

# South Essex Special Needs Housing Association Limited

## Dexter Close

### Inspection report

44 Dexter Close  
Grays  
Essex  
RM17 5AU

Tel: 01375396497

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20 November 2017

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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 the 17 and 20 November 2017 and was unannounced. The inspection team consisted of one inspector. The previous inspection took place in October 2015 and the service was rated Good overall. This service was inspected at the same time as the provider's other service which is very similar to this service. Both services are with five minutes' drive from each other and managed by the same registered manager. Some areas of the reports will contain some similarities as we spoke to the same staff during our inspections of both services.

Dexter Close is a residential home registered to provide personal care and accommodation for two people with learning disabilities and on the autism spectrum. The service is a house located in Grays, Essex. Each person has a single room and there is a communal bathroom, shower room, kitchen, dining room and lounge. There is a rear enclosed garden at the back of the house with level access. At the time of our inspection there were two people using the service.

The care 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. Registering the Right Support CQC policy.

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.

The service was safe. The service's recruitment process ensured that appropriate checks were carried out before staff commenced employment. There were sufficient staff on duty to meet the needs of people and keep them safe from potential harm or abuse. People's health and wellbeing needs were assessed and reviewed to minimise risk to health. People's medication was managed well and records of administration were kept up to date.

The service was effective. People were cared for and supported by staff who had received training to support people and to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat and drink enough as to ensure they maintained a balanced diet and referrals to health and social care services was made when required.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed decisions.

The service was responsive. Records we viewed showed people and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and also when there was a change in care needs. People were supported to follow their interests and participate in social activities. The service responded to complaints received in a timely manner.

The service was well-led. Staff and people spoke very highly of the registered manager and the provider who they informed to be supportive and worked hard to provide an exceptional service. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Dexter Close

## 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 was planned to check 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 the 17 and 20 November 2017, and was unannounced. The inspection team consisted of one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed this and other information we held about the service, we looked at the previous inspection report and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with one person using the service as the other person was nonverbal; we spent time observing care in the communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the registered manager, one support worker. We reviewed two people's care files. We also looked at quality monitoring, audit information and policies held at the service and the service's staff support records for the members of staff including the registered manager.

## Is the service safe?

### Our findings

At the previous inspection in October 2015, the service was rated Good, at this inspection, we found the service remained as Good.

We looked at the safeguarding folder, which contained all the policies and procedures that inform staff on the different types of abuse, which would constitute raising a safeguarding concern or alert with the local authority and what actions staff should take. One staff member we spoke to informed us, "If I witnessed abuse of any form I would confront the person and report this to my manager, I would also make sure that the manager and head office would with this person appropriately". Member of staff also added that they would contact the local safeguarding team and also CQC. Since our last inspect there has been no reported incidents of abuse.

Staff had the information they needed to ensure people's safely. Each person had support plans and risk assessments that were regularly reviewed in order to document current knowledge of each person's, current risks and practical approaches to keep people safe when they made choices involving risk. For example, a risk assessment was in place for one person who liked to access the car park at the back of the house. Staff informed that they gave the person access to the car park and would observe them from a distance to ensure they were safe. It was documented how each person would be supported without affecting people's freedom. In addition, each person using the service had an allocated keyworker who was responsible for ensuring that each person's risk assessments were kept up to date and any changes to the level of risk was communicated to all the staff working in the service. A keyworker is a named member of staff who has a central role in respect of a particular person. This will include the overseeing of the updating care plans.

There were sufficient numbers of staff on duty to meet people's assessed needs and when people accessed the community, additional staff were deployed. The registered manager adjusted staffing numbers as required to support people needs. A sample of staffing rotas that we looked at reflected sufficient staffing levels.

The provider continued to have robust recruitment processes in place, which showed that staff employed had the appropriate checks to ensure that they were suitable to work with vulnerable people. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

We looked at two people's medication records and found that people received they medication as prescribed and regular medication reviews where instigated by the manager when a prolonged change in a person was noted. We found staff knowledgeable about people's medicines and the effect they may have on the person. All staff working in the service had received training in medication administration and management and dispensed medicines to people.

The service had a robust cleaning schedule in place. The manager informed us that every member of staff was allocated time during each shift to carryout cleaning within the service. We reviewed the cleaning

schedules and found all highlighted areas on the schedule had been carried out. Inspection of people's rooms and communal areas we found rooms to be clean and tidy.

