

Mr Vincent Kelly

# Damascus 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 ●

# Summary of findings

## Overall summary

The inspection was carried out on 12 June 2018, and was an unannounced inspection.

Damascus House does not conform to Building the Right Support and Registering the Right Support guidance. However, people were given choices and their independence and participation within the local community encouraged. The service accommodates up to 12 people in one adapted building. At the time of our inspection 12 people were in residence.

At the last Care Quality Commission (CQC) inspection in 10 March 2016, the service was rated Good.

At this inspection we found the service remained Good.

People continued to be safe at Damascus House. People were protected against the risk of abuse by staff who understood their responsibilities to keep people safe. Medicines were managed safely and people received them as prescribed. The registered manager needs to ensure the temperature of the room where medicines are stored is monitored to ensure they are within manufactures' guidelines.

Staff followed appropriate guidance to minimise identified risks to people's health, safety and welfare. There were enough staff to keep people safe. The provider had appropriate arrangements in place to check the suitability and fitness of new staff.

People had their care plan's reviewed and they reflected the support they needed. Staff received regular training and supervision to help them to meet people's needs effectively. Training reflected people's changing needs.

People were supported to eat and drink enough to meet their needs. They also received the support they needed to stay healthy and to access healthcare services.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005.

Staff were caring and treated people with dignity and respect and ensured people's privacy was maintained. People were supported to make choice and decisions over their lives. Staff supported them in the least restrictive way possible.

Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people that mattered to them.

The provider had a complaints procedure in place. It was made available to people to enable them to make a complaint if they needed to. Regular checks and reviews of the service continued to be made to ensure

people experienced good quality safe care and support.

The registered manager provided good leadership. They supported staff positively and promoted an open culture which focussed on people experiencing good quality care and support. People and staff were encouraged to provide feedback about how the service could be improved. This was used to make changes and improvements that people wanted.

Further information is in the detailed findings below.

## 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 remains safe

### Is the service effective?

Good ●

The service remains effective

### Is the service caring?

Good ●

The service remains caring

### Is the service responsive?

Good ●

The service remains responsive

### Is the service well-led?

Good ●

The service remains well-led.

# Damascus 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 was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated Good at least once every two years. This inspection took place on 12 June 2018 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. The expert by experience had personal experience of using similar services, working with people who have a learning difficulty.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

We engaged with eleven people who used the service and spoke in detail with six people. We spoke with four support workers, the registered manager the deputy manager and the provider.

We looked at the provider's records. These included three people's care records, which included health action plan, risk assessments and daily care records. We looked at three staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including training records. The information we requested was sent to us in a timely manner.

# Is the service safe?

## Our findings

People said, "I'm not frightened here." and "Here is nice and safe." Throughout the day we saw that people were at ease with staff.

People continued to be protected from abuse or harm. Staff receive regular updates in training. They told us they found this useful as it helped them stay aware of signs of abuse or harm. Staff told us what action they would take to safeguard people should they have concerns. Staff were aware of the company's policies and procedures and felt that they would be supported to follow them. Staff told us that they felt confident in reporting concerns if they had any. There were appropriate arrangements in place for managing people's finances which were monitored by the registered manager. We saw people had the appropriate support in place where it was needed. One person told us the staff supported them with their safety. They said, "When I'm out if I have problems I ring here (Damascus House). I once missed the bus and they (staff) sent a taxi for me." Minutes of resident's meeting showed people were regularly reminded to tell staff if they had any concerns or were worried about being safe.

People continued to be protected from avoidable harm. Staff we spoke with had a good understanding of people's individual behaviour patterns. For example, what may upset a person and cause them to become anxious as well as what they could do to distract and calm a person. Records provided staff with detailed information about people's needs. Many staff had worked at Damascus House for several years and knew people well. People were supported in accordance with their risk management plans. Throughout the day we saw staff support people according to these plans. Risk assessments were specific to each person and had been reviewed regularly over the last 12 months.

