

Chatsworth Care

# Dawson House

## Inspection report

151 Stanley Park Road  
Carshalton  
Surrey  
SM5 3JJ

Tel: 02083955724

Website: [www.chatsworthcare.com](http://www.chatsworthcare.com)

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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

This inspection took place on 28 January 2016 and was unannounced. At the last inspection in April 2014 we found the service was meeting the regulations we looked at.

Dawson House is a small home which provides care and accommodation for up to seven adults with learning disabilities, autism and complex communication needs. At the time of our inspection there were seven people living at the home.

The service is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager left the service in November 2015. The provider appointed a new manager immediately. The new manager had submitted their application to CQC to become the registered manager for the home, which was being processed.

Relatives told us people were safe at Dawson House. Staff knew how to protect people if they suspected they were at risk of abuse or harm. They had received training in safeguarding adults at risk. They knew how and when to report their concerns if they suspected someone was at risk of abuse. They had also received training to ensure people were protected from discriminatory behaviour and practices that could cause them harm.

Staff had access to appropriate guidance to ensure identified risks to people were minimised to keep people safe from injury or harm. Staff were aware of the specific risks to each person and what they should do to protect them. Regular maintenance and service checks were carried out of the premises to ensure the environment and equipment was safe. The provider had put measures in place to ensure risks posed by the environment were minimised. Staff kept the home free of obstacles and objects so that people could move freely and safely around.

There were enough suitable staff to support people. Staffing levels were planned to ensure there was a good mix of experienced and suitable staff on every shift to meet people's needs. The provider carried out appropriate checks on staff to ensure they were suitable and fit to work at the home. Staff received relevant training to help them in their roles. Staff had a good understanding of people's needs and how these should be met. Staff felt well supported by senior staff and were provided with opportunities to share their views about how people's experiences could be improved.

People were supported to keep healthy and well. Staff regularly monitored people's food and drink intake to ensure people were eating and drinking enough. Specialist diets were catered for and appropriate support was obtained for people with specific needs or conditions. Staff ensured people were able to promptly access healthcare services when this was needed. Medicines were stored safely, and people received their

medicines as prescribed.

People had support plans which reflected their specific needs and preferences for how they were cared for and supported. These gave staff guidance and instructions on how people's needs should be met. People were appropriately supported by staff to make decisions about their care and support needs and encouraged by staff to be as independent as they could be. Staff used different methods of communication to ensure people could be involved in making these decisions.

Relatives said staff were kind and caring. Staff acted appropriately to minimise distress or anxiety experienced by people. They were respectful of people's privacy and dignity when supporting them. Staff were welcoming and relatives said they were free to visit the home with no restrictions. People were encouraged to maintain relationships with people that were important to them and to undertake social activities and outings of their choosing. People were supported to raise any concerns and there were arrangements in place to deal with their concerns or complaints, appropriately.

Relatives told us the service was managed well. The new manager demonstrated good leadership. They ensured people's views were sought about how the care and support they received could be improved. They met regularly with staff and checked they were clear about their duties and responsibilities to the people they cared for and accountable for how they supported people to meet their care goals and objectives.

The provider and manager carried out regular checks of key aspects of the service to monitor and assess the safety and quality of the service that people experienced. The manager took appropriate action to make changes and improvements when this was needed. The service used external scrutiny and challenge to ensure that appropriate care and support for people on the autistic spectrum was being provided.

The provider had procedures in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had received training to understand when an application should be made and how to submit one. This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. The provider was complying with the condition applied to the authorisation.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. Staff knew how to recognise abuse and take appropriate action to ensure people were protected. Staff were trained to protect people from discriminatory behaviour and practices.

There were enough staff to care for and support people. The provider had carried out checks of their suitability and fitness to work at the home. They supported people to take their prescribed medicines when needed.

Plans were in place to minimise identified risks to people's health, wellbeing and safety in the home and community. Regular checks of the premises and equipment were carried out to ensure these did not pose a risk to people.

### Is the service effective?

Good ●

The service was effective. Staff received regular training and support to ensure they could meet people's needs.

Staff knew what their responsibilities were in relation to the Mental Capacity Act 2005 and DoLS. When complex decisions had to be made staff involved families and health and social care professionals to make decisions in people's best interests.

People were supported by staff to eat well and to stay healthy. When people needed care and support from other healthcare professionals, staff ensured people received this promptly.

### Is the service caring?

Good ●

The service was caring. People said staff were kind, caring and welcoming. Staff anticipated what people needed and took appropriate action to minimise the risk of distress or anxiety.

