

Deaconstar Ltd

Deaconstar Limited

Inspection report

The Old Court House
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Tel: 01388663662

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09 February 2018

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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 took place on 9 February 2018 and was unannounced.

We last inspected the service in January 2016 and rated the service as Good. At this inspection we found the service remained Good and met all the fundamental standards we inspected against.

Deaconstar Limited provides care and support to 20 people living in six 'supported living' settings across Bishop Auckland, so that they can live in their own home 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 provides care and support to people with learning disabilities and many people also accessed the provider's day service based at the registered location site.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection the registered manager was on holiday so we met with the provider.

Staff and the management team understood their responsibilities with regard to safeguarding and had been trained in safeguarding vulnerable adults. People we spoke with told us they felt safe living in their homes.

Where potential risks had been identified an assessment had been completed to keep people as safe as possible. Accidents and incidents were logged and investigated with appropriate action taken to help keep people safe. Health and safety checks and meetings to discuss safety were completed and procedures were in place to deal with emergency situations.

Medicines were managed safely and administered to people in a safe and caring way.

There were sufficient numbers of staff on duty to keep people safe and the provider had an effective recruitment and selection procedure in place.

Staff received the support and training they required. Records confirmed training, supervisions and appraisals were up to date and forward planned. Staff told us they felt supported by the management team

at the service.

People's needs were assessed before they started using the service and were continually assessed in order to develop support plans.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported with their dietary needs and meals were planned weekly based on people's likes and dislikes and specialist support had been sought where needed.

People who used the service were complimentary about the standard of care and support at the service. People were involved in making decisions about their care and the home they lived in, and were supported to be independent where possible.

The service was moving to a more person centred care plan approach and had changed their risk assessment template to reflect this. Person-centred is about ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account. The provider told us they planned to take forward this work to ensure care plans were to the same person centred content.

People accessed a wide range of activities and people were supported with employment and learning opportunities.

The service had good links with the local community and local organisations.

People and staff were positive about the management of the service. The registered manager and provider had a daily presence at the service.

The provider had an effective complaints procedure in place. People who used the service were aware of how to make a complaint and met together regularly with the staff team to talk about issues about the house, staff team and living together. Feedback systems were used to obtain people's views about the quality of the service.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Deaconstar Limited

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 was 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 took place on 9 February 2018 and was unannounced. This meant the provider did not know we were coming.

One adult social care inspector carried out the inspection.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let the Commission know about.

We contacted the local authority safeguarding and commissioning teams and Healthwatch. Healthwatch are the local consumer champion for health and social care services. We used their comments to support the planning of the inspection.

During the inspection we spoke in depth with people who lived in two of the provider's six houses across Bishop Auckland. We spoke with the provider, day service manager and two support workers. We looked at a range of records including six people's care and medicines records, four recruitment records and other records relating to the management of the service such as audits and surveys.

Is the service safe?

Our findings

We visited people in two of the six houses where the service provided support to people. People told us they felt safe with the staff provided by Deaconstar Limited. Comments included, "I'd talk to the staff if I wasn't happy about any other staff member," and "The staff help me with anything and are always there if I need them."

The provider's safeguarding policy and procedure described the definitions and categories of abuse, and procedures for staff to follow. An out of hours procedure, including who was on call, was available to staff on each house's notice board. We found the management team understood safeguarding procedures and staff we spoke with had a good knowledge of safeguarding, and had been trained in how to protect vulnerable people.

We discussed staffing levels with the day services manager and the provider and looked at staff rotas. The day services manager told us staff were flexible and covered any absences themselves, so continuity of care was provided. People we spoke with did not raise any concerns regarding staffing levels at the service. Two staff we spoke with agreed that staffing levels were safe and said, "We are well staffed, they would bring someone in if needs be." This meant there were sufficient numbers of staff on duty to keep people safe.

Staff were supported to work in safe ways. We saw they had been trained to deal with emergency situations and on our arrival staff ensured we were made familiar with the fire evacuation procedure.

Risk assessments were in place for people who used the service and staff. Each risk assessment was very personalised and described the activity, details of the hazards and nature of the risk, steps taken to reduce the risk, and whether any further action was required. We saw the service responded quickly to any identified risks for example, one person was vulnerable when in the community and there were clear prompts for staff to follow to ensure the person remained safe by having their money, bus pass and phone with them and a procedure for staff to follow should the person not return home by the time they stated. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

We found the provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

The provider had an infection control management policy in place that described the responsibilities of staff, the procedures to follow to prevent and control infection and who to report any concerns to. The staff team were responsible for cleaning and there were schedules to confirm tasks had been completed. .

Electrical testing, gas servicing and portable appliance testing records were all up to date for each of the properties where people lived and the registered office location. Risks to people's safety in the event of a fire had been identified and managed. For example, fire alarm and fire equipment service checks were up to date, fire drills took place regularly and people had Personal Emergency Evacuation Plans in place. The provider had recently drafted a business continuity plan that covered possible emergencies such as staff shortages, accidents and fire to ensure the service could respond appropriately and manage any risks relating to people and staff safety.