We spoke to the provider about how the service worked with other external organisations. The provider informed us, "The manager is in constant contact in with the people, staff, and other agencies such as the Care Quality Commission (CQC), any learning or potential improvements that require any additional resources going forward are fed into the resourcing requirements of the service for future years, thus ensuring an ongoing commitment to residential services."

## Is the service effective?

### Our findings

At this inspection, we found staff had the same level of skills, experience and support to enable them to effectively meet people's needs as we found at the previous inspection. People continued to have freedom of choice and were supported, where appropriate, with their health and dietary needs. The rating continues to be Good.

People received effective care from staff who were supported to obtain the knowledge and skills they needed to provide continuous good care. Staff received on-going training in the essential elements of delivering care. The staff training files showed us that staff received reminders from the head office of training that was required or due. All the staff working in the service had attended training provided in house, by the Local Authority and other Healthcare training agencies. One member of staff informed us, "As far as I am aware most staff have attended regular training and the manager is always checking and talking to staff about all the training that is available, I recently completed safeguarding training and found it really interesting."

Staff felt supported at the service and one member of staff reported how much they valued the on-going support and patience of the registered manager. Staff received an induction into the service before starting work and documentation on staff files confirmed this. The induction allowed new staff to get to know their role and the people they were supporting. Upon completion of their training staff they then worked 'shadowing' the registered manager or another member of staff. 'Shadowing' is a form of training which involves a member of staff observing a more experienced member of staff over a period of time.

Staff told us that they received regular one-to-one supervision from the manager. The registered manager told us they received supervision from the registered provider. Supervisions are used as an opportunity to discuss the staff members training and development and ascertain if staff were meeting the aims that had been set out from the previous supervision. Staff added that they had regular team meetings, and added the meetings were open and gave staff the opportunity to raise any issues they may have. Staff also received yearly appraisals.

People said they had enough food and drink and were always given choice about what they liked to eat. Throughout the day we observed people being offered food and drink. All staff were encouraging and supported people to have regular fluid intake throughout the day. Staff supported people to eat at the person's own pace. We observed a lunchtime meal, which was a very social occasion as one member of staff sat with people and played cards with them as they had their meal, people gave positive feedback about the food they had eaten.

People had access to healthcare professionals as required and we saw this recorded in people's care records. We noted people were supported to attend any hospital appointments as scheduled. When required people were supported with access to their GP, mental health professionals and community mental health services. In addition, people were supported to access dental care and vision tests in the community. When appropriate this was discussed with the person and their relatives, to ensure everyone

was involved and kept up to date with any changes.

People's bedrooms were decorated to each individual's personal interest. The registered manager expressed that staff continued to encourage and support people to develop and sustain their aspirations. For example, the service supported one person to visit his family every week for the weekend. The person informed us, "When I go away at the weekend, I get to go and watch motor racing and this weekend we are going to see steam trains." It evident from the smile on the person's face that this was something they really looked forward to. The service had a paved garden area in which people had regular access and staff were able to observe them from a distance to ensure they were safe.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager informed there was currently no one under a deprivation of liberty; however should one become necessary they would make an application to the local authority. Staff were able to demonstrate how they helped people to make decisions on a day-to-day basis. We observed staff consulting with people about how they wanted their support to be delivered and if the person was unable to make an informed decision staff would then make a decision within the person's best interests.

# Is the service caring?

## Our findings

At this inspection, we found people were as happy living at the service as they had been during our previous inspection. The rating continues to be Good.

Staff interacted with people in a respectful manner. Our observations during the inspection showed staff to be kind, caring and support people in a compassionate manner. The person we spoke to informed us that the care provided in the home was very good and all the staff and registered manager were very caring and always looked at doing what's best for all them.

People and their relatives were actively involved in making decisions about their care and support. Relatives told us that they had been involved in their relative's care planning and would attend care plan reviews. The registered manager informed us that the service regularly reviewed people's support plans with each individual, their family and healthcare professionals where possible and changes were made if required. On reviewing people's care and support plans, we found them to be detailed and covered people's preferences of care.

The service used a key worker system in which people had a named care worker who took care of their support needs and was responsible for reviewing the person's care needs; this also ensured that people's diverse needs were being met and respected.

People's independence was promoted by a staff team that knew them well. Staff informed us that people's well-being, dignity was very important to them, and ensuring that people were well presented was an important part of their supporting role. For example, staff informed that one person was supported to visit their parents who live locally, this involved getting either a bus or taxi and staff would contact the person's family to confirm they have arrived.