People were supported to express their views in a way that suited them. Staff used various methods to ensure people could state their wishes and choices and these were respected.

Staff respected people's dignity and right to privacy. People were supported by staff to be as independent as they could and

wanted to be.

### **Is the service responsive?**

**Good** ●

The service was responsive. People's needs were assessed and support plans were in place which set out how these should be met by staff. Plans reflected people's individual choices and preferences for how they received care and support.

People were encouraged to maintain relationships with the people that were important to them. People were supported to live an active life in the home and community.

The provider had arrangements in place to support people to raise a concern or make a complaint and to deal with these appropriately.

### **Is the service well-led?**

**Good** ●

The service was well led. People's views about the quality of care and support they experienced and how this could be improved were regularly sought.

The manager demonstrated good leadership. They ensured staff were clear about their roles and responsibilities for the people they cared for. Staff said they felt supported by senior staff.

The provider and manager carried out regular checks to monitor the safety and quality of the service. They used external scrutiny and challenge to make improvements and to provide appropriate care and support to people on the autistic spectrum.

# Dawson House

## Detailed findings

### Background to this inspection

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

This inspection took place on 28 January 2016 and was unannounced. It was carried out by a single inspector. Before the inspection we reviewed information about the service such as notifications about events and incidents that occurred in the home, that they are required to submit to CQC.

During our inspection the majority of people using the service were unable to share their experiences with us due to their complex needs. In order to understand their experiences of using the service we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with the manager and three care support workers. We looked at records which included three people's care records, three staff files and other records relating to the management of the service.

After the visit we contacted four relatives of people living at Dawson House to ask them for their views and experiences of the service.

## Is the service safe?

### Our findings

Relatives told us people were safe. One told us, "Everything they do is about keeping [family member] safe." Another relative said, "They are caring and [family member] is safe." Staff had received training in safeguarding adults at risk and knew how to protect people from abuse. Staff explained to us the signs they would look for to indicate someone may be at risk of abuse and the actions they would take to protect them. There was a procedure in place for staff to follow if they had any concerns about a person, which included reporting their concerns to the manager or to another appropriate body such as the local authority. Staff also received training in equality and diversity to ensure people were not subject to discriminatory practices or behaviours that could cause them harm.

Where there was risk of harm to people in the home and community, there were plans in place to ensure these were minimised. Records showed staff had assessed how people's circumstances and needs put them at risk of injury and harm in the home and community. Using the information from these assessments, 'risk taking plans' had been developed which instructed staff on how to minimise these risks when providing people with care and support. For example when people were out in the community some people could become upset or anxious by loud and noisy behaviour from others. Staff were instructed on how to minimise the risk of this for example by ensuring people could go to quieter environments and places. Records also showed there was guidance for staff on how to protect and keep people safe in the event of an emergency. For example, in the event of a fire, staff had carried out a fire safety risk assessment which included a personal emergency evacuation plan (PEEP) for each person using the service. Staff carried out a monthly fire drill to check that people could be evacuated in a fire emergency quickly but safely.

Staff were aware of the specific risks to each person and what they should do to protect them. Staff supported people so that these risks were minimised, for example when supporting people to prepare a meal or when undertaking an activity. The environment was free of unnecessary obstacles or objects that could pose a risk to people's safety. Where new risks had been identified people's records were updated promptly. Information about any changes was shared by staff through meetings so they were aware of any changes and what they needed to do to support people appropriately.

There were enough suitable staff to support people. A relative told us, "The ratio of staff to people is very good." The staffing rota for the service had been planned in advance and took account of the level of care and support people required each day. For example staff considered people's scheduled activities and appointments outside of the home when planning staffing levels so that there were enough staff on duty to support them safely. The manager told us they reviewed rotas to ensure there was a good mix of experienced and suitable staff on every shift. This included making sure there were members of staff on duty who were trained in responding to emergencies and able to drive.

The provider checked that staff were suitable and fit to support people using the service. Records showed employment checks had been carried out on staff before they started work regarding their suitability and fitness. These included obtaining evidence of their identity, right to work in the UK, relevant training and experience, character and work references from former employers and criminal records checks. All staff also

completed a health questionnaire which the provider used to assess their fitness to work.

People were supported by staff to take their prescribed medicines when they needed them. These were stored safely in the home. There was detailed information for staff about the medicines prescribed to people and their side effects. People's known allergies had been documented. Staff were instructed on how to support people to take their medicines in a way that suited them. There was also guidance for staff on how and when to administer 'as required' medicines. 'As required' medicines are medicines which are only needed in specific situations such as when a person may be experiencing pain. Protocols, guidelines and emergency medicines packs were also accessible to staff to support people when they had a seizure.