We found appropriate arrangements were in place for the safe administration and storage of medicines.

Medicines were stored in secure cabinets in each home. Each person had an individual medication administration record that included a photograph of the person, GP contact details, details of any allergies, and information on how the person preferred to take their medicines. There was written guidance for the use of 'as required' medicines and staff were provided with a consistent approach to the administration of this type of medicine. All staff had been trained to Level 3 in relation to the safe administration of medicines by the service's training lead. Medicines were checked by the registered manager and the overall service manager who was also a registered learning disability nurse every month.

Is the service effective?

Our findings

People told us they received effective care and support from well trained and well supported staff. One person told us, "The staff talk to me and listen to me."

All staff we spoke with said they felt supported by the management team. We saw regular supervision sessions took place and staff we spoke with said they were meaningful and effective. Supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and observation in the workplace. One staff member told us, "We are a good team and the management are always there."

Staff members were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff members we spoke with told us they received mandatory training and other training specific to their role. Mandatory training is training that the provider thinks is necessary to support people safely. The provider had their own training lead who delivered or planned mandatory training and supported those staff undertaking NVQ qualifications. One staff member told us, "[Name] the provider has supported me to do a Level 3 award in sports science and I run the gym here and do a lot of rehabilitation work with people."

New staff completed an induction and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care. One staff member who had joined the service over a year ago told us, "I felt very welcomed and was given lots of training. I had never worked in care before so it was all very new to me but I have had all the support I need."

We saw records that showed that staff from each house met together regularly with the registered manager and minutes were kept of these meetings which everyone signed. We saw that as well as day to day issues, feedback was given to the staff team and issues relating to people they were supporting were also discussed.

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. The registered manager was aware of their responsibilities under the MCA. People's capacity to make decisions had been assessed and they had been asked to consent to their care and treatment, we saw this in the care records we viewed. The registered manager told us the staff team received training on the MCA and understood its principles.

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. We checked whether the service was working within the principles of the MCA. The registered manager told us that where people lacked the capacity to consent to their care and

support, mental capacity assessments were undertaken and decisions were made in their best interests. Where a person's next of kin was involved in decisions, the registered manager ensured they saw evidence of their legal authority to act on their behalf.

People's needs were assessed before they started using the service by the registered manager and service manager who was a registered nurse for people with learning disabilities. The provider told us how one person had recently transitioned to the service and had been supported to do so by a series of visits to the home to get to know other people and the staff team.

People were supported to receive a healthy and nutritious diet. Information relating to any specific dietary needs was included in people's plans. People met together to choose their menu on a regular basis and we spoke with people who told us they were supported by staff to help with shopping and cooking in their home. One person told us, "I can choose, we have a menu," and another person said, "We go and help with food shopping." We saw people with specific dietary needs had this clearly recorded in their plan of care and the service worked with speech and language therapists to ensure safe and consistent guidelines were in place. We saw for one person they were supported to consume plenty of fluids to promote good hydration. We saw the person's preferences were detailed and staff served these from a jug with measures so they could record the amount consumed and support them to achieve a set fluid target.

We saw people had access to a range of external healthcare professionals. We saw any medical concerns were quickly attended to and the service enjoyed positive relationships with GP practices. Everyone had a health passport and annual review in place. A health passport is a document that gives healthcare professionals key information about people's health and communication needs if they need to go into hospital for example. Staff told us they would know what to do if they thought a person they supported was unwell. They said they would inform the on call manager straight away, or call an ambulance if it was urgent.

Is the service caring?

Our findings

People were supported to maintain relationships by the service. We spoke with one person who said, "I like it here, I like visiting my mam and I have a lovely friend here."

People were involved in making decisions about their care and the house they lived in. We saw people were regularly asked if they were happy with the support from Deaconstar Limited as well as asking if staff supported people's privacy. These easy read surveys also asked people if they received enough support if people had religious beliefs. Regular meetings took place between staff and people, and decisions and choices were clearly recorded.

People were supported to be independent where possible. Care records described what tasks people could carry out independently and what tasks they needed support with. For example, one person needed help to manage stairs. Their plan detailed how staff advised the person to hold the rails and how if they chose not to, then it was in their best interests for staff to wait with them until they chose to do so. Staff also were guided to stand at the side of the person to reduce their risk if the person was to fall.

We observed staff's interactions with people in the homes and day service. Staff consistently interacted with people with warmth, fun and kindness. We spoke with one person who recently had a close family bereavement. They told us, "I've talked with staff as I've been upset and its helped a lot, I have a photo of them [their relation]. Staff we spoke with knew people's needs extremely well, and could describe their likes and dislikes as well as their life histories. This underpinned the respect and consideration shown, with staff exhibiting a genuine empathy and concern for people's well-being. One staff member we spoke with told us, "It's like a family atmosphere here, I love it."

