Relativeto Limited

Dene Brook

Inspection report

Dalton Lane
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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

About the service
Dene Brook is a residential care home providing personal care to ten adults with a learning disability and who have additional support needs including mental health and autistic spectrum disorders. The service can support up to 14 people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can 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. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The home is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area. The service was also designed to support people in small numbers. The service is made up of small flats. Some of these can accommodate one person while others can accommodation two and three people.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service and what we found
People received care and support in line with their current needs. Support plans in place gave information about people's dietary needs and what assistance they required with nutrition and hydration. The service was designed in a way which met people's needs. However, some parts of the environment required some improvements to make it more homely and person centred. The registered manager had plans in place to address this. People had access to health care professionals as required.

People were safeguarded from the risk of abuse. Staff we spoke with told us they would report any concerns urgently and felt confident they would be dealt with appropriately. Risks associated with people's care and support had been identified and plans put in place to minimise risks occurring. Accident and incidents were monitored to ensure lessons were learned.

There were sufficient staff available to meet people's needs and to support them in line with their preferences. We looked at systems in place to manage medicines and found they were administered as prescribed and stored appropriately.

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

this practice.

We observed staff interacting with people who used the service and found they were supportive, caring and understood people's needs. Staff we spoke with explained how they would ensure people's privacy and dignity would be maintained and how they promoted independence.

Support plans were person centred and staff assisted people in line with their preferences and choices. People had access to the community and social activities of their choice. The provider had a complaints procedure in place and we saw a record was maintained to ensure complaints were addressed.

The provider had a system in place to monitor the service. Several audits took place and any issues arising were addressed. Relatives and people who used the service had opportunities to feedback their experience. Staff felt listened to, supported and involved in the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 27 July 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Dene Brook

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Dene Brook 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.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection
We met seven people who used the service and spoke with three people and two relatives about their

experience of the care provided. We spoke with seven members of staff including the registered manager, the regional deputy operations director, team leader, and support workers. We 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 reviewed a range of records. This included two people's care records and multiple medication records. We looked at a variety of records relating to the management of the service.

After the inspection –
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
- The provider had systems in place to safeguard people from the risk of abuse.
- Staff we spoke with told us they would report any concerns to the registered manager without delay. One staff member said, "If I had any concerns I would follow the safeguarding policy. We have a whistle blowing help line and I would use that."

Assessing risk, safety monitoring and management
- Risks associated with people's support were identified and systems were in place to appropriately manage them.
- Support plans contained risk assessments and gave practical support about how to minimise risks occurring. Risk assessments were in place for things such as road safety, community access, kitchen access, poor motivation, and weight and nutrition.
- The building had regular safety checks such as gas safety and electrical testing. The registered manager kept a maintenance file to evidence these checks had been completed.

Staffing and recruitment
- During our observations we saw there were sufficient staff to meet people's needs. Some people living at the service required one to one support and sometimes two staff to one in the community. This was provided to ensure people's needs were met.
- Staff we spoke with told us they worked well as a team. The service did not use agency staff. Staff we spoke with told us they were happy to cover extra hours to offer consistency for the people they supported.
- Staff confirmed that pre-employment checks had been completed prior to commencing their role.

Using medicines safely
- The service had systems in place to ensure people's medicines were managed safely and people received their medicines as prescribed.
- We saw medicines were stored correctly and disposed of safely. Staff completed a medication administration record [MAR] for each person which gave an accurate record of medicines which had been administered.
- Some people were prescribed medications which they required 'as and when' known as PRN medicines. People had PRN protocols in place to ensure these were administered appropriately.

Preventing and controlling infection
- We completed a tour of the building with the registered manager and found the service was mainly clean.

However, we saw some areas which required a deep clean and the registered manager addressed them.

- Staff had access to personal protective clothing [PPE] and used it when required.

Learning lessons when things go wrong

- The provider monitored accidents and incidents to minimise the risk of them reoccurring.
- Incidents records analysed what happened prior, during and after incidents. This helped the registered manager look at why something happened and how this could be avoided in the future.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- Care and support was planned and reviewed regularly to ensure people received consistent support which met their needs.
- We saw assessments in place which considered people's history. Individual behaviour strategies were in place to support people.

Staff support: induction, training, skills and experience
- People were supported by staff who were suitably trained and supported to carry out their role.
- Staff we spoke with told us they received training on a regular basis and support from the management team was available to them. They also felt they worked together well as a team.
- All new starters received a comprehensive induction when they commenced employment. This included training and shadowing experienced staff. One staff member said, "It's the best induction I have ever had. I had never worked with people with learning disabilities, but I had to do my training and Shadow shifts until I felt I could do the role. I had to read all policies and procedures before I started working my own shifts."
- Relatives we spoke with told us their family members were supported by staff who knew them well. One relative said, "They [staff] understand [relatives name] very well."