The risk assessments continued to promote people to take risks in a positive way. For example, people were encouraged to go out into the community with the level of support they needed. Some people could go out without any support whilst others may require a member of staff to accompany them. The care plans we looked at included relevant risk assessments, such as, going out into the community and road safety. These identified actions staff needed to take to minimise risks. For example, a person was becoming anxious when they returned for their day service. Their care plan provided instructions to staff on how to distract the person as soon as they returned ensuring the person and other people living at the service were safe. This meant people were supported to take responsible risks as part of their day to day life with the minimum restrictions.

Records of any accidents or incidents were maintained. This meant any patterns in health and behaviour could be recognised and addressed. All staff we spoke with told us that they monitored people and checked their care plans regularly to ensure that the support provided was relevant to the person's needs. Staff told us what learning had taken place following an incident where a person fell down stairs. Risk assessments were amended and checks to the stairs as well as foot wear were made.

There were enough staff to support people. Staff rotas showed the registered manager took account of the level of care and support people required each day, in the service and community, to plan the numbers of

staff needed to support them safely. The provider was in the process of changing the shift patterns and as a result was recruiting more staff to ensure that people continued to receive the level of support they needed. Throughout the day we saw staff present and available to people when they needed support. The atmosphere in the service was calm and people were encouraged to carry out their own tasks with the support they needed from staff.

The registered manager and provider continued to maintain recruitment procedures that enabled them to check the suitability and fitness of staff to support people. Records showed the provider carried out criminal records checks at three yearly intervals on all existing staff, to assess their on-going suitability.

Suitably trained staff continued to follow the arrangements in place to ensure people received their prescribed medicines. Medicines were stored in a room that was also the office and bedroom for staff when they were on a sleep-in night shift. The temperature of this room was not being monitored to ensure it remained within the temperature guidelines set by manufacturers for medicines. We discussed this with the registered manager who told us they would make arrangements to monitor the temperature. People's records contained up to date information about their medical history and how, when and why they needed the medicines prescribed to them. Appropriate assessments had been undertaken for one person who administered their own medicines. The staff told us that the person often went out to meet family and friends and this supported them to remain as independent as possible.

The service continued to have plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk, for example, in the event of a fire. Each person had a personal emergency evacuation plan (PEEP) in place. Risks associated with the premises continued to be assessed and relevant equipment and checks on gas and electrical installations were documented and up to date.

## Is the service effective?

### Our findings

We asked people if staff always sought their consent before supporting them and people said, "I need help with a shower, staff ask me what help I need." Another person said, "I think they do."

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were.

People continued to be supported to have enough to eat and drink and given choice. Staff were aware of people's individual dietary needs and their likes and dislikes. Care records contained information about their food likes and dislikes. During the day we heard staff preparing the midday meal and asking people what they would like. It was also clear from the conversations that staff knew people's preferences. One person said, "I like the food here." Another person told us, "I do like the food here but I don't want to eat it at the same times. I microwave it (the meal) when I want to eat it. I like to do my own cooking and make fish and chips and Lasagne. I don't have to wait for help really. I don't use knives and don't cut tomatoes. I have to wait for help then." Staff told us one person was trying to lose weight and they were supporting them with a healthy eating plan.

The kitchen was clean and we saw staff regularly wiping surfaces and mopping the floor. We checked a sample of food stored in the kitchen and found that food was stored safely and was still within the expiry date. Food in packaging that had been opened was not appropriately labelled with the date it was opened so that staff were able to ensure food was suitable for consumption. The registered manager made arrangements for this to be done immediately.

Since our last inspection, records showed staff had undertaken mandatory training and refresher training in topics and subjects relevant to their roles. We also saw the registered manager had arranged for all staff to receive dementia awareness training. This was because two people living at the service had recently been diagnosed of living with dementia. The manager told us they wanted staff to understand the possible changes in people's behaviour and be equipped to continue to support people effectively. Staff told us they had found this training very interesting and useful in helping them understand the changes people were experiencing. The registered manager checked how staff were through an established programme of regular supervision (one to one meeting) and an annual appraisal of each staff members work performance. Staff told us they felt well supported by the registered manager. A staff member told us. "The manager is very supportive and compassionate."