The service took maintaining people's privacy and dignity seriously. Staff members also told us that they always knocked before entering a room even when the door was open. Our observations confirmed staff treated people with dignity and respect and care records demonstrated the provider promoted dignified and respectful care practices to staff. We observed one staff member when we were visiting one of the houses ask the person present, "Is it alright if I use the toilet?" showing they had respect for the person's home.

Staff members told us about their 'key working' duties and how they helped people maintain relationships with their family as well as supporting people with shopping, and planning holidays and activities.

We saw that people with specific communication needs had tools in place to support them. We saw that one person used a communication book to support them to identify their needs to staff and they had detailed plans in place to enable staff to assist them to use this effectively. Another person told us, "I write my feeling down and share it with staff, that helps me."

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The provider had information

available and worked with people's care managers to ensure people's rights were upheld. We spoke with one person who spoke of making choices about where they wanted to live. They told us that staff supported them and talked through options with them as well as speaking with their social worker who would discuss their concerns further with them.

Is the service responsive?

Our findings

The service was responsive. One person we spoke with said, "They are like a family. Deaconstar have helped me so much and know me so well."

We saw that care records were reviewed and evaluated every month and a full review took place annually.

Each person's care record included important information about the person including their family history, likes and interests, and communication skills. An 'All about me' document recorded what was important to the person, how best to support the person and what other people liked about the person.

Care records were in place and were individual for each person. Care plans covered areas such as communication, daily living skills, people's daily routines, nutrition, medication, personal care, safeguarding and social relationships. The service's Management Action Plans [MAPs] described the person's ability with a particular task, what support they required and what the expected outcome was. We saw that risk assessments had recently been changed to a more person centred format which ensured that the person was at the heart of how they wanted their support to be delivered. We discussed with the provider that this would benefit the MAPs currently in place as they could be quite task orientated rather than about how the service was supporting people to achieve their potential. The provider agreed they would continue with this work that had begun with the risk assessments.

Daily records were maintained for each person who used the service, including nutrition, continence, communication and interests, personal care, activities, and daily living skills.

People had specific one to one time each month with their key worker where they reviewed their care and support and also completed a 'dreams and wishes' document. The dreams and wishes recorded what a person wanted to do, how they would do it and what support the person needed to achieve it. We saw one person had stated they wished to go and see 'Dancing on Ice' show and that they needed staff to help them save money and to support them to stay healthy to achieve this goal. One person told us, "I have a plan about money. The staff help me manage my money so I don't spend too much."

We found the provider protected people from social isolation. People had individual activity planners in place and these were evaluated with them for example whether people had enjoyed the activity. Staff told us that activities were based around people's needs and many people attended the day service also run by the provider. Here facilities included a gym, sensory room and large function room where many people enjoyed a weekly club night. We saw the function room had been decorated by people who were looking forward to a Valentine's disco this week.

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. We saw via the service's quality assurance procedure that the registered manager sought the views of people using the service on a regular basis and this was recorded. People had monthly one to one time where they spent time with staff reviewing their care and whether they had any concerns or worries. The complaints

policy also referred to external agencies which people could use if they preferred. This information was also supplied to people who used the service using symbols and an easy read format.

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager was on annual leave on the day of our visit and we met with the provider who had set up the service and was regularly at the location on a day to day basis. Staff and people we spoke with during the inspection spoke highly of the provider and the registered manager.

Written feedback about the management team from healthcare professionals included, "[Name] the service manager is very passionate about her role. [Name] actively seeks out support from all health professionals to ensure the health needs and well-being of those she supports is addressed appropriately."

Staff we spoke with felt supported by the registered manager, service manager and provider and told us they were comfortable raising any concerns. Observations of interactions between the provider and staff showed they were open and positive. Throughout the day we could see the provider visiting the different areas of the service and checking in with everyone. One staff member told us, "There have been big changes and the service is improving all the time, we all talk to each other and if there are any issues we can talk to the managers, they are always around."

We saw that the staff had regular meetings with people who used the service to seek their views and ensure that the service was run in their best interests. The service had just carried out surveys with people in December 2017 and told us they would share the overall results with people. This showed the service listened to the views of people.

Staff told us that morale and the atmosphere at the service was very good and that they were kept informed about matters that affected the service. One staff member said; "I love working here, there is never a day when I don't want to come to work." They told us that staff meetings took place regularly and that were encouraged to share their views and to put forwards any improvements they thought the service could make. We saw records of staff meetings which had taken place and issues discussed included health and safety, training and service changes and development. This showed that staff were involved in the running of the service

The service carried out a range of audits as part of its quality assurance programme. We saw the management team had conducted regular checks on issues such as staffing, medication, health and safety and the environment. This demonstrated that the provider gathered information about the quality of their service from a variety of sources.

The service maintained excellent links with the local community. People who used the service accessed local shops and leisure facilities and we were told that the service had an open door policy to family and people's friends. The service worked closely with local colleges providing placements for students and the provider held a weekly social club on a night for people and their friends to attend. The provider was also keen to share their facilities such as the sensory room, to people with learning disabilities in Bishop

Auckland and other organisations were welcomed to use them.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law. The provider was displaying their previous CQC performance ratings at the service in line with legal requirements.