

Linkage Community Trust

Dunsford

Inspection report

24a Partney Road
Spilsby
Lincolnshire
PE23 5EH

Tel: 01790753106
Website: www.linkage.org.uk

Date of inspection visit:
07 March 2019
13 March 2019

Date of publication:
22 May 2019

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

About the service:

Dunsford is a care home situated in the town of Spilsby, Lincolnshire. The home can accommodate up to 10 people who experience learning disabilities and/or autistic spectrum disorder. The accommodation is made up of one house which can accommodate eight people and an adjoining flat which can accommodate two people. On the day of the inspection nine people were living at Dunsford.

People's experience of using this service:

People told us they were safe living at Dunsford. Staff knew how to keep people safe and report any situations where they felt people may be at risk of abuse or harm. Risks to people's health, safety and welfare were identified and managed effectively.

People were treated with respect and kindness by staff who knew them well. They were supported to maintain and develop their independence, express their views and make their own decisions wherever they were able to. Staff supported and maintained people's privacy and dignity.

People were involved in planning and reviewing their care. They were also fully involved in the way the home was run.

There were enough staff to ensure people's needs and wishes were met. Staff were well trained and supported to provide a high quality of care for people.

The registered manager promoted a relaxed and open atmosphere within the home. There were effective systems in place to monitor the quality of care provided and ensure actions were taken where shortfalls were identified.

Rating at last inspection:

Dunsford was last inspected on 2 June 2016 (report published 2 August 2016) and was rated as good overall with a requires improvement rating for the well-led section of the report.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

At this inspection we found the evidence continued to support a rating of good overall. Improvements had been made to the ways in which the home was run and we increased the previous rating for the well-led section of the report to good. More information can be found in the 'Detailed Findings' below.

Follow up:

We will continue to monitor intelligence we receive about Dunsford until we return to visit as per our reinspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

Dunsford

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

Dunsford is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The registered provider employed a manager who was registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the home is run and for the quality and safety of the care provided.

The service worked within the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people could live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

Notice of inspection:

This inspection was announced. We gave the registered manager a short period of notice because people who live there were often out at work or engaging in leisure activities. We wanted to be sure they were

offered the opportunity to participate in the inspection.

What we did:

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the home, what the home does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made our judgements in this report.

We reviewed other information that we held about the home such as notifications. These are events that happen in the home that the registered provider is required to tell us about. We considered the last inspection report and we had contact with commissioners who had a contract with the registered provider.

We spoke with four people who lived in the home and observed how staff interacted with them. We spoke with the registered manager, three of the care staff and the registered provider's operations manager. Following the inspection, we also spoke with one member of staff by telephone.

We looked at the care records for two people and we looked around the premises with two people who lived there. We looked at records in relation to the management of the home such as quality assurance checks, staff training and recruitment records, safeguarding information and accidents and incident information.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe living at Dunsford. When we spoke with them, one person gave us a thumbs up sign to indicate they felt safe. Another person said, "Yes, I feel safe here, the staff and [registered manager] make sure we are [safe]."
- Staff demonstrated a clear understanding of how to identify, report and manage any situations where they felt people were at risk of abuse.
- When issues of this nature had been identified, records showed that the registered manager and staff had worked with in partnership with the local authority safeguarding team to keep people safe.

Assessing risk, safety monitoring and management:

- Risks to people's health, safety and welfare had been assessed and management plans were in place to minimise the potential for harm to occur. We saw that risk management plans were reviewed regularly. The registered manager told us how management plans were developed to minimise risk whilst still enabling people to retain a level of independence.
- Staff were aware of situations where people may be vulnerable to risk and followed the management plans that were in place. An example of this was the support we saw staff providing to a person who was preparing a meal in the kitchen where they may be at risk from sharp knives or hot surfaces.

Staffing and recruitment:

- There were enough staff on duty to make sure people's needs were met. Some people had been assessed as needing one to one support for a specific number of hours during the week and we saw they received this. This enabled them to develop their personal and social skills.
- People told us there were enough staff to support them. One person told us, "There's always staff around; they help me to go and visit my boyfriend on the bus or they take me in the car."
- The registered manager told us they had vacancies for some care worker posts which they were currently recruiting for. The shortfall in permanent staff hours was covered using staff from other parts of the registered provider's organisation (known as bank staff). These were staff who were known to people who lived at Dunsford which meant that people continued to receive a level of consistency with their support.
- The registered provider continued to operate a safer recruitment process. This included the appropriate pre-employment checks and face to face interviews.