People continued to be supported to maintain good health. Staff ensured people attended scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist health needs. When we arrived one person was about to be taken to see the consultant and the staff member supporting them reassured them concerning the appointment. One person said, "The doctor listens to me." Another person told us "Doctor, seeing Doctor tomorrow. (deputy manager) helps me, My back hurts."

Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively. Staff monitored people's changing health care needs. For example, a person had an accident and as a result staff had been providing increased support. During this period staff noticed a change in their pattern of behaviour. A referral was made to the GP and as a result a significant health issue was diagnosed. Following this staff noted other changes and again referred to the GP. The person was then diagnosed with dementia. This shows that staff were aware of people's changing needs and people could be confident of receiving care and support from staff who knew their needs.

The provider's ethos was to create a homely environment to meet people's individual needs. This was achieved by the design and decoration of the service. People told us they were able to choose the decoration in their bedrooms, they told us this was important to them. People had access to the garden as well places to spend time alone if they chose to. One person said, "I like my bedroom. I can spend time here or go into the lounge."

## Is the service caring?

### Our findings

A person told us, "Staff I like them. They are kind and gentle." Another person said, "I like living here. (Provider) opened Damascus House on 20 April 1992. It's a happy home in a quiet area."

Since our last inspection, the registered manager had continued to ensure people's individual care plans were maintained and up to date. This provided information for staff on how to meet people's personal and health needs.

Without exception staff were kind, caring and respectful of all the residents treating them with respect in line with their needs and preferences. A new staff member was on duty as part of their induction. We saw them helping to prepare lunch and talking kindly and gently to people; asking their preferences. We observed them talking happily to everyone. People living at the service responded by returning their own smiles and they appeared to be very comfortable with the new staff member.

Staff had a good understanding of treating people with respect and dignity. Staff told us they kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care. A senior member of staff had shown us around the service when we arrived and knocked on people's bedroom door to ask if we could come into their rooms. We only entered if the person agreed. Staff we spoke with, spoke about people respectfully and told us they felt this was because the provider and registered manager encouraged them to regard Damascus House as people's home. We did note that all staff wore slippers. We were told, "It's because this is their home and we would wear slippers at home." Staff also told us that the provider and registered manager respected them as staff and this helped create a happy working environment.

During the day one person became cross with another person and told them to 'shut up please'. They then went upstairs to their bedroom. A staff member followed to speak with them. Later the person told us they had apologised to the person they were cross with and were friends again. Later in the afternoon we saw the person being very kind and caring to the person they had been cross with and helped them to sit down safely. This shows that staff understand how to support people who live in a communal environment to live respectfully with one another.

We saw people could spend time the way they wanted. For example, a person returned from the shops with a magazine and then sat in one of the communal lounges to have a cup of coffee. Another person chose to stay in their bedroom. Throughout the day people were coming and going from various activities and appointments.

People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. The deputy manager told us how they supported people to access different activities throughout the week. This included local day services as well as a community farm and local adult education classes. We saw that where people had achieved certificates these were displayed in their bedrooms. This showed they were valued and something to be proud of. People were encouraged to take

responsibility for their own environment and clean their bedrooms. They were supported where they needed help with laundry, cleaning, personal shopping tasks and travel in the community. All these activities promoted people's independence.

## Is the service responsive?

### Our findings

People said, "I have a Care Plan. It's in the office. I can look at it." And "I like arts and crafts."

People continued to be active and participated in a variety of activities and events that met their social and physical needs. People told us they could do a variety of activities. One person told us, "I have saved £30.00." This was towards their spending money for their holiday. Another person returned from the shops with some chocolate to take on holiday with them. People were supported to go on holidays, eat out and days out to the places of their choice. Throughout the day people talked about their upcoming holiday to Blackpool. People showed us the clothes they had chosen to take with them. People were excited and happy to be going away on their holiday.

