Care Quality Commission

Community Housing and Therapy

Dainton House

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

Overall summary

This inspection took place on 18 August 2015 and was unannounced. At the home's last inspection on 12 January 2015 we found the provider was meeting the legal requirements we checked.

Dainton House is a service run by the charity Community Housing and Therapy. It provides a residential resource for up to 12 adults with mental health needs and associated complex needs including drug and alcohol related issues. The service is run as a therapeutic community providing support in the form of therapeutic groups and meetings aimed at preparing people to move on to more independent accommodation. At the time of our inspection nine people were living at Dainton House.

The home is owned by a charitable organisation. The service did not have a registered manager at the time of the inspection. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

The provider ensured only suitably recruited staff were employed by completing a number of checks prior to them starting work. Once employed staff undertook a comprehensive induction programme, including shadowing more experienced workers. Staff received sufficient training to undertake their role. This training was regularly refreshed so it was in line with current best practice. There were enough staff on duty to meet the needs of people.

People were supported to maintain good health. This included them having access to healthcare professionals, having their medicines as prescribed and sufficient amounts to eat and drink to meet their nutritional needs.

Care was provided with people's consent. The registered provider understood when mental health legislation was required in order to keep people safe and when a Deprivation of Liberty Safeguards (DoLS) authorisation application should be made. This helped to ensure people were safeguarded as legislation required. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

Care plans had been developed for each person using the service which reflected their specific needs and preferences for how they were cared for and supported. People were appropriately supported by staff to make decisions about their care and support needs. These were discussed and reviewed with them regularly.

People said they were happy living at Dainton House. People told us staff looked after them in a respectful way. People said they felt able to raise any issues they had with the manager or other staff and these were taken seriously. There were other numerous ways people could comment on the service.

Where risks to people had been identified there was guidance for staff on how to minimise these in order to keep people safe from injury or harm in the home and wider community. Accidents and incidents were monitored to consider any learning that could take place to prevent re-occurrences.

Staff told us they were supported by their managers through one to one supervision sessions and other meetings where they could consider their professional development.

The service offered a range of therapeutic groups and activities in line with the provider's ethos of moving people towards independence. People retained a choice of whether they wanted to be involved or not.

There were effective systems in place to monitor the safety and quality of the service provided and to take action where shortfalls were identified. The registered provider had a clear understanding of their legal responsibilities with regard to safeguarding adults at risk and notifying the CQC of significant events.

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?

Good

The service was safe.

Sufficient recruitment checks had been undertaken to ensure that only suitable people were employed by the service. Staff knew what to do if they thought people were at risk of harm. There were sufficient staff on duty to meet people's needs.

Medicines were stored and administered correctly. There were opportunities for people to take their own medicines if they were able.

The service had undertaken assessments of risk to people and there were plans in place to manage these risks. Accidents and incidents were recorded and action taken to minimise the risk of re-occurrence.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained so they provided care that was in line with best practice.

People gave consent to the care provided. The provider met the requirements of the Mental Capacity Act 2005 to help make sure people's rights were protected.

People received the support they needed to maintain good health. This included having access to healthcare professionals and good nutrition.

Is the service caring?

Good

The service was caring.

Staff were caring and knew about people's preferences and needs. Staff were fully aware of issues regarding confidentiality.

People were fully involved in making decisions about their care and support.

Staff supported people to develop and maintain their independent living skills.

Is the service responsive?

Good

The service was responsive.

People were encouraged to say what they thought of the service and felt their views would be listened to and acted upon.

People's needs were assessed and care plans developed and reviewed with their involvement. Care was person centred and focussed on what was important to the individual and how they wanted to be supported.

People were provided with activities and had a choice about what they participated in.

Summary of findings

Is the service well-led?

Good

The service was well-led.

There was a positive culture within the home. People felt they could approach the new manager and raise any personal or professionals issues.

There were systems for monitoring the quality of the service and working towards continuous improvement.

The registered provider was aware of their rights and responsibilities in relation to notifying the CQC of any significant issues.

Dainton House

Detailed findings

Background to this inspection

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

This inspection was carried out by two inspectors on 18 August 2015 and was unannounced. One of the inspectors had experience of issues relating to mental health.

