

North Yorkshire County Council

Deansfield Court

Inspection report

Furlongs Avenue
Norton
Malton
North Yorkshire
YO17 9DJ

Tel: 01653604492

Date of inspection visit:
06 December 2018
14 December 2018

Date of publication:
12 February 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

This inspection took place on 6 and 14 December 2018 and was announced. We gave 48 hours' notice of the inspection, because we needed to be sure people would be in when we visited.

Deansfield Court is registered to provide personal care to older people who may also be living with dementia, a learning disability or autistic spectrum disorder, mental health needs, a physical disability or sensory impairment.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Not everyone living at Deansfield Court or using the service received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

This was the first inspection of Deansfield Court since its registration in December 2017. At the time of the inspection there were 34 mainly older people using the service.

The service had a registered manager. They had been the registered manager since December 2017. A registered manager is a person who has registered with the CQC 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 registered manager also managed another of the provider's services and split their time between the two locations. They were supported by two team leaders in the management of the service.

People told us they felt safe with the support that staff provided. Staff were safely recruited and enough staff were deployed to meet people's needs. Staff were trained to recognise and respond to any safeguarding concerns to help keep people safe.

Risk assessments generally contained proportionate information about risks and how these should be managed. We made a recommendation about using nationally recognised evidence based tools to support effective management.

The provider was implementing a new medicine policy and procedure to make sure staff had been given enough information about when to administer 'as required' medicines.

Staff completed a comprehensive programme of training. The registered manager monitored staff's

performance and made sure they were supported to learn and develop in the role.

Staff supported people to make sure they ate and drank enough. They shared information and worked with healthcare professionals when needed to make sure people received effective care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind and caring. They treated people with respect and supported people in a way which helped maintain their privacy and dignity.

Staff understood people's needs and how best to support them. They had developed positive relationships with the people they supported. People benefited from the companionship and person-centred care staff provided. The provider was exploring how to implement good practice guidance relating to end of life care.

People told us the manager was approachable and responsive to feedback. There were systems in place to make sure any complaints were investigated and a response provided.

Staff worked well as a team and were well-supported by the management of the service. There was a positive and person-centred culture. People enjoyed staff's company and benefited from the wider community and events on offer at Deansfield Court.

The manager completed a range of audits to monitor the quality of the service provided. We recommended reviewing auditing of risks.

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 showed a good understanding of people's needs and the risks to their safety. We made a recommendation about developing some records around how risks were managed.

People received their medicines as required. The provider was implementing a new procedure to guide staff on when to administer 'as required' medicines.

Staff were safely recruited and there were enough staff to meet people's needs.

People were protected by staff who were trained to recognise and respond to any safeguarding concerns.

Is the service effective?

Good ●

The service was effective.

Staff completed comprehensive training to equip them with the skills needed to provide effective care.

Staff had effective working relationships with other professionals. This helped ensure people received care and support which met their needs.

The registered manager used regular supervisions and annual appraisals to support staff to continually learn and develop.

Staff supported people to make sure they ate and drank enough.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and respect. They supported people to maintain their privacy and dignity.

People had developed positive caring relationships with staff and valued their company.

People had choice and control over the support they received. Staff encouraged people to make decisions and to maintain their independence.

Is the service responsive?

The service was responsive.

Staff were responsive to people's needs. They showed a good understanding of what support people needed and how best to meet those needs.

The provider was reviewing how to implement best practice guidance relating to end of life care.

There were systems in place to gather feedback and respond to any complaints about the service.

Good ●

Is the service well-led?

The service was well-led.

People told us the service was well-led and praised the organisation and quality of the support that staff provided.

The registered manager used audits to check the quality and safety of aspects of the service.

We made a recommendation about recording and auditing risks.

Staff worked well together and praised the teamwork, leadership and support they received.

Good ●

Deansfield Court

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. The inspection was planned to check whether the provider was 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 6 and 14 December 2018 and was announced. We gave 48 hours' notice of the inspection, because we needed to be sure people would be in when we visited. The inspection was carried out by one inspector.

Before the inspection we checked information we held about the service. This included notifications the provider had sent us about events or incidents that occurred and which affected their service or the people who used it. We contacted the local authority's adult safeguarding and quality monitoring team as well as Healthwatch England, the national consumer champion for health and social care, to ask if they had any information to share.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection we spoke with five people who used the service and three professionals. We spoke with the registered manager, two team leaders, and four other members of staff.

