

Deaconstar Ltd

# Deaconstar Limited

## Inspection report

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20 November 2023  
23 November 2023

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Deaconstar Limited provides personal care and support to people living in 'supported living' settings across Bishop Auckland, so that they can live in their own home as independently as possible. The service provides support to people with a learning disability and/or autism. At the time of our inspection there were 18 people using the service.

### People's experience of the service and what we found:

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support:

Medicines were given safely but some systems needed review to ensure best practice was always followed. We have made a recommendation about medicines. 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 supported this practice. Some documents relating to people's mental capacity required update and the registered manager had contacted relevant parties to start this process. The service had plans and guidance to support people with identified risks. Care was person centred and promoted choice and independence. People were supported to achieve positive outcomes. People were supported by staff who received an induction and ongoing training.

### Right Care:

People received kind and compassionate care. Feedback from people and their relatives was all positive. Some relatives told us staffing had improved and people had more consistent staff teams. Staff knew people well, understood and responded to their individual needs. Staff promoted and respected people's right to privacy, dignity, and respect. Staff knew how to protect people from the risk of harm and abuse. People were fully supported to live a life of their choosing and to increase their independence.

### Right Culture:

The registered manager listened to concerns and promoted a positive culture that was person-centred, open, and inclusive. Concerns and complaints were listened and responded to. Staff were supported and given opportunities to feedback about the service. Quality assurance processes enabled continuous improvement. As the registered manager had not been in post long some systems and processes were still in development, but plans were in place and being acted on. There was a learning culture and learning was shared. There was good communication with partner agencies to support people's health and wellbeing.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 6 March 2018).

### Why we inspected

This inspection was based on the length of times since we last inspected.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Deaconstar Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Recommendations

We have made a recommendation in the safe key question in relation to medicines management. Please see this section for further details.

### Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

# The five questions we ask about services and what we found

We always ask the following five questions of services.

|  |                      |
|--|----------------------|
| <p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>             | <p><b>Good</b> ●</p> |
| <p><b>Is the service well-led?</b></p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p> | <p><b>Good</b> ●</p> |

# Deaconstar Limited

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 2 inspectors and an 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.

#### Service and service type

This service provides care and support to people living in 3 'supported living' settings, so that 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was announced. We gave 48 hours' 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. We visited the location's office on 20 November 2023. An Expert by Experience made telephone calls to relatives on 23 November 2023.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 7 people about their experience of the care provided and 7 relatives. We spoke with the registered manager, and 2 support workers. We received feedback from 4 staff by e-mail. We looked at written records, which included 4 people's care records and 2 staff files. A variety of records relating to medicines and the management of the service were also reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People were supported to receive their medicines safely.
- Medicines were administered and signed for safely. Medicines records were regularly checked.
- For some people it was not clearly documented how and when topical medicines, such as creams applied to the skin, should be given. There was not always a 'body map', a chart showing where creams should be applied.
- One person was prescribed insulin, although this was given safely, some supporting documents were inconsistently completed. The registered manager advised they would seek support around what staff needed to record.

We recommend the provider reviews their medicines practices following good practice guidance.

### Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- The provider had a safeguarding process for staff to follow.
- Staff received safeguarding training and were aware of when and how to report any concerns. One staff member told us, "Before joining the company you have to do safeguarding training which entails the different types of abuse people may face in addition to what signs to look out for."

### Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe. Several people told us staff helped them to cook and do household tasks safely. One person told us how staff had taught them to use an air fryer independently. Another person said staff helped them to iron, and told us, "Staff are there to keep me safe".
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. Risk assessments included positive risk taking and the measures in place to reduce any potential risks. One relative told us, 'Yes, [person] is very safe'.

### Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. The provider operated safe recruitment processes.
- The service had enough staff, including for one-to-one support for people to take part in activities and

visits how and when they wanted.

- People told us they had consistent staff that they knew well, and relatives told us consistency of staff had improved. One relative told us, "Yes, they have enough staff, I know most of the staff and they want to look after [person]."
- Staff recruitment and induction training processes promoted safety. Staff knew how to consider people's individual needs, wishes and goals.

#### Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- People were encouraged and supported to keep their homes clean and tidy. Some people told us they took a pride in doing this but had support from staff if needed.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

#### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately.
- Lessons learned were shared to improve practice.

#### Is consent to care and treatment always sought in line with legislation 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 MCA 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.

- The provider was working in line with the Mental Capacity Act.
- People were asked for their consent before support was given and involved as fully as possible in decision making.
- Support was planned in the least restrictive way. People and relatives told us people were not restricted from doing what they wanted to do.
- For some people documents relating to MCA required updating. The registered manager had contacted relevant parties to review and update these.

# 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.

At our last inspection we rated this key question Good. At this inspection the rating has remained 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

- There was a positive and open culture at the service. The provider had systems to provide person-centred care that achieved good outcomes for people.
- All of the people and relatives we spoke with told us that people were supported well and achieved positive outcomes. One relative told us "[Person] has come on leaps and bounds since they've been there, they're a different person, they're treated very well."
- Staff understood the values of the service and told us they worked to achieve these. A staff member told us, "We always try and put our service users' needs and wants first and do our best to promote a high life quality for the individuals we care for."
- Most people, relatives and staff told us there was an open culture and they were encouraged to discuss any issues. Staff felt supported by the management and their colleagues.
- The registered manager promoted equality and diversity in all aspects of the running of the service.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. The provider had created a learning culture at the service which improved the care people received.
- Quality assurance systems and governance arrangements were in place to identify areas for improvement and actions required. The management had several action plans to monitor and continually improve.
- There was a registered manager in post who understood their role and requirements of the position. We received positive feedback from people and relatives about the management of the service. One relative told us, "I think there are new managers as things are much improved."
- The provider understood their responsibilities under the duty of candour.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- Systems were in place to gather feedback from relatives and people including surveys and meetings.

People had regular meetings with named staff, their keyworkers. They told us they could make suggestions at these meetings and that they felt listened to. One relative told us, "I get asked about the service, I'm asked for feedback."

- Staff were consulted through regular surveys and meetings. Staff told us they felt able to put forward suggestions about what worked well and how the service could improve.

#### Working in partnership with others

- The provider worked in partnership with others.
- The service worked in partnership with a range of other health and social care services.
- Records showed there was regular contact with GPs, practice nurses and a range of other health care professionals.