Using medicines safely:

- Arrangements for the administration of people's medicines were in line with good practice and national guidance.
- People continued to receive their medicines in a safe way. Medicines were safely stored where people preferred them to be, such as their bedroom. One person showed us their medicine storage in their bedroom and how staff helped them to take their medicines.
- Records showed that staff were trained to administer medicines safely and they demonstrated their understanding of good practice when we spoke with them. We also noted that they were trained to administer emergency medicines which people may need if they had an epileptic seizure.

Preventing and controlling infection:

- The home was clean and tidy on the day of our inspection. Staff demonstrated their understanding of the principles of infection prevention and control and had received training about the subject.
- People told us they were encouraged to help keep their home clean and tidy. One person showed us how they did this in their bedroom. Another person, "I'm a bit messy in my bedroom but staff help me to keep it clean."
- There was easy read information around the home to help people understand how to prevent and control the risk of infection.

Learning lessons when things go wrong:

- Accidents or incidents were regularly reviewed to help identify any learning that may help to minimise the risk of them happening again.
- Where learning points were identified, the registered manager shared them with the staff team and people's care plans were updated to reflect any changes needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 and staff used best interests procedures to ensure people who were not able to make a clear decision for themselves were supported in the right way.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Two people were subject to DoLS authorisations. The conditions of the authorisations were being met and the registered manager had ensured that the authorisations were regularly reviewed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed when they moved into the home and assessments were kept under review to ensure their needs continued to be met.
- Protected characteristics under the Equalities Act 2010 were identified as part of the assessment. This included people's needs in relation to their culture and religion.
- Staff completed training in equality and diversity principles and understood how to support people where any needs or wishes were identified.

Staff support: induction, training, skills and experience:

- The registered provider maintained a comprehensive induction programme for new staff. This included the Care Certificate which sets out common induction standards for social care staff.
- Staff told us they had access to a programme of training designed to help them support people in the right way. They said this was through face to face and computer based methods. Records showed they had received training in subjects such as epilepsy and behaviour management and they demonstrated their understanding of the subjects when we spoke with them.
- Staff had regular opportunities to meet with the registered manager. They told us they were able to discuss

their training and development needs and any work issues they had.

Supporting people to eat and drink enough to maintain a balanced diet:

- Staff demonstrated a clear understanding of people's dietary needs and preferences. We saw how they worked with those who were important in people's lives, such as family and/or healthcare professionals to ensure people ate and drank enough to stay healthy.
- People told us they enjoyed the food and were encouraged to eat healthily. We saw that they were involved in planning menus, choosing the food they wanted to eat, and helping to cook their food as far as they were able to. There was free access to hot and cold drinks and snacks that met with people's choices and preferences.

Adapting service, design, decoration to meet people's needs:

- People were able to access all areas of the home including the garden area.
- People had been involved in choosing the decoration of their bedrooms and had personalised them to their own tastes.
- One person told us that the registered manager had consulted everyone who lived at Dunsford about the redecoration of communal areas that was happening when we visited.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care:

- Records showed that people had been supported to meet their healthcare needs with visits to, for example, their GP, chiropodists and hospital consultants when required. One person indicated through sign language that they were supported to see their dentist.
- When we spoke with the, staff demonstrated an understanding of people's physical and mental health needs and how best to support them.
- We saw that the registered manager and staff worked closely with social care professionals to help people achieve life goals. For example, one person told us how the registered manager was supporting them to work with social care services to move home so that they could live more independently.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- People told us, verbally and through sign language, that they felt well cared for and were treated with respect and kindness by the registered manager and staff. One person smiled, gave us a thumbs up sign and leaned in closely to the registered manager when we asked them about how they were treated.
- Throughout the inspection we saw people were relaxed with, and actively sought out the company of staff.
- We saw staff understood people's differing needs and preferences and supported them to go about their daily lives in the manner they wished to.
- One person said, "The staff are really good, I like them."

Supporting people to express their views and be involved in making decisions about their care:

- Throughout the inspection we saw people were encouraged to make their own decisions and choices. For example, people chose what they wanted to do with their time and what they wanted to eat. Staff respected people's right to change their minds and supported them to alter arrangements, such as when they chose not to attend a local day service.
- People told us they were encouraged to regularly discuss their care with staff. Their views and decisions they made were recorded in their care notes and acted upon.
- Easy read documents and picture cards were available to help people who needed support to make informed decisions and choices.
- There was information around the home about the support provided by lay advocacy services. These are services that are independent of the registered provider and the local authority and can support people in their decision making and help to communicate their decisions and wishes.