Before the inspection we received information from external professionals involved with the service. We reviewed information we held about the service, this included notifications of significant events that had taken place since the last inspection.

During our inspection we spoke with three people who lived at the home. We also talked with two members of staff, the manager and the clinical director.

We looked at various records that related to people's care, staffing and the overall management of the service. These included three care plans, three staff files, and other records relating to the management of the service, such as medicines administration record (MAR) sheets and staff training and induction records.

Good

Is the service safe?

Our findings

People told us they felt safe living at Dainton House. One person told us, "It's a safe place" and another person said, "I feel safe here." The provider had taken steps to make sure they safeguarded adults at risk. Staff were sufficiently trained in this area and able to tell us how they identified abuse and what they would do if they considered people were at risk of harm. The manager was able to show us how they ensured staff were up to date with certain policies including 'safeguarding adults at risk' by requiring staff to read and sign the providers' policy and then to discuss the policy at team meetings. The provider had a copy of the local authority safeguarding policy with a list of significant telephone numbers to contact in an emergency. The service downloaded a copy of the 'London Multi-Agency Policy and Procedures on Safeguarding Adults from Abuse' on the day of the inspection to use for reference if referrals were needed in the future.

The manager had completed safeguarding training in her previous role as deputy manager. The manager had only been in post since the end of July and therefore had not completed training in line with her new role. The manager had made enquiries about undertaking Level 3 'Safeguarding Adults at Risk' training with the local authority. This was to ensure they were knowledgeable at a managers level about procedures should they be required to make a referral.

On the day of our inspection, there were nine people living at Dainton House supported by five members of staff, three of whom were therapists and two support workers. (Therapist are defined as having clinical experience and offering support such as psychotherapy whilst support workers are defined as offering general support). We saw staffing levels had recently been increased from one waking night staff to include a sleeping-in member of staff.

During the inspection we saw the therapists supported people to various appointments, leaving two support workers with six people. The support workers were engaged in practical activities such as cleaning and decorating, whilst people generally stayed in their bedrooms. One person told us "They [therapist staff] know more about mental health problems, are more caring and make more effort." We discussed this with the manager who agreed to review the staff's skills and experiences on each shift to meet people's needs at all times.

We looked at recruitment records to make sure all staff had the appropriate checks before commencing employment with the service. The staff files we looked at included notes from recruitment interviews, identity checks, references and police checks. This helped to ensure the suitability of people employed by the service.

We checked medicines to make sure people received them as required. For each person there was a list of medicines prescribed, a record of allergies and a photograph to help minimise the risks of errors when administering medicines. We looked at the Medicines Administration Records (MAR) and saw there were no errors or omissions. Appropriate recording and checks were undertaken for controlled medicines that were held by the home. The manager told us there was a weekly audit of medicines and we saw there was an external audit every three months. Staff regularly refreshed their training online annually.

The service had developed detailed risk assessments. These identified how risks could be managed whilst maintaining people's independence as far as possible. For example, there was clear guidance for staff about the misuse of drugs. The risk assessment outlined the person's history, trigger factors, a plan of action and what to do in an emergency. The risk assessments were reviewed every three months with people receiving a service. In this way people were part of the process and were encouraged to sign the risk assessment as an indication they agreed with it.

Accidents and incidents were recorded and a copy sent to the clinical director who monitored them for trends and patterns. These were reviewed monthly with the homes' manager to consider if action could be taken to prevent re-occurrences.

Good

Is the service effective?

Our findings

Staff said they were supported and received a comprehensive induction when they started employment at the service and regular supervision, appraisals and training. This helped to ensure staff had the skills and knowledge to best meet the needs of people using the service. One member of staff told us, "What I like about this company is that there's a lot of training and a lot of support." Another said they had recently received "amazing training" in working with people who self-harm and those who are diagnosed with a personality disorder. We saw induction workbooks for new staff were detailed and thorough and staff told us they had been a useful introduction to the service, ensuring regular 'shadowing' of existing staff and introduction to areas such as safeguarding, whistleblowing, medication management, risk assessment and risk management, equality and diversity, confidentiality and infection control.