Each person had their own medicines administration record (MAR sheet) and staff signed this each time medicines had been given. Where medicines had not been given the reasons for this were documented. Each person's medicines were stored separately from others so that the risk of staff administering medicines to the wrong person was minimised. Our checks of stocks and balances of people's medicines confirmed these had been given as indicated on people's individual MAR sheets. Training records showed staff had received training in safe handling and administration of medicines and this was refreshed on a regular basis.

The environment and the equipment in the home were regularly checked to ensure these did not pose unnecessary risks to people. Regular service and maintenance checks of the premises and equipment had been undertaken which included checks of fire equipment and systems, alarms, emergency lighting, portable appliances and gas heating systems. The provider had plans in place to ensure risks posed by the environment were minimised. For example risks posed by falls from windows or scalds from hot water had been assessed and measures were put in place to minimise these. Staff carried out weekly checks of the environment to ensure these measures were effective. For example hot water temperatures were tested weekly to make sure these did not exceed the permitted level.

## Is the service effective?

### Our findings

People were supported by staff who had been trained to meet their care and support needs. One relative said about staff, "They really do seem to know what they're doing." And another told us, "They are very aware of [family member's] needs and very good at anticipating any problems and dealing with these straight away." Staff received training in topics and subjects which the provider considered relevant to their roles. People at the home had specific needs that needed to be met and specialist training was mandatory for all staff to support them appropriately. For example training was provided to all staff to support people on the autistic spectrum and/or with epilepsy, effectively. Staff training records were monitored by the provider and manager to identify when staff were due to receive refresher updates to keep their knowledge and skills up to date.

All new staff were required to work towards achieving the 'Care Certificate'. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Staff employed within the last six months had successfully completed this training. All staff confirmed they received regular training which they said helped them to meet the needs of people they supported.

Staff received regular support from senior staff through individual one to one (supervision) meetings. Records showed staff met with their line manager regularly and were provided with opportunities to reflect on their working practices, discuss work issues or concerns and any learning and development needs they felt they had. Staff told us they found these meetings helpful and their managers supportive of their learning and development. One staff member said, "I find it useful because you can talk about any training you feel you need and career progression."

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 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. The application procedures for this in care homes 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 being met.

Records showed staff assessed people's level of understanding and ability to consent to the care and support they needed. Where people lacked capacity to make specific decisions we saw people involved in their care, such as family members and healthcare professionals were involved by staff in making decisions that were in people's best interests. All staff had received training in relation to the MCA and DoLS. The manager had a good understanding and awareness of their role and responsibilities in respect of the MCA and DoLS and knew when an application should be made and how to submit one. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. The

provider was complying with the conditions applied to the authorisation.

People were supported by staff to eat and drink sufficient amounts to meet their needs. Each person had a personalised eating and drinking plan. This set out their needs and preferences for how and what they ate and drank and the level of support they required from staff to do this. The meals planned and prepared by staff took account of people's needs. For example people with specific health conditions that could be worsened by certain foods, had meals prepared for them that supported them to maintain a healthy diet. Staff closely monitored people's food and drink intake to ensure people were eating and drinking enough. Where there were concerns about this, appropriate steps were taken to ensure people were effectively supported. For example staff sought support from specialists where this was needed, such as dysphagia dieticians. Dysphagia is the medical term for swallowing difficulties. Some people with dysphagia have problems swallowing certain foods or liquids, while others can't swallow at all.

Mealtimes were flexible in the home and people could eat when they wanted. We observed during mealtimes people needed minimal assistance to eat but staff were on hand if help was needed. People appeared relaxed and unhurried so that they were able to take their time to eat. People were actively involved in planning meals at the home. Regular meetings were held to discuss what people would like to see on menus. People with complex communication needs were supported by staff to state their choices. Staff supported them to do this by using pictures and sign language to determine what their preferences were so that they could plan meals that people wanted to eat.

People were supported by staff to maintain a good level of health and wellbeing. The care and support people needed from staff to stay healthy and well was documented in their records. These contained important information about the support people required to manage their health conditions and the access they needed to healthcare services such as the GP or dentist. People's healthcare and medical appointments were noted in their records and staff ensured people were supported to attend these. Outcomes from these appointments were documented and shared with all staff so that they were aware of any changes or updates in the level of support people required. People also had a current hospital passport. This document contained important information that hospital staff needed to know about them and their health in the event that they needed to go to hospital.

