they needed support with. One person regularly accessed the local community to shop and participate in activities they liked.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People had detailed and personalised care plans describing how they wanted their care provided. These included goals for people to work towards based on their personal interests, such as holiday plans and lifestyle changes.
- Care plans were reviewed regularly to reflect people's current needs. People's views were listened to and considered during care plan reviews.
- People could discuss their future care wishes; their preferences were recorded in a specific care plan.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider followed the AIS. Inform was adapted to different formats to suit people's communication needs, such as easy read and pictorial versions of important information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in activities which reflected their interests. One person told us about how they enjoyed going to a lunch club to play bingo and the local social club.
- Staff supported people to maintain contact with relatives. Activities had been adapted during the COVID-19 pandemic due to regular community-based activities not always being available.

Improving care quality in response to complaints or concerns

- The provider had a structured approach to deal with complaints. There had been no formal complaints made about the service.
- People knew how to raise concerns and these were resolved quickly.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a positive and inclusive culture focused on the needs of people. One staff member said, "We are person-centred here. Everything we do is around both ladies."
- Staff worked well as a team to provide good care to people. One staff member told us, "We all help each other across the service."
- The home had a warm and welcoming atmosphere. One relative told us they could visit the service anytime and were always welcomed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager submitted the required statutory notifications to CQC following significant events at the home.
- The provider had clear policies detailing the registered manager's responsibilities to ensure the service was well managed. A monthly compliance record pulled together actions linked to regulatory requirements to check they had been completed.
- Staff described the registered manager as approachable.

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

- The provider supported people and staff to have their say about the service. They developed accessible information about how people can get involved and share their views.
- Regular team meetings took place which were used as a learning opportunity to raise awareness of important topics and individual people's care.
- People were consulted using easy read and pictorial questionnaires. People had indicated they were happy with their care.

Continuous learning and improving care

- The provider had a structured approach to quality assurance. This included a range of effective audits which were used to improve people's care and support.
- The service had an improvement plan which had been written in an accessible format and available to

people.

Working in partnership with others

- The provider worked with other health services to work towards promoting good outcomes for people.