Respecting and promoting people's privacy, dignity and independence:

- People told us they could talk to staff in private whenever they needed to. They showed us they could have keys to their bedrooms when they wanted them and said that staff respected their choice not to be disturbed if this was their wish.
- Staff understood the importance of maintaining confidentiality regarding people's personal information. Care records were securely stored and computers were password protected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Each person who lived at Dunsford had a care plan which set out their needs and guided staff about how they should support those needs. Care plans were reviewed regularly with people and any changes to support needs or the person's wishes were recorded.
- Each person had a keyworker with whom they spent time discussing and reviewing their needs and life goals. One person told us that the registered manager had recently reviewed keyworker arrangements and everyone had the opportunity to choose which member of staff they wanted to work with.
- Staff supported people to engage in activities and hobbies that interested them. One person told us through sign language that they liked singing and listening to music. We saw that some people enjoyed taking part in performing arts and others liked trips to local pubs and restaurants. One person told us how staff supported them to visit their friends. A member of staff said, "We're always doing social stuff, we support people to visit their family and we go on holidays with them."
- The provider and registered manager were aware of the Accessible Information Standard (AIS), which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. They had developed a policy detailing how they would meet its requirements. Information was available for people in words and pictures to help them fully understand the meaning of the information.

Improving care quality in response to complaints or concerns:

- The registered provider had a complaints procedure which the registered manager and staff followed. The policy was available in an easy to read format so that everyone could access it. Since our last inspection, two complaints had been recorded and managed in line with the registered provider's policy.
- People told us, or indicated through sign language, that they would speak with the registered manager or staff if they had any complaints to make. One person said, "They [staff] always listen and sort things out for you."

End of life care and support:

- The registered manager had arrangements in place to work with people, and those who were important to them, to plan what they wanted to happen at the end of their life. The registered manager knew people well and acknowledged that some people found the subject too sensitive to discuss. They told us how they would continue to offer people the opportunity to discuss their plans in their own time.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The registered provider had in place a clear vision and a set of values which reflected the principles of high quality person-centred care. The registered manager and staff demonstrated their understanding of those visions and values.
- A new manager had registered with CQC since the last inspection. People who lived at Dunsford were consistently positive when they spoke to us about the registered manager. We saw people seeking her out for company and to discuss issues related to their needs.
- Staff were also consistently positive when they spoke about the registered manager. One member of staff said, "[Registered manager] gets things done; communication is a lot better now; there's been an improvement in the atmosphere and staff morale."
- The registered manager was aware of and had systems in place to ensure compliance with duty of candour responsibilities. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The rating from our previous inspection in June 2016 was displayed in the home in line with legislation.
- The registered provider had systems in place to gather people's views about the quality of services they received, such as the use of surveys. Records showed the outcomes of surveys were used to develop and improve the services provided for people.
- People told us they had weekly house meetings together with staff where they were able to share their views. One person told us how the meetings kept everyone up to date with what was happening in the home. Through discussions with people who lived there, and staff members, we could see that they were aware of issues such as house refurbishment and how Brexit may affect them.
- Staff told us how the registered manager promoted team work and openness. One staff member told us, "Everyone respects [registered manager] and likes her. I feel comfortable going to her if there's a problem." Another staff member said, "Everyone looks out for each other."
- The registered manager and staff members told us they felt well supported by the registered provider and their senior managers.
- Staff were aware of the registered provider's whistleblowing policy. One member of staff told us they had used the policy and felt supported throughout the process.
- The registered provider had achieved national recognition as an organisation which promoted equality and diversity for people they supported and the staff who worked for them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others:

- At our last inspection visit we found that the previous registered manager had failed to notify us about a number of incidents which had occurred in the home and which they are required by law to tell us about. At this inspection visit we found the new registered manager had understood their responsibilities and sent us the required information wherever necessary, such as Deprivation of Liberty Safeguard (DoLS) authorisations or safeguarding concerns.
- The registered provider had effective systems in place to monitor the quality of the services provided. Audits looked at aspects of the service such as medicines administration, person centred planning, staff training and health and safety. Action plans were in place to address any shortfalls identified by the audit process.
- The registered manager attended a regular local adult social care network meeting which kept them up to date with good practice and service development. They also attended regular meetings with other managers within the registered provider's organisation to enable shared learning.
- The registered manager and staff maintained positive working relationships with other agencies who were involved in the lives of the people who lived at Dunsford. These included local health services, local authority commissioners and local safeguarding teams.