We checked four people's care plans, risk assessments, daily notes and medication administration records. We reviewed three staff's recruitment records, as well as induction, training and supervision records for the staff team. We looked at meeting minutes, quality assurance audits and a selection of other records relating to the management of the service.

Is the service safe?

Our findings

This inspection took place on 6 and 14 December 2018 and was announced. We gave 48 hours' notice of the inspection, because we needed to be sure people would be in when we visited.

Deansfield Court is registered to provide personal care to older people who may also be living with dementia, a learning disability or autistic spectrum disorder, mental health needs, a physical disability or sensory impairment.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Not everyone living at Deansfield Court or using the service received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

This was the first inspection of Deansfield Court since its registration in December 2017. At the time of the inspection there were 34 mainly older people using the service.

The service had a registered manager. They had been the registered manager since December 2017. A registered manager is a person who has registered with the CQC 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 registered manager also managed another of the provider's services and split their time between the two locations. They were supported by two team leaders in the management of the service.

People told us they felt safe with the support that staff provided. Staff were safely recruited and enough staff were deployed to meet people's needs. Staff were trained to recognise and respond to any safeguarding concerns to help keep people safe. Accidents and incidents were recorded and monitored to prevent reoccurrences.

Risk assessments generally contained proportionate information about risks and how these should be managed. We made a recommendation about using nationally recognised evidence based tools to support effective management.

People received their medicines as prescribed. The provider was implementing a new medicine policy and procedure to make sure staff had been given enough information about when to administer 'as required' medicines.

Staff completed a comprehensive programme of training. The registered manager monitored staff's performance and made sure they were supported to learn and develop in the role.

Staff supported people to make sure they ate and drank enough. They shared information and worked with healthcare professionals when needed to make sure people received effective care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind and caring. They treated people with respect and supported people in a way which helped maintain their privacy and dignity. The registered manager understood the role of advocacy services in supporting people to make decisions.

Staff understood people's needs and how best to support them. They had developed positive relationships with the people they supported. People benefited from the companionship and person-centred care staff provided. The provider was exploring how to implement good practice guidance relating to end of life care.

People told us the manager was approachable and responsive to feedback. There were systems in place to make sure any complaints were investigated and a response provided.

Staff worked well as a team and were well-supported by the management of the service. There was a positive and person-centred culture. People enjoyed staff's company and benefited from the wider community and events on offer at Deansfield Court.

The manager completed a range of audits to monitor the quality of the service provided. We recommended reviewing auditing of risks.

Is the service effective?

Our findings

Staff assessed people's needs and worked with other professionals to make sure they received effective care. Professionals provided positive feedback about the effective working relationships they shared with staff. Comments included, "We have a good working relationship, if they have any concerns they would contact me", "If there are any problems staff know how to contact us and do so freely" and "They are very, very good at reporting problems."

People gave positive feedback about the skilled and effective staff who supported them. They told us, "The staff are so friendly and professional" and "The staff come and do their job well and they are all polite." They told us staff provided compassionate and attentive care if they were unwell and helped them to see the doctor or other healthcare professionals when needed. Staff recorded information about people's needs and the healthcare professionals who supported them. They used 'hospital passports' to make sure important information would be shared when people were admitted to hospital.

New staff completed a comprehensive induction to the service and received on-going training. This supported them to provide effective care. Training was provided through a mixture of online and taught courses. Additional courses, for example mental health, autism and child protection training, were available when staff wanted to develop their knowledge in certain areas. Staff said, "The training is very in-depth. The majority of the courses have tests at the end so you can see any areas that you need to go back over", "I've done quite a few training courses. It is surprising how much you actually learn" and "You can do whatever training courses you want to. There is refresher training as well so you are always keeping up-to-date."

The registered manager monitored staff's performance and encouraged them to continually learn and develop in the role. New staff attended probationary meetings, whilst existing member of the team had regular 'one to one' meetings and 'direct observation supervisions'. These provided an opportunity for staff to discuss how they were getting on and receive feedback on how they could improve.

The provider had a system in place to make sure staff received an annual appraisal of their performance.

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 MCA 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

People who used the service told us staff listened to them and they felt 'in control' of their care and support. They had signed their care records to show they had been asked and consented to the support staff provided. Staff had been trained on the MCA and understood the need to support people to make decisions

and respect their choices. One member of staff explained, "It is always their choice. We always offer people a choice and give them an option of two or three things, but not too many options, as it can confuse some people."

