

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Dunsland

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Date of Inspection: 05 June 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Cephas Care Limited
Overview of the service	Dunsland is a residential home for up to 14 adults with a learning disability.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 June 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask:

- Is the service safe?
- Is the service caring?
- Is the service responsive?
- Is the service effective?
- Is the service well led?

Below is a summary of what we found. The summary is based on our discussions with four people who used the services and three staff members. In addition we looked at two people's care and support plans.

Is the service safe?

Risk assessments were in place to ensure that as far as possible people were safe in the home and that staff were safe in their working environment. Where risks to people had been identified measures had been taken to minimise or remove them. Appropriate vetting of staff combined with on-going support and appraisal meant that the provider took reasonable steps to ensure that vulnerable adults were protected from the risk of abuse. We looked at staff rotas and found that there were enough qualified, skilled and experienced staff to meet people's needs throughout the day and night.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to all care services. At the time of the inspection no applications had needed to be submitted. Proper policies and procedures were in place so that people who could not make decisions for themselves were protected. Relevant staff had been trained to understand when an application should be made, and how to submit one.

Is the service caring?

People we spoke with said that staff treated them with respect and consideration. They felt that staff listened to them and took time to explain things. People also told us that they were consulted about the care and support they received.

People's needs were assessed and care and support was planned and delivered in line with their individual care plans. The care plans we looked at were personalised and detailed and provided a good level of information for the staff providing the care.

During the inspection we observed that staff were kind and caring in their interactions with people.

Is the service responsive?

The provider had a system of dealing with complaints. We found that people's complaints had been dealt with in a timely manner. People knew how to make a complaint if they were unhappy. The complaints process was displayed in the entrance hall, making it easily accessible to people and visitors. Where shortfalls or concerns were raised these were addressed by the provider.

People told us that the provider responded to their changing needs in a timely manner. People's needs were assessed and reviewed on a monthly basis or as and when needed. Where changes occurred, the service referred to health professionals for advice and guidance if required. All changes were well documented and recorded.

People who used the services and their family members or representatives, were asked for their views about the care provided and these were acted on by the provider.

Is the service effective?

People using the services that we spoke with said, or indicated to us, that the care and support provided was of good quality. From our observations we saw that care and support was effective and consistent.

People were supported to be as independent as possible. One person told us, "I like to help in the kitchen if I can. But only when someone is there to help me."

We saw that staff knew the people they were supporting and caring for and that the people receiving the care and support were happy. We noted that if something was not right that staff responded quickly to resolve matters.

People told us, or indicated to us, that they liked living at Dunsland and that staff were kind and caring.

Staff explained how they were able to communicate with people who were not able to express themselves verbally.

Is the service well led?

Views of people using the services and, where possible, of their families were obtained and opportunities were in place for social gatherings where further views and opinions of the services, and staff, could be gained.

Staff told us that they felt supported and had received sufficient training to carry out their

role effectively. They added that if they felt they needed further or additional training or support that they were confident this would be arranged by the provider.

There were quality monitoring systems in place and regular audits and spot checks took place to ensure that people received a good service.

Staff were clear about their roles and responsibilities. They spoke of how they worked as a team with the needs of the person central to the work they did.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We reviewed two people's care records and support plans. Each was supported by a photograph and covered aspects such as support needed, risk assessments and treatment programmes where applicable. We found that each care record and support plan identified the person's needs and wishes and we saw evidence that staff made every effort to meet each person's needs.

We noted evidence that regular reviews of people's needs took place. Records demonstrated that risk assessments were completed regularly and that any additional support identified as a result of risk management was well planned and carried out. We also noted interaction with external agencies relating to medical reviews and that regular health and wellbeing checks took place. We saw evidence of social worker support and speech and language therapy input. This told us that the provider took reasonable steps to make sure people's health and social needs were met.

Regular activities such as social outings, arts and crafts sessions, board games and beach walks took place, which provided stimulation and interest for people. We also noted that the people were involved in creating scrapbooks both individually and for the home. This helped as part of gathering family history and in the reviews of their care plans. We saw evidence of risk assessments taking place. For example, taking people out in wheelchairs and where people helped out in the kitchen.

We saw evidence of medication reviews that had taken place and references to other health care provision such as dentists, opticians and chiropodists. On the day of the inspection we saw that one person had been taken to a hospital appointment by their keyworker and that an immediate review of the outcome was carried out.

Care records and support plans were cross referenced against reviews, risk assessments, medication administration records (MAR) charts and people's plans for the future. All were signed and dated. We also saw evidence of the provider's efforts to ensure people were

aware of their rights, in particular the difference between good practice and bad practice and how people using the service could let management know if they were unhappy about something.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We looked at care records and support plans which detailed people's likes and dislikes regarding food. We also found a noticeboard in the kitchen outlining specific nutritional requirements such as intolerances, refluxes and feeding methods. We noted that people's specific dietary requirements were catered for.

We noted that foods were ordered and delivered on a regular basis. Fresh seasonal fruit and vegetables were delivered weekly from local sources. All shopping was placed in relevant storage containers or placed in the fridge or freezer at the required temperature. Ample disposable gloves and aprons were found in the kitchen ensuring that staff had access to equipment needed to reduce cross infection.

