Inspection Report

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

Dunsland

23-25 Paston Road, Mundesley, NR11 8BN

Tel: 01263720618

Date of Inspection: 04 June 2013

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Records	✓ 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

Contents

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'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Dunsland had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Staffing
- Records

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 4 June 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

People we spoke with told us that they had been involved in choosing colours and soft furnishings as part of the current refurbishment of the home.

One person told us that they particularly enjoyed helping around the house and we observed other people also undertaking various household tasks as they wished. We observed people choosing and preparing what they wanted for lunch and saw that staff empowered people by assisting when needed or when asked, rather than 'doing for' people.

Staff spoke respectfully with people living in the home and consistently included them in conversations and friendly banter.

Care records contained sufficient information, that was easy to follow, to ensure people received individually tailored care and support.

Assessments took into account the risks to which people were exposed but they also reflected people's wishes and independence in a balanced way.

There were policies in place to safeguard people living in Dunsland and the manager had kept the Care Quality Commission informed of any safeguarding issues. We saw examples that assured us that the manager and provider had responded appropriately to any suspicion or allegation of abuse.

Staffing levels were sufficient to meet people's needs appropriately.

The manager provided us with all the records we asked to see during this inspection and we saw that these were kept securely, were accurate and fit for purpose.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected and people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We met, observed and interacted with eight people living in Dunsland during this inspection.

On our arrival we saw that one person, who had recently been allocated one-to-one staffing, was watching a film in the small lounge with their member of staff. We saw that this person was settled and content and they were happy with our presence, indicating for us to sit down and watch the film with them.

This person then became pleasantly animated and indicated that they wanted a drink. They asked us if we also wanted a drink by signing and taking our hand for us to follow them through to the kitchen. We observed that, in line with a clearly defined risk assessment, staff continued to provide one-to-one support and close observations, whilst remaining unobtrusive while the person carried out their chosen tasks.

We noted that people were able to come and go as they pleased within the home and saw that people were able to make their own decisions regarding how they spent their time.

We saw evidence that people were able to make choices and be included in discussions about the running of the home. We found this out by way of observations, notes from 'resident meetings', individual care reviews and evidence of regular conversations and interactions with staff.

People we spoke with told us that they had been involved in choosing colours and soft furnishings as part of the current refurbishment of the home.

One person told us that they particularly enjoyed helping around the house and we observed other people also undertaking various household tasks as they wished.

During our visit the people at home were asked by staff if they wanted to go for a walk and take a picnic lunch with them. Everyone said that they would like to go for a walk but one person said that they wanted to have their lunch at home beforehand. We noted that this person's choice was respected.

We observed people choosing and preparing what they wanted for lunch and saw that staff empowered people by assisting when needed or when asked, rather than 'doing for' people. This told us that people's independence was consistently promoted.

We looked at information completed by staff in handover records and people's daily records. From these records we saw that people regularly assisted staff with tasks such as preparing meals and drinks, washing up, cleaning, laundry, ironing and shopping. Some of the individual activities we noted included attending day services, going for walks, trips out in the car, arts and crafts, board games, puzzles, watching DVDs, going to church, playing golf and baking.

This meant that people were supported to express their views and be involved in making decisions about their care and support.

We saw that staff spoke respectfully with people living in the home and consistently included them in conversations and friendly banter. We also saw that, when staff provided any personal support, this was carried out in a discreet and dignified manner.

Where people had specific communication needs we saw that detailed information had been put in place to enable staff to provide appropriate support. The information included details of the best ways to enable communication.

This assured us that people were supported in promoting their independence and community involvement and that their diversity, values and human rights were respected.

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

During this inspection we saw that the information in everyone's care records was more organised that at our last inspection. Information was more accessible for staff to ensure they were able to access relevant guidance and knew how to meet people's needs appropriately.

Some people's care plans had been fully revised and restructured. These had mostly been completed by the manager and director of care, who explained that they had realised the importance of identifying any missing information or guidance and the need to implement it as quickly as possible.