Staff told us they received regular one to one meetings with their manager. These supervision sessions were their opportunity to discuss professional or personal issues and to consider any future training needs and personal development. Staff said they also valued the weekly team meetings which gave them an opportunity to discuss issues in depth.

People were assumed to have capacity to consent and to make decisions for themselves. We observed staff gave people choices about how they could support them and also if they wanted to participate in any activities or groups. We saw that staff respected the decisions people made. Records showed people were involved in planning the care that was to be provided by the service. This included three monthly reviews which were led by the person receiving the service.

The manager and staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards ensure that a care home or hospital only deprives someone of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The registered provider demonstrated a good understanding and awareness of their responsibilities in relation to the MCA and DoLS and knew when an application should be made and how to submit one. The registered provider also had a good understanding of mental health legislation and when this would be more appropriate to use in making sure people were safe and their rights protected.

Dainton House runs on Therapeutic Community lines and as such staff do not use restraint or other restrictive practices. Staff showed instead they had a good understanding of people's needs and behaviours and specific triggers and how they could intervene in a positive way to reduce the escalation of certain situations. Staff we spoke with also knew when they needed to contact and involve other agencies in meeting people's needs.

People were supported to have a balanced diet that promoted healthy living. People we spoke with had mixed views about the food provided. Two people told us, "its ok" whilst another person said "It's sometimes good, sometimes bad, sometimes ok." People decided on their menu at a weekly community meeting and were very much involved in its preparation. The service expects everyone to eat together, although they recognised people would sometimes chose to eat their meals in their bedrooms. We saw people were free to get themselves food and drink whenever they wished.

The service supported people to maintain good mental and physical health and people had access to health care services when they needed them. We saw care plans contained information about the support people needed to access healthcare services such as the GP, community psychiatric nurse (CPN) and mental health teams. Staff monitored people's general health and wellbeing and logged any issues three times a day so possible difficulties could be identified quickly.

During our tour of the premises we saw the communal areas had been decorated to a high standard and were well maintained. The registered provider was in the process of relocating the office so it was in a more central position within the home. The disruption caused by the move was minimised. We were only able to view an empty bedroom, but people told us their bedrooms were well decorated and they had the furniture they required.

Good

Is the service caring?

Our findings

People told us the staff were kind and caring. One person told us, "The staff are really nice people. They're friendly and supportive. It's a caring place. If you've got a problem, staff will chat and listen to you." Another said, "They look after us very well."

Staff were able to tell us in detail about people's preferences, histories and how to support them. Staff were able to give us examples of how they offered support when people became anxious and upset, and what actions would be effective. When we observed interaction between people and staff it was characterised by respect and compassion. People looked at ease and comfortable in the presence of staff. We saw several examples of staff sitting and talking with people in a very relaxed and informal manner.

People's privacy and dignity was respected. People told us staff respected their privacy and would not enter their bedroom without permission. There were circumstances when staff were required to enter someone's bedroom without permission, but this was always undertaken by two staff members. Everyone had their own key to their bedroom and people were free to come and go as they wished, although people were encouraged to say if they were leaving the premises as part of fire safety.

People were encouraged to express their views about the care they received and to be involved in making decisions. People were supported to take the lead in their care plans reviews which were held every three months. If people were unable to lead in the meeting they were encouraged to attend and participate. People also signed their own risk assessments as a way of indicating their agreement.

We saw there were weekly community meeting held between people living and working at Dainton House. Records showed people shared their views about the care and support they received, and where possible action was taken as a result.

People were encouraged and supported to be as independent as they wanted to be. Dainton House provides a therapeutic community which aims to prepare people to move onto more independent accommodation. Everyone living and working at the home was expected to be involved in cleaning, cooking and maintaining the house. In this way people were encouraged to maintain the living skills they already have and to acquire new ones. For example, one person was able to manage their own medicines. We were shown the risk assessments that had been completed by the service to make sure this could be undertaken as safely as possible. Staff were also able to tell us about the staged process people were required to complete so they could manage their medicines independently.

The service understood issues relating to holding people's confidential information. We saw that people's personal information was kept in the office which was locked. People were aware they could choose to look at the information held about them at any time, although in reality we were told people chose not to. The staff we spoke with were able to give a clear explanation of the issues concerning confidentiality and its impact upon their work.