Supporting people to eat and drink enough to maintain a balanced diet
- People were supported to eat and drink sufficient amounts to maintain a healthy and balance diet.
- Most cooking was carried out in individual services on a risk-based approach. One person did not do any cooking in their flat as they had issues in relation to food which caused them distress. Food was prepared in an alternative flat and delivered to them, due to food anxieties.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- The service had systems and processes in place to ensure people were referred to external services to maintain continuity of care.
- We saw healthcare professionals such as dentist, dieticians, chiropody, and learning disability nurses had been involved in people's care.

Adapting service, design, decoration to meet people's needs
- The service was designed to meet the needs of people living there. However, some parts of the environment required some improvements to make it more homely and person centred. The registered manager had identified this and was in the process of addressing it.

● People had access to outside space and garden areas.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● The service was working within the principles of the MCA. Staff knew what they needed to do to make sure decisions were made in people's best interests and the right professionals had been involved.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- We observed staff interacting with people and found they were sensitive to people's needs and were kind and caring.
- One person was being supported on a one to one basis and we observed the care worker communicating with them using sign language and facial expressions. It was clear the person understood the conversation and they responded by laughing and chatting.
- One person showed me their room which they were very proud of. This was decorated as the person wanted it and they had possessions which made it their personal space.

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

- People were involved in making decisions about their care and what they wanted to do. One person expressed they wanted to look at their photo album and staff assisted the person to do this.

Respecting and promoting people's privacy, dignity and independence

- Staff saw the importance of promoting people's independence. We saw one person being assisted to make a drink and the care worker fully understood what the person was able to do and what would put the person at risk.
- Staff we spoke with told us how they closed doors and curtains to maintain people's privacy and dignity. One staff member said, "I talk to people and explain what I am doing to try to put people at ease. If they can do some things for themselves I encourage this to ensure their independence is maintained." Another staff member said, "I build a relationship with people and make sure I know what their preferences are. It's very personal so keeping their dignity is important."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care and support which met their current needs.
- People and their families and relevant others were involved in developing support plans. Support plans also incorporated people's preferences and choices.
- Relatives we spoke with were complimentary about the support their family member received. One relative said, "When we visit we take [relative] out for meals and they always look well-presented and when we take [relative] back they are always happy to go back, if [relative] wasn't happy there they would not be like that, they would be crying and resisting. That means everything to me as I know [relative] is happy and safe there."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Social activities and stimulation were provided based on what people chose to do.
- Staff supported people to access the community to take part in a range of meaningful activities. Some people chose to attend a service where they made things from textiles. Other people enjoyed gardening projects, baking, and shopping.
- People were supported to maintain friendships and relationships with family members. Activity planners were in place which included visits to see family members.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was presented to people in a way they could understand. For example, pictures and photographs were used as a way of communication.
- Some people who used the service used their own sign language which they had developed. Staff had effectively learned this and communicated with people in a person-centred way.

Improving care quality in response to complaints or concerns

- The provider had a system in place to ensure people could raise concerns about the service.
- The registered manager completed a record of concerns they had received. We saw these had been appropriately dealt with in line with the provider's policy.
- Relatives we spoke with told us they would be able to talk to staff if they had any concerns and felt they

would be listened to.

End of life care and support

- At the time of our inspection, nobody was in receipt of end of life care.
- The registered manager told us they would involve people and relevant others in people's end of life care needs.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager, management team and members of staff we spoke with, were dedicated to providing person centred support for people.
- There was a strong recognition that people were at the centre of their care and support, led fulfilling lives and interacted as part of the community.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities and acted in line with their legal requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had systems in place to ensure people who used the service, their relatives and staff, could feedback their views about the home.
- Residents meetings took place to give people the opportunity to have a voice in developing and improving the service. One person represented people on a people's board to ensure their voice was heard.
- Professionals and relatives were asked to complete an annual quality survey. We saw the results from the last survey completed and found positive comments had been made about the service.

Continuous learning and improving care

- The provider had a system in place to measure and improve the service.
- The management team carried out audits such as medication, infection control and health and safety, to ensure any issues were identified. Action plans were then drawn up to address any concerns.

Working in partnership with others

- The provider worked in partnership with other professionals, learned from them and took their advice on board.
- When people required the support of other professionals and specialist support this was sought in a timely way.
- Staff we spoke with told us how they worked with other professionals to ensure people received appropriate support in line with what the professionals had advised.