We were told that people were usually involved in compiling and updating their own care plans and that these revisions were more focussed on the structure and format, to ensure more accurate and regular record keeping by staff. This, we were told, would also improve the efficiency of monitoring and auditing the care provision within the home. The manager and director of care assured us that everybody continued to be fully involved in respect of on-going reviews of care and updates to their care plans.

We looked in detail at the care plans for four people and found that each of these contained sufficient information, that was easy to follow, to ensure people received individually tailored care and support. For example, some of the support guidance we saw included how people communicated, behaviours and moods, food preparation, eating and drinking, money handling, relationships and personal safety.

This told us that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Risk assessments were detailed and individual and described what each identified risk was and when and why it could occur. These assessments also provided guidance in respect of preventative measures and contingency plans.

The newly revised care records provided greater detail about how people's individual risk assessments cross referenced to their support plans. This helped to reflect people's

specific needs, explain how they should be met and highlight the potential risks associated with various activities.

Assessments took into account the risks to which people were exposed but they also reflected people's wishes and independence in a balanced way.

This told us that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We saw that there were policies in place to safeguard people living in Dunsland and the manager had kept the Care Quality Commission informed of any safeguarding issues. We saw examples that assured us that the manager and provider had responded appropriately to any suspicion or allegation of abuse.

During this inspection we noted that staff were much more observant of the individual behaviours and interactions of people living in the home and appropriately followed guidance for managing these for each person.

Where it had been identified that one person was particularly vulnerable and could be at risk of harm from other people living in the home, a detailed protection plan had been implemented. This had been designed to ensure the person's safety and wellbeing, whilst maintaining their independence and liberty.

In addition, we saw that one-to-one staffing was being provided to support people who had been identified as presenting risks to others. The support guidelines for these people also clearly ensured that their independence and liberty continued to be promoted.

This told us that people who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We saw that there were improved procedures for reporting incidents and a member of staff told us that they were now required to report all incidents, regardless of their nature. As a result, we saw that incident forms were being completed in much more detail and included the name of the person or people involved, the person reporting the incident and the time and date the incident occurred,

The reports described what had happened, what circumstances led up to the incident and whether there were any possible triggers. The reports concluded with how the incident was resolved, what happened next and any action that was required.

Any use of restraint was also recorded, including the method and length of time, with signatures from all witnesses. There were also comments in respect of whether the incident was deemed as having been unavoidable.

If any injuries were sustained as a result of an incident, we saw that an accident form and 'body map' were also completed and cross referenced accordingly.

All incident forms were passed to the manager for signing and staff were now aware of the importance of reporting incidents appropriately and in a timely fashion, particularly in respect of informing the Norfolk Safeguarding and Adult Protection Team.

We saw that the manager was booked on a safeguarding training refresher course in June 2013, in order to effectively advise and lead the staff team. We were informed that all staff would be attending full and formal external safeguarding training during the coming months.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

During this inspection we saw that there were enough staff on duty to meet people's needs appropriately.

Since our last inspection in March 2013, everyone's care, support and funding requirements were being formally reviewed with social services. At the time of completing this report, it was confirmed that these reviews had been completed and, where it had been identified that people's needs had increased, appropriate increases to individuals' funding had been granted.

This meant that staffing levels had increased and, where specific needs had been identified, more one-to-one staffing was provided. We saw evidence of consistent staffing levels from our observations, information recorded on the rotas, daily handover records and individuals' daily reports.

New rotas and 'pocket guides' had been compiled to ensure staff fully understood what staffing ratios were required for who and when.

The manager told us that an assistant manager was being employed to work directly with the manager and senior staff, to ensure the day to day care and support being provided was maintained at the highest standard.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

The manager provided us with all the records we asked to see during this inspection and we saw that these were kept securely and could be located promptly when needed.

We looked at a variety of records during our visit, which included support plans, risk assessments, daily records, handover reports, accident and incident forms, staffing rotas and menus.

All the records we looked at were complete and up to date and, where applicable, had been appropriately signed and dated. We also saw that the records provided a clear reflection of the care being given.

This told us that people's personal records, including medical records, were accurate and fit for purpose.

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.

Contact us

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