People were supported and encouraged to access advocacy services. The mental capacity assessments relating to people's capacity to decide about moving on had indicated that some people required the services of an Independent Mental Capacity Advocate (IMCA). Advocates attended people's review meetings if the person wanted them to. The registered manager gave us examples of when the service had involved an advocate, such as a person in the service did not have family or friends to support with annual reviews and support planning. Advocates were mostly involved in decisions in changes to care provision. People were given the opportunity to attend self-advocacy groups.

## Is the service responsive?

### Our findings

At this inspection, we found people were as happy living at the service as they had been during our previous inspection. The rating continues to be Good.

People's care and support needs were well understood by the staff working in the service. This was reflected in detailed support plans and individual risk assessments and also in the attitude and care of people by staff. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other, interests and meals. For example, the one person was supported to go and stay with their relatives over a weekend or number of days.

Each person had a support plan in place. Support plans included photographs of the person being supported with some aspects of their care so that staff could see how the person preferred their care to be delivered. These were fully person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the people needed, in the way each person preferred. People's strengths and levels of independence were identified and appropriate activities planned for people. The support plan was regularly updated with relevant information if people's care needs changed. This told us that the care provided by staff was current and relevant to people's needs.

We noted that each individual had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form in place, which had been drafted by the registered manager, which was not appropriate. The manager informed that they would contact people's doctors to have this rectified. After the inspection we received an email from the manager to inform that appointments had been arranged with the doctor to assess if this would be appropriate along with people and their relatives.

We found people's support plans did not contain clear information in regards to what end of life arrangements were in place. Staff member informed us, "We[staff team] know we would need to call the police for them to clear the death and then arrangements can be made for the body to be moved, and this is all after informing the relative or next of kin. The manager informed us, "We acknowledge that this arrangements need to be documented at the earliest convenience as to ensure that staff and the service are prepared for any eventualities."

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would try to either deal with it or notify the manager or person in charge, to address the issue. The manager gave an example of a complaint they had received and how they had followed the required policies and procedures to resolve the matter.

## Is the service well-led?

### Our findings

The registered manager was visible within the service and we were informed that in the absence of the manager there were supported by the support workers that looked after the service and kept them up-to-date of all the changes and concerns. The registered manager had a very good knowledge of people living in the service and their relatives. The registered manager splits their time between this service and another sister service owned by the same provider and maintains regular contact with staff in each service when they are not present.

People benefited from a staff team that felt supported by the registered manager. Staff said this helped them to assist and help people to maintain their independence and showed that the people were being well cared for by staff who were well supported in undertaking their role. Staff had handover meetings each shift and there was a communication book in use, which staff used to communicate important information about people's wellbeing during each shift. The communication book was available to all staff on duty and acted as a point of reference for staff who had been off duty. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

People and their relatives felt at ease discussing any issues with the registered manager and her staff. They informed us the service had a family feeling and this was due the service being a family run business. One relative informed us that their family member asks to return as soon as they have finished their respite stay because they enjoy it so much and told us, "This gives us assurances that our relative is happy in the home and they are getting all the support they need."

The registered manager told us that their aim was to support both the person and their family to ensure they felt at home and happy living at the service. The manager informed us that she held meetings with relatives and the person using the service as this gave the service an opportunity to identify spacing areas of improvement and give relatives an opportunity to feedback to staff; be it good or bad. People and their relatives also told us that were involved in the continual improvement of the service.

There were a number of effective monitoring systems in place. Regular audits had taken place such as for health and safety, medication, falls, infection control and call bells. The registered manager carried out a monthly manager's audit where they checked care plans, activities, management and administration of the service. Actions arising from the audit were detailed in the report and included expected dates of completion and these were then checked at the next monthly audit. Records we held about the service confirmed that notifications had been sent to CQC as required by the regulations.

Personal records were stored in a locked office when not in use. The manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept safe.

The manager informed that the service was continuously using past and present incidents as learning

experiences for both staff and people using the service. For example, one person had been assessed as being able to self-medicate, however on one occasion they failed to take their medication on time and resulted in them becoming seriously unwell. Since the incident, the registered manager has retrained all staff and educated the person on the importance of taking their medication on time. The registered manager confirmed there has been no further incident and records we reviewed confirmed this.

The registered manager met with other health professionals to plan and discuss people's ongoing support within the service and looked at ways on how to improve people's quality of life. They used the information they gathered to make changes to people's support plans. Staff used a range of means to involve people in planning their care, such as trying different ways of delivering care and watching people's responses to their care. People's needs were discussed with them and a support plan put in place before they came to live at the service. The provider added, "We are not afraid to take advice from specialists in areas that impact on people's health and well-being, we will take on board any positive idea if we think it will benefit people using the service."