

Relativeto Limited

Dene Brook

Inspection report

Dalton Lane
Dalton Parva
Rotherham
South Yorkshire
S65 3QQ

Tel: 01709855029
Website: www.cygnethealth.co.uk

Date of inspection visit:
10 December 2020

Date of publication:
24 December 2020

Ratings

Overall rating for this service	Good ●
---------------------------------	--------

Is the service safe?	Good ●
----------------------	--------

Is the service effective?	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 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. On the day of the inspection there were 11 people living at the service.

People's experience of using this service and what we found

People were safe and protected from avoidable harm. Individual risk assessments were in place. People told us they felt they were kept safe. People's medicines were managed well.

The home was clean and tidy throughout. Positive changes to the environment were seen and further work was underway to continue to improve people's personal accommodation and communal areas. Correct infection control procedures were followed, and the service had taken additional infection control measures to minimise the risk posed by COVID-19.

There were enough staff to support people and they had been recruited in a way that helped to keep people safe. Staff received appropriate training, support and supervision. The service used a range of audits and monitoring tools to assess the quality and safety of the environment and care provided. These helped the provider and registered manager to identify where improvements were needed to continue to develop the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. For example, care plans were individualised and included information about what really mattered to the person. Staff knew people well and supported them to be independent and fulfil their personal goals.

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 10 February 2020).

Why we inspected

We received concerns about the management of the service and the support provided to people using the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The overall rating for the service has stayed the same, good. This is based on the findings at this inspection. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for <location name> on our website at www.cqc.org.uk.

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 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

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.

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

Notice of inspection

This inspection was announced. Due to the COVID-19 pandemic we wanted to review documentation remotely so we gave the service 24 hours' notice of the inspection and requested some information was sent to us. This helped minimise the time we spent in face to face contact with the provider, registered manager, staff and people who used the service.

What we did before the 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. The provider was not asked to

complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We walked around the building to look at how well it was maintained and cleaned. We met with eight people who used the service and contacted four relatives to ask about their experience of the care provided. We spoke with eight members of staff including the deputy operations director, the registered manager, a team leader and support workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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

- Appropriate safeguarding systems were in place.
- The registered manager followed safeguarding procedures, made referrals to the local authority and notified CQC as required.
- Staff had received safeguarding training and were clear about the processes they would follow if they needed to report any safeguarding concerns.

Assessing risk, safety monitoring and management

- People were protected from avoidable risks. Assessments were undertaken by the management team for a range of risks, such as those associated with behaviour, diet and nutrition. Recognised risk assessment tools were used to help determine risks.
- The environment was safe, and equipment was well maintained.

Staffing and recruitment

- The provider had a robust recruitment system in place which assisted them to recruit staff safely.
- There were enough staff available to respond to people's needs and to socially engage with them.
- People were supported by staff who were familiar to them. Staff told us they worked well together as a team. One staff member told us, "We are kept fully up to date with any changes to people's health and wellbeing."

Using medicines safely

- Effective systems were in place to ensure people received their prescribed medicines in a safe way.
- Protocols were in place to support people who were prescribed medicines on an 'as and when' required basis. These were and provided a clear guide in how to support people.
- Staff received training in the safe handling of medicines and had a competency check completed on an annual basis or before if required.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the

premises.

- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager was keen to develop and learn from events. Action had been taken in response to the recent concerns raised.
 - We saw accidents and incidents were appropriately recorded and these were shared monthly with the provider's operational management. These were reviewed and monitored for any themes or patterns in order for the service to improve safety.
 - Lessons learnt were shared with staff to ensure best practice was maintained.

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

- People's needs were assessed with them and their relatives prior to their admission to ensure their needs could be met.
- People's care needs were detailed in their care plans and provided staff with guidance on how to meet these needs in line with best practice guidance and people's preferences. Good communication between the senior staff and support staff meant people's needs were well known and understood within the team.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs so these could be met. The provider had policies in place to ensure they protected people's, and staff's rights, regarding equality and diversity.

Staff support: induction, training, skills and experience

- Staff received training and support to carry out their roles effectively. One staff member said, "The training is good and supports us to do our job."
- The provider's induction procedures and ongoing training provided staff with the skills and competencies to carry out their role effectively. Staff were supported through one to one supervision, competency checks and team meetings.

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

- People enjoyed the food provided and were well supported to eat and drink sufficient amounts to maintain good health.
- People's needs in relation to eating and drinking were described in their care plans. Any risks associated with nutrition and hydration or choking were assessed, and nutritional supplements or food prepared in a certain way was provided.
- People told us they were given choices, offered food they enjoyed and provided with regular drinks and snacks.

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

- People were supported to access healthcare professionals when their needs changed, or they became unwell.
- Records were kept about the healthcare appointments people had attended and staff implemented the guidance provided by healthcare professionals.

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

- The design and décor of the home met the needs of people living there. People's bedrooms had been personalised to reflect their own choices and personalities.
- People told us they "liked" and "loved" their apartments and were eager to show us their personal belongings and items that were important to them.
- Maintenance staff were on site during the inspection making further improvements to areas identified as needing upgrading and refurbishment work.

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.

- Governance and oversight systems ensured the provider was working in line with the principles of the Mental Capacity Act (2005). There were systems in place to ensure applications for DoLS authorisations were applied for and to monitor the expiry dates for people who had approved DoLS.
- We found staff followed the principles of the MCA and people's consent was sought in advance of care being provided.
- Care workers told us they would always obtain a person's consent before carrying out any care and they understood some decisions may need to be taken in a person's best interests.

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

- The registered manager had an 'open door' management approach which meant they were easily available to people, relatives and staff. Staff told us, "The managers are very supportive and good," and "The registered manager will listen to us and she is very open to our views and takes on board feedback. She is willing to change if the change benefits people who use the service."
- The registered manager and staff were open and transparent during this inspection. Staff told us the staff team worked together as a team and communication between staff had improved.

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 the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong.
- The provider had consistently informed CQC of significant events at the service since the last inspection, as required by the regulations.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Regular audits took place. These included infection control, medicines and care plans. The outcome of these audits was reviewed by the regional managers as part of the provider's quality monitoring process.
- The registered manager and senior staff undertook a daily walk-round of the home and areas identified as requiring attention were actioned. Regular meetings were held with senior staff to discuss day to day operational needs.
- The management team had already taken steps to implement improvements identified and were receptive to suggestions and guidance.

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

- A quarterly 'support and engagement audit' was completed with people who used the service and staff, which checked out their understanding of the ways the provider supported and engaged with them. The registered manager also checked the level of support provided to each person and staff through such things as supervision and one to one care. CCTV was also reviewed to observe such things as staff engagement with people.

- Regular meetings were held with people who used the service and staff which gave people an opportunity to voice their opinions.
- 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.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent and timely care. Records noted the involvement of family members, social workers, and GPs.