Staff continued to help people to stay in touch with their family and friends. People told us they could see their family. One person said, "My (relatives) come to see me and we go out for a pub lunch." Another person said, "My family can visit and Mum has had our dinner together." They maintained an open and welcoming environment and family and friends were encouraged to visit the service.

People continued to receive personalised support which met their specific needs. Each person had an up to date care plan which set out for staff how their needs should be met. Care plans contained information about people's likes, dislikes, allergies and their preferences for how care and support was provided. For example, a person had a temporary change in needs and their care plan gave detailed instruction on how to support the person during this time including promoting a change in diet as a result.

Care plans were reviewed throughout the year or whenever needed. We saw that people were involved in reviews and where possible they signed to say they had been involved. Where people's needs changed plans were updated accordingly, to reflect the changes. Staff were kept informed of changes through handover and diary notes. Many people had lived at the service since it had opened and many staff had worked there for many years. Staff had a detailed knowledge and understanding about people's needs, preferences and wishes. Staff spoken with said they always read the care plan in case people's needs had changed and information was shared within the staff team so staff coming on shift knew if someone had been unwell how their day had been.

The provider continued to have systems in place to receive people's feedback about the service. The provider sought people's and others views by using regular questionnaires to gain feedback on the quality of the service from the people who used the service. The provider and registered manager kept in contact with family members. Families were supported to raise concerns and to provide feedback on the care received by their loved one and on the service. The completed questionnaires showed that all people who used the service, families and those who worked with people were satisfied with the care and support provided.

Organisations that provide publicly-funded adult social care are legally required to follow the Accessible Information Standard (AIS) which says services should identify, record, flag, share and meet information and communication support needs of people with a disability, impairment or sensory loss. We found

information had been made available to people using the service to meet their communication needs. This included a number of documents, including key policies and procedures, using easy read words supported by symbols and pictures to assist people's understanding.

The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these should arise. The complaints procedure was made available in the service and used pictures and simple language to help people state who and/or what had made them unhappy and why.

## Is the service well-led?

### Our findings

One person said, "(Registered manager) is the boss, a good boss.", People also told us they knew who the registered manager and the provider were and could speak with them when they wanted to.

People who used the service and staff we spoke with spoke positively about the management of the service. One staff member told us, "There's no 'them and us'. Damascus life is all about equality. People know what they are doing. Care first, profit second. Another staff member said, "Staff feel valued. It's one big family. We are all treated the same. We work as a team." Another staff member commented, "I can have a view different from everyone's but still feel respected. I feel respected by the provider and the manager."

All staff were aware of the ethos of the service. 'to be kind to one another'. Staff told us that as part of this ethos the evening meal was always eaten together and was seen as important time of the day to share, like any family, the day's events. All the people we spoke with told us that they felt comfortable raising queries with the management team and found all staff to be approachable.

During the day the provider visited and it was clear from how people reacted they knew them well and there was an easy relationship. It was the same with the registered manager. For example, we saw people able to discuss things with the registered manager such as their upcoming holiday. This demonstrated that people felt confident and comfortable to approach the registered manager. We observed people engaging with the provider and registered manager in a relaxed and comfortable manner.

Staff told us that the management team continued to encourage a culture of openness and transparency. Staff told us that they could approach the registered manager and provider at any time. Staff said, "Management is good. We always get thanked at the end of a shift and at staff meetings we are told we are doing a good job." and "We all look after each other here. It's a good ethos."

The registered manager continued to follow good quality assurance and used the information obtained to review the service. They completed monthly audits of all aspects of the service, such as medication, kitchen, infection control, care records, learning and development for staff. Where audits identified areas they could improve upon, the registered manager developed action plans and ensured improvements were made.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.

The service worked well with other agencies and services to make sure people received their care in a cohesive way. The local authority told us they were responsive to people's needs and ensured they made appropriate referrals to outside agencies.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.