At the time of our inspection no one who used the service lacked mental capacity to make their own decisions and people were not deprived of their liberty. The registered manager understood the importance of assessing people's ability to make decisions, and of making sure any decisions made on people's behalf were in their best interest.

Staff supported people to make sure they ate and drank enough. People told us they were happy with how staff helped them with their meals. One person explained, "They do all my meals and drinks. They offer a choice at mealtimes and they always leave a drink before they go." Staff supported other people to visit the onsite restaurant run by the housing provider if they wanted to.

Staff used daily notes to record what people ate and drank and to help identify where people might be at risk of dehydration or malnutrition. Staff explained how they contacted people's GP or other healthcare professionals if they were worried people had not eaten or drunk enough.

Is the service caring?

Our findings

Staff treated people with kindness and respect. People who used the service praised the caring support staff provided. Feedback included, "The staff are caring. They are so friendly", "I am quite happy with the carers, I find them very kind" and "They are a great bunch of staff, they are always pleasant. They never pass the door without popping in to ask if you are alright or if you want anything."

Professionals said, "It's a friendly place and it feels welcoming", "Whenever I have seen the staff with clients they have always been lovely with them" and "The staff listen and respond to people. It's like it is second nature to them be kind, empathetic and caring."

Staff spoke with people in a caring way. They used people's preferred names, got down to their level and made eye contact when speaking with them. Staff were respectful in their manner and tone and provided reassuring touches or encouragement when people needed this.

Staff had developed very positive caring relationships with the people they supported. People who used the service told us, "They come and visit as friends, we get on great. They treat me like I am one of their family" and "I know them all and am very familiar with them."

The provider employed a small team of staff and made sure new staff were introduced before they provided support. This helped people to get to know staff and develop positive caring relationships with them. Care plans also included information about people's social history, as well as their family and important people in their lives, to help staff get to know them.

People's feedback and our observations confirmed they got on well with staff and enjoyed the companionship they provided. Staff laughed and joked with people and there were friendly conversations as they supported people. They asked questions and showed an interest in how people were. People who used the service told us, "I can talk and laugh and joke with them, they are all the same, they are all good with me. It's lovely here, I have no complaints" and "They make my day, I feel like I am very close to them and look forward to them coming." A member of staff explained, "I really do love it here. If I can put a smile on one person's face I am doing my job."

People who used the service confirmed staff treated them with dignity and respect. A person who used the service explained, "They do things pleasantly, I haven't had any rudeness or anything like that. They always knock on my door, they don't walk in." We observed staff knocked on people's doors before entering their flats, and a member of staff explained, "It's their home and everyone respects that." Staff told us they did not discuss other people's needs to help maintain their confidentiality.

Staff promoted people's wellbeing by supporting them to maintain their independence. They patiently helped people to move about the service or to complete tasks independently. A member of staff explained, "We will always try and encourage people to do as much as possible for themselves as it is more dignified for them. Our job is to help with the things they can't manage." People's care plans reinforced the importance

of supporting people only when necessary and to encourage independence.

People told us staff asked them questions and listened to them about how they wanted to be supported. Staff explained how they encouraged people to make decisions by offering choices and showing them options. One member of staff said, "We ask people 'would you like a shower?' and 'what clothes would you like to wear?'"

Staff made sure information was provided in accessible ways to meet people's communication needs. People's care plans contained information to support staff to engage with them and share information in an accessible way. This helped make sure people could communicate their wishes and have choice over how they were supported.

The registered manager understood the role of advocacy services in helping people to make informed decisions. An advocate is someone who supports people to make sure their wishes and views are heard.

Is the service responsive?

Our findings

Staff were responsive to people's needs. People told us staff listened to them and provided the support they needed. Comments included, "I tell them what I want and that's, it is done", "The staff are very good and helpful. They do everything they can for you" and "They couldn't be better, anything you want they are there to give it to you. They are very obliging."

There was a supportive community amongst the people living at Deansfield Court, with opportunities for meaningful stimulation which helped to reduce social isolation. Staff, volunteers and people who lived at Deansfield Court organised events and activities. These included coffee mornings, bingo, dominoes, film nights and visiting entertainers. Information about activities was displayed on a notice board in the entrance to the service and advertised in a monthly newsletter. People who used the service told us staff also talked to them about upcoming events, encouraged them to join in and supported them to attend if needed. People also used the on-site restaurant, run by the housing provider, as a place to meet and socialise with other people who lived at Deansfield Court.