Records showed staff recorded and monitored information about people's general health and wellbeing on a daily basis. Relatives said staff kept them regularly informed and updated about their family member's health and wellbeing. One relative said, "When [family member] has periods of ill health the staff are very supportive and supported [them] through these." Where there was a concern about a person we noted prompt action was taken by staff to ensure these were discussed with senior staff and the appropriate support was obtained for example referral to the GP.

## Is the service caring?

### Our findings

People said staff were kind and caring. One relative said, "They're very caring. I never see them be anything but." Another told us, "The staff are really caring towards people." During the inspection we observed many instances of warm and caring interactions between people and staff. When speaking with people, staff were patient, gentle and respectful. For example they referred to people by their preferred names during conversations. We saw they were alert and quick to assist people when this was needed to limit any distress or anxiety. Staff followed agreed plans and guidance for ensuring any identified triggers that could impact on people's behaviours were minimised. For example they did not shout or speak in loud voices as some people could become upset by this. Staff spoke about people kindly and respectfully. They knew people well which was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes.

People using the service had complex needs and the majority were unable to communicate verbally. People's records indicated how they expressed themselves through speech, signs, gestures and behaviours which helped staff understand what people wanted or needed in terms of their care and support. For example staff used pictures to help people recognise different types of activities they could undertake such as horse riding or swimming. From people's specific responses to these, staff were able to determine whether people wished to do these activities or not. We observed staff gave people the time they needed to communicate their needs and wishes and then acted on these. For example when some people expressed a wish to go for a walk, staff supported them to do this.

Staff ensured people's right to privacy and dignity was upheld and maintained. We observed when supporting people with their care and support, staff ensured this was done in the privacy of people's rooms so they could not be overseen or overheard. Staff told us about the various ways they supported people to maintain their privacy and dignity. This included ensuring people's doors and curtains were kept closed when they were supporting people with their personal care and respecting their privacy when people wished to be left alone.

Staff ensured confidential information about people was not accessible to unauthorised individuals. Records were kept securely within the home so that personal information about people was protected. Staff did not openly discuss personal information about people and handover meetings during the shift change took place away from where people were so that staff could not be overheard.

People were encouraged and supported to be as independent as they could and wanted to be. Records showed staff supported people to identify tasks and activities they wished to undertake for themselves with staff's support. Goals for achieving these were agreed and reviewed with staff to ensure these could and were being met.

We saw staff supported people to undertake tasks and activities to enable them to have greater control and independence. For example, people did their laundry and cleaned their rooms with staff's help. At meal times there was a designated 'kitchen helper' each day which involved assisting staff with the preparation of

meals, if people wanted to do this. Staff ensured people's meals were prepared in such a way so people could eat these with minimal assistance and support. People were encouraged to clear dishes away after they had finished. Staff only stepped in when people could not manage tasks safely. Records showed each person had time built into their personalised daily timetable for laundry, cleaning and personal shopping tasks aimed at promoting their independence. In the community, people were supported to take part in activities and events to build and promote their confidence, independence and socialisation skills.

Staff were warm and welcoming and placed no restrictions on visitors. Relatives told us they could visit with their family members at any time. One said, "The staff are so friendly. We're always welcome to come and visit."

## Is the service responsive?

### Our findings

People were supported by staff to contribute to the planning and delivery of their care. A relative said, "We've always been involved in planning and we get invited to all the meetings." Records showed people attended meetings, along with their family members and/or other people involved in their care, such as social workers, to discuss how support should be provided. Information from these discussions informed people's individual support plans. These set out how people's needs would be met by staff.

People's support plans took account of their specific likes, dislikes and preferences for how support was provided and how this met their personal care goals and objectives. For example people's preferences for how, when and from whom they received personal care was recorded in their plans. A relative said, "They make sure to follow [family member's] plan as they know [family member] likes routine and it is important that it's followed." We saw people's specific cultural and spiritual preferences were considered and respected where people expressed a need to practice these. For example some people wished to attend church on Sundays and staff supported them to do this.

Staff supported people with daily living tasks and activities in a way that helped people to retain as much control and independence as they wanted. For example, people were encouraged to undertake as much of their personal care as they possibly could by themselves. Staff had signed care records to confirm they had read and understood how support should be provided to people. Staff knew people well and had a very good understanding of their specific needs and how these should be met.