Good

Is the service responsive?

Our findings

People had the opportunity to express their views and concerns about the service and these were taken seriously. One person said, "I'd happily speak to a manager if I had a problem." We saw a copy of the provider's complaints policy which was given to every new person coming to the service in a welcome pack. The policy clearly outlined how people could make a complaint and the process for dealing with this. The policy was lengthy and we discussed with the manager how the complaints leaflet could be simplified so it was more accessible to people who may wish to comment about the service. The manager agreed they would look into devising a more accessible leaflet.

People chose how they lived their lives and this was respected by staff. People told us they were able to 'choose when they got up in the morning, when they went to the shops, to take part in structured activities or just stay in and watch television.' Each person using the service had a designated therapist and keyworker and people were involved in deciding who their designated staff would be. Throughout the inspection we saw staff responded promptly to people's needs and offered them choices. For example we saw staff encourage a person to assist with making lunch, when they declined the member of staff offered alternatives.

There was the structured routine at Dainton House which involved a cleaning and cooking group. In addition there were other groups on offer to people, these included an art, leisure and reading groups. One person told us they felt there should be more activities and groups during the day but those that were happening were really helpful. On the day of our inspection, there was a reading group which involved people reading the daily newspapers and then discussing events of the day. However, no one attended the group, which we were told was not an unusual situation.

Information contained in care plans were specific to the individual and reflected people's life histories, abilities, personal and mental health needs, preferences and goals. This process began before people came to the home when the manager visited the person so they could assess their needs and get to know them better. Information was then gathered from a variety of sources including the person themselves, their representatives and other healthcare professionals. People were at the centre of assessing and planning the care and support they received. The service also took account of people's changing needs and we saw care plans were updated accordingly to reflect any changes in people's needs and wishes. In this way the service was ensuring that care provided reflected people's current and stated needs.

We saw each person also had a recovery plan. The plan was written with people and focused on the stages to recovering from mental ill health. For example we saw in one plan the goal was 'maintaining mental stability'; there was a description of the issue, goals and pathways to achieving the stated aim and a place for the individual to comment.

Good

Is the service well-led?

Our findings

We saw there were a number of opportunities for people to express their views about the service. There was a suggestion box which was accessible to anyone to log their comments, anonymously if they wished. Community meetings were held every week which everyone at Dainton was expected to attend. We saw there was a recent general questionnaire sent out to people who lived in the service. Four completed questionnaires had been received at the time of our inspection and the manager told us they were waiting to see if they received anymore completed questionnaires before analysing the results. We also saw the provider had previously sent questionnaires to stakeholders. This was undertaken every six months and was part of the overall quality monitoring of the service.

The service did not currently have a registered manager in post. The service had appointed a new manager who had been in post since the end of July 2015. The provider was aware of their responsibilities to ensure the new manager's was registered and then later showed us they had initiated the process to become registered. People told us they felt they could approach the new manager if they had any concerns or issues about the service.

The provider had promoted a positive culture within the home that was open and inclusive. Staff told us there was a clear vision and set of values which included involvement, compassion, dignity, equality and safety. Staff said they were fully engaged with these values. From observations and interactions with people we saw staff were committed to these shared objectives.

The clinical manager told us about an external research programme which was designed to evaluate the effectiveness of the Dainton House model. As part of this research stakeholders and professionals had received questionnaires every three months. The research paper had been published in 2012 and we were provided with a copy of the report. The clinical director told us the outcomes from the research were used to develop the services' training and therapeutic programme.

The registered provider demonstrated a good understanding and awareness of their role and responsibilities particularly with regard to CQC registration requirements and their legal obligation to notify us about important events that affected the people using the service, including incidents involving the police. A notification form provides details about important events which the service is required to send us by law.

We saw there were numerous audits and checks to assess and monitor the quality of the service to make sure it offered high quality care. The manager checked care plans and risk assessments to ensure they were up to date and written in a way that was accessible to people should they wish to review the information. There was a weekly audit of medicines and a more comprehensive check every three months by an external pharmacist.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.