People's care plans evidenced how staff assessed people's needs and designed their care and support to meet those needs. Care plans included information about how staff should support people with personal care, with meals and drinks to take their medicines and with moving and handling. Information was generally relevant and person-centred. It included information to guide staff on what support people needed alongside details about their likes, dislikes and personal preferences about how those needs should be met. We spoke with the registered manager about some minor examples, where more detailed information about how tasks should be completed may help to guide newer staff. They agreed to address this.

Staff knew people well and had a good understanding of how they liked to be supported. They explained how they got to know people and how best to meet their needs. They told us, "I enjoy talking with people living here and getting to know them" and "It is important to know what people like and over time we talk to them and get to know them. We also read the care plans and read their life story and chat with their family about what their likes and dislikes are if they can't tell us themselves."

Staff shared information to monitor people's needs and identify if their needs changed. They recorded the support provided at each visit. These 'daily records' included information about any help provided with personal care, meals and drinks, medicine and any other information care staff may need to know. This helped make sure staff had up-to-date information about how that person had been that day.

Staff responded to people's requests for help in emergencies. They kept an 'ad hoc' visit log of emergency visits and the support they provided. This helped staff to monitor people's needs across the day and to identify when additional help may be needed at certain times. Staff worked with commissioners and other professionals to regularly review people's packages of care to make sure they continued to meet people's needs.

At the time of our inspection staff were not supporting people who used the service with care and support at the end of their life. A professional told us, "The staff have been very good with end of life care in the past. They have been very caring and they have been more than happy to care for people to help them stay in their own home."

People's care plans recorded whether they had decided to refuse resuscitation if the need arose, but had limited other information about any wishes they may have regarding end of life care. The registered manager explained plans to deliver end of life training for staff and to implement an end of life care policy and procedure to address this.

The registered manager promoted an open culture in which feedback was valued. The provider had a policy and procedure, which set out how they would manage and respond to any complaints about the service. People who used the service told us staff were approachable and they felt able to raise any worries or concerns they had. Comments included, "If there's anything wrong I go and tell them" and "I would have a word with [team leader's name] if something did come along that I was not happy about, but nothing has come along yet. I know I can talk to them at any time."

When a complaint had been received, the registered manager had investigated and provided a comprehensive response to address the issues raised. This showed an open and constructive approach to responding to people's feedback.

Staff received a number of compliments praising the 'amazing' care and support they had provided. This had resulted in a visit from the local Member of Parliament in recognition of the positive feedback they had received from the relative of a person who used their service.

Is the service well-led?

Our findings

The service had a registered manager. They had been the registered manager since December 2017. A registered manager is a person who has registered with the CQC 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 registered manager also managed another of the provider's locations and split their time between managing the two services. They were supported by two team leaders in the management of the service.

There were systems in place to monitor the quality of the service. The registered manager used supervisions, including direct observation supervisions to make sure staff provided effective care in line with guidance on best practice. Staff completed regular reviews of people's care and support, which included a quality survey of people's satisfaction with the support provided. The registered manager collated and monitored this information to make sure people were happy with the support provided.

Checks on the quality of documentation included care plan and medication audits. These helped to identify and address any issues or concerns with records relating to people's care and support needs.

The registered manager attended management meetings with other managers from across the provider's services. They explained how these meetings were used to discuss the running of the service and share information and learning across the organisation.

We spoke with the registered manager about developing risk assessments and risk management documentation as outlined in the safe domain. We recommend the provider reviews records in relation to how they assess, manage and audit risks.

People gave consistently positive feedback about the service provided. They told us staff were skilled, knowledgeable and provided support to meet their needs. People told us staff and management were approachable and they felt any issues or concerns they had would be addressed. One person explained, "The service is well-led. The staff are there when you want them and if they can't help you they ask a team leader and they come and help you."

Staff told us, "The management are very supportive. If there are any issues or we need some advice then they will come and help" and "They have been brilliant with me; if I have a problem they do listen and tell me they will sort it out."

Staff worked well together to meet people's needs. Staff told us, "Everyone seems to help each other and the residents all seem happy. I get a lot of joy out of my job I love it. We all help each other. We're a good group and we can go to the team leader if there are any issues" and "It is a good place to work, it is a good team here and you feel supported by your colleague."

The registered manager used team meetings to gather feedback from staff and share information about the running of the service. When any issues or concerns had been identified, feedback was given on any changes or improvements that could be made.

Staff reported any issues with the building or in people's flats to the housing provider who was responsible for health, safety and maintenance. This helped make sure maintenance issues were identified and fixed so that people living at Deansfield Court received a coordinated service.