People's needs were regularly reviewed to identify any changes that may be needed to the care and support they received. Each person had a designated keyworker. A keyworker is a member of staff responsible for ensuring a person's care and support needs are being met. Records showed keyworkers met monthly to review people's needs. Any changes that were needed to people's care and support were acted on immediately by staff. Annual reviews of people's care and support needs were also held. These had been attended by people, their family members and/or representatives, social workers and staff involved in people's care.

With staff's support, people took part in activities and interests that were important to them. One person told us they had been swimming and dancing the day before. They were excited about going on a trip later that day to visit a friend. A relative said, "[Family member] loves going out and they're always going out. [They] go shopping, to the pub and other types of outings." Each person had their own personalised daily timetable that set out the activities they would be undertaking each day. This was displayed in their rooms using pictures to help people understand the activity they would be undertaking. The range of activities was wide and included group and social activities such as classes and outings as well as personalised activities such as shopping trips all undertaken with the support of staff. Staff ensured people's support was provided in a way that people could attend all their planned sessions and activities.

People were supported to maintain relationships with those that mattered to them. People's records contained detailed information about how relationships should be maintained with the people that were

important to them. Some people were supported by staff to visit and stay with their relatives at their homes. People were encouraged to take part in activities and attend events with their friends and relatives both in the home and out in the community. Celebratory events such as birthday's and festive parties were regularly held at the home and friends and relatives were all invited to attend. A relative said, "There was a party at Christmas and all the families were there. It was lovely."

People were satisfied with the care and support provided by staff. A relative said, "We're quite happy but if we weren't we would do something about it. The managers are very quick to deal with things." People's feedback obtained in a recent satisfaction survey, carried out in December 2015, indicated they were satisfied with the care and support provided. We saw no issues or concerns had been raised about the support provided to people.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. The provider's complaints procedure detailed how people's complaints would be dealt with. A pictorial and easy to read version of this was displayed in the home which explained what people could do if they were unhappy and/or wanted to make a complaint. People were also told what help they could expect to get from staff to assist them in making a complaint and how their complaint would be dealt with.

## Is the service well-led?

### Our findings

The provider used a range of different methods to ensure people could share their suggestions for how the service could be improved. They used satisfaction surveys to obtain people's views and experiences. These were sent to people, their relatives or representatives and other people involved in their care and support such as healthcare professionals and activities coordinators in the community. We looked at the most recent surveys from December 2015 and people had been encouraged to give the service feedback on what could be improved.

People had regular meetings with their keyworker through which staff encouraged people to express their satisfaction with activities or outings they took part in. People were asked for their views about how these could be improved upon. There were also monthly meetings through which all people could participate in planning the weekly menus in the home. People's choices were acted on and weekly menus were reflective of the meals that people wished to eat. People's views were also sought and taken into account when planning their on-going and future care and support needs. Staff ensured people were able to take part in meetings by using communication methods that enabled people to participate. For example signs and symbols and pictures were used to help people who could not communicate verbally to express their views.

People said the service was well managed. They spoke positively about the manager and the staff team at Dawson House. A relative said, "The new manager has very high standards. In fact, all the staff do." At the time of our inspection the registered manager on our records had left the service in November 2015. The provider had appointed a new manager for the home. The new manager had submitted their application to CQC to become the registered manager for the home, which was being processed.

The manager demonstrated good leadership. They held regular meetings with all staff to review how they were achieving the service's objectives in ensuring people experienced good quality care. They used these meetings to encourage staff to share their views about how this could be improved. Staff were aware of their roles and responsibilities towards people they cared for and supported. They told us they felt well supported by managers and able to express their views.

Staff carried out a range of checks and audits to assess and monitor standards within the home. These covered key aspects of the service such as the care and support people received, accuracy of people's care records, the management of medicines, cleanliness and hygiene in the home, the safety and quality of the physical environment, health and safety and staff training and support. These checks were documented along with any actions taken by staff to remedy any shortfalls or issues they identified through these checks. The provider also carried out their own checks of the home to assess the quality of service people experienced. Their findings were shared with the manager who took responsibility for ensuring actions was taken to address any shortfalls or gaps identified.

The provider used external scrutiny and challenge to ensure people received care and support that was relevant to their needs. The service had achieved accreditation with The National Autistic Society (NAS). This provided an autism specific quality assurance programme for the provider. The provider's accreditation was

reviewed regularly by the NAS. The provider responded proactively to any suggestions made by the NAS to improve the service. For example policies and procedures had been reviewed and updated to ensure these were focussed on providing appropriate care and support for people on the autistic spectrum.