All main meals were freshly cooked. Daily menus were on display in the dining area. There was a four week menu rotation and instructions included menu option, preparation method, any alerts such as a specific food having potential to cause choking. We also noted that the menu options contained calories, protein, carbohydrate, fat, saturated fat, fibre, sugar and salt content. There were also alternative choices for each menu option. People were assured that the nutritional needs would be met in a consistent way.

We noted that both hot and cold drinks were readily available. People could purchase their own cold drinks locally, or staff would help them make hot or cold drinks.

One person told us how they helped to make their own special meal which they helped cook and shared with other people who lived at the home and staff. Another person told us how they liked to help in the kitchen, preparing food and cleaning up. We also noted that the residents and staff worked together to create themed meals, such as Valentine's night and Easter Sunday lunch.

Food preparation areas were clean and tidy. There were relevant food safety notices in the kitchen. A recent risk assessment regarding kitchen knives had taken place resulting in the purchase of a new set of knives which sat in a block, thereby making it easier to identify if knives had gone missing.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development and were able, from time to time, to obtain further relevant qualifications.

The provider had a five day induction process for new staff. Over the five days new staff covered aspects such as adopting a person centred approach to providing care and support, learning about safeguarding vulnerable adults, medication and personal care. Mandatory training took place as well as additional training relevant to job role and duties before employment started.

Accredited training was also undertaken in areas such as administration of medication, food hygiene and first aid. Other training in areas such as epilepsy awareness and learning disabilities awareness was also undertaken. We looked at staff training in these areas for the period 2011 to date. Staff could also obtain for instance, other training in nutrition and health, end of life and record keeping if they wished. The support and training environment was also complimented by access to other qualifications in diplomas, apprenticeships and NVQ (national vocational qualifications). We noted that training was scheduled up until August 2015.

All staff that we spoke with said that training and support, from both management and peers, was available. During the probationary period qualified staff were always available to support new staff. Mentoring took place and the provider had an open door policy for staff if they felt unsure about anything.

Staff told us what training they had received, when and its relevance to their job role. One member of staff told us, "I only came here as a stop-gap between jobs. All these years later, and despite the hic-cups we've had, I'm still here."

People we spoke with who used the services told us, or indicated to us, that they were happy and confident with the staff and the care they received. We observed throughout the day that there was clear understanding and fondness between staff and people using the services.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

At the time of the inspection staff at Dunslund were in the process of updating people's care records and support plans. This involved obtaining a thorough and concise history of each person. New care plans covered aspects such as a full life, family and medical history, identified needs, likes and dislikes, risk assessments and personal care and hygiene. People were assured that their care and support was based upon their most up to date information.

Photographs of people who lived at the home, their individual health books, consents, key worker information and personal details were all looked at. These were further supported by safeguarding, manual handling, key worker monthly reports and reviews. This told us that the provider took steps to ensure as much information as possible was available to support people and their changing needs whilst living at Dunslund.

The provider was in the process of a rolling programme of refurbishment, both internally and externally. There was evidence found that people and staff had played a role in choosing furniture and decoration and how the garden was to be re-designed. People who lived at the home were clearly happy at being involved in such decisions and with their refurbished surroundings.

As part of the commitment to continuing to improve the services on offer the provider was considering options for an 'open day' and again people and staff were involved in this process.

We found audits were taking place in the areas such as medication, paperwork, one-to-one hours, support plans and health and safety to ensure that standards were maintained. All audits took place monthly.

Group supervisions with staff took place monthly and usually lasted three days. Results were shared and learning taken from the outcomes. The provider had a system for feeding back on things to improve on. We found a note in the recent feedback that "residents are much happier at one-to-ones - this is a massive plus." We also found comments from family members in the audit results. One comment stated, "Thanks to all staff for the kindness and attention you have paid to [person receiving the service]"

Surveys took place annually to seek people's views of the service they received and we looked at results of the May 2014 survey. People were asked if they were happy with the support received, if were staff friendly, if they were happy with the activities supplied and did they get choice. Surveys were in easy-read format. We saw comments such as 'wishing to grow vegetables', 'less shouting please' and 'more activities please'. We found evidence that the provider had taken these requests on board and was working to address them.

We also established that the provider intended in the near future to compile another survey which would include other health and social care providers who visited the home.

We found evidence that staff were able to make comments, raise concerns, make suggestions or complaints and that these were dealt with in a timely, confidential manner and that, where necessary, a thorough investigation had taken place.

Staff were given access to an online system for locating, receiving or submitting information. There were hard copies of the provider's policies and procedures also available for staff.

We found a suggestion box in the main entrance which had been made by a resident and it was confirmed that this was checked regularly. People were offered a variety of ways on how they could suggest improvements to the service.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. Where relevant people were given support by the provider to make a comment or complaint where they needed assistance.

We checked to see whether the provider had an effective system for managing complaints and for bringing the complaints system to people's attention.

At the time of the inspection there was only one complaint. This was a staff complaint and was being dealt with through the correct procedures and in confidence. Time frames were outlined along with routes through which the complaint would be handled. We found actions taken ensured that a fair process was followed as regards people's complaints and outlined other organisations which could be used if necessary.

There was an open door policy as regards complaints, how to make them and how to handle them. There was an overarching complaints policy supported by procedures and leaflets about how to complain.

Everyone we spoke with was clear about how and who to complain to if they felt something was not right. The provider took account of complaints and comments to improve the service and where possible promptly responded to them.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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