

Rotherham Doncaster and South Humber NHS Foundation Trust

Danescourt

Inspection Report

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Summary of findings

Overall summary

Danescourt is a care home for people with learning disability. It is registered to take eight people and is in Doncaster. The service is run by Rotherham Doncaster and South Humber NHS Foundation Trust.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements of the Health and Social Care Act 2008. It was also part of the first testing phase of the new inspection process CQC is introducing for adult social care services.

Our inspection team was made up of an inspector, an Expert by Experience and a CQC Pharmacist Inspector. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. A Pharmacist Inspector is a qualified pharmacist, employed by CQC who specialises in the safety of medicines.

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people who used the service, the staff supporting people, from looking at records and our observations.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

The people we spoke with told us they felt happy and safe living at Danescourt. We saw that staff treated people with respect and were mindful of their rights and dignity.

People were kept safe and involved in making decisions about taking risks in their lives. People's plans included risk assessments. These told the staff about the risks for each person and how to manage and minimise these risks. People's needs had been assessed and their care and given in a way that suited their needs, without placing unnecessary restrictions on them.

The arrangements for handling medicines were safe and people received their medicines as prescribed.

People who used the service and people who mattered to them, such as a close family member, had been encouraged to make their views known about their care. An independent advocate also sometimes visited people to help with this. An advocate is someone who speaks up on people's behalf. People and those who mattered to them had contributed to their assessments and care plans, about how they should be given care and support. People's care plans had a good level of information about how each person should be supported, to make sure their needs were met. This included their needs around their diet and their health.

The staff were well trained, skilled and experienced. They had caring attitudes and we saw they encouraged people to be as independent as they could be.

People told us the staff were kind. One person said they loved all the staff. We saw people had the privacy they needed. People did the activities they were interested in and we saw that staff supported them to maintain relationships with their friends and relatives.

People were encouraged to share any concerns and complaints they had. They said they told the staff if they had any worries. People didn't have any complaints to tell us about and were very happy living at Danescourt. One person said they were very proud of their house and very proud of the staff.

People had reviews and service user meetings and were helped to fill in feedback questionnaires. They showed that people's views were respected and acted upon. At a recent meeting people had suggested they got a digital camera, so they could take photographs of themselves and the activities they did, and copy them on to a computer. This had been agreed and an internet connection, laptop computers, printer and camera had been ordered. The registered manager said the camera would make it easier to include pictures for the menus and for people's care plans, to suit each person's communication needs.

People had a chance to say what they thought about the service and the service learned from its mistakes, using

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complaint and incidents as an opportunity for learning or improvement. There was good leadership at all levels and the registered manager promoted a positive culture that was person centred, open, inclusive and empowering.

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The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People told us they felt safe at Danescourt. Staff understood how to safeguard the people they supported. This was because they had training and there were clear procedures for them to follow about how to safeguard people from abuse and neglect. People told us they felt their rights, privacy and dignity were respected.

The house was safe, clean and hygienic and people told us it was a lovely, homely place to live.

People were kept safe because the service had an effective system to manage accidents and incidents and to learn from them, so they were less likely to happen again. This helped the service to continually improve and develop, and reduced any risks to people.

Where the risk had been identified that people might display behaviour which challenged others, there was clear guidance to help staff to deal with any incidents effectively.

We asked whether anyone was subject to a Mental Capacity Act Deprivation of Liberty Safeguard authorisation (DoLS). These safeguards make sure that people, who lack capacity, are not deprived of their liberty unlawfully and are protected. The registered manager told us they were aware of the process and applications had been submitted and approved in the past, but none had been needed in recent months. There were policies and procedures in place and relevant staff had been trained to understand when an application should be made.

We found that the arrangements for handling medicines were safe. All medicines were administered by suitably trained staff. People wishing to self-administer medicines were supported to do so.

Are services effective?

People who used the service and those who mattered to them were involved in the assessment about their care, support and health needs and involved in producing their care plans and reviews. We saw people's plans had been updated regularly and when there were any changes in their needs.

People told us they were happy with the care and support they received and said their needs were met at Danescourt. Staff had a good understanding of people's care and support needs and knew

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people well. When asked about choice, one person said they could choose what to eat for breakfast, dinner and tea. They told us what they liked for breakfast and said that staff knew what they liked too.

Staff were supported to deliver care safely and to a good standard. Staff had a programme of training, supervision and appraisal. Staff had received training in the core subjects needed to provide care to people. They also had training to help them meet the specific needs of the people who used the service.

People told us they talked to staff if they felt unwell or were in pain. They had access to a range of health care services. Each person had a healthcare plan, which were written in an 'easy to read' format. The records we saw showed people's health was monitored, and any changes that required additional support or intervention were responded to.

The menus we saw offered variety and choice, and provided a well-balanced diet for people. There was evidence that the menus were put together using feedback from people who used the service about what they liked and didn't like, as well as input from a dietician and a speech and language therapist.

People were assessed to identify the risks with their nutrition and hydration. Each person had a detailed care plan about their needs. These included guidance about the way their food should be prepared and any special equipment they used to help them to be as independent as they could be with eating and drinking.

Are services caring?

People told us the staff were kind and caring. We saw staff were kind and attentive to people. Staff and people who used the service related to each other with warmth. Staff showed patience, gave encouragement and had respectful and positive attitudes.

The staff we met had worked at Danescourt for more than three years and had a good understanding of people's likes and dislikes and their strengths and needs. They had caring attitudes and we saw that they encouraged people to be as independent as they could be. When we spoke with the registered manager and care staff it was clear they cared for the people they supported.

People had thorough, detailed care plans about all aspects of their needs. They contained a good level of information setting out exactly how each person should be supported. Making sure people's

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privacy was protected was part of people's care plans. People's preferences, interests, aspirations and diverse needs had been recorded and care and support was provided in accordance with people's wishes.

We saw evidence that people were encouraged to be as independent as they wanted to be. For instance, one person told us about how they helped with cooking and keeping their house clean and, at the time of our visit another person had gone out, independently, in the local community.

The registered manager told us there were policies and procedures in place to make sure staff understood how to respect people's privacy, dignity and human rights in the care setting. They told us this was part of staff's induction and on-going training.

People told us they felt staff listened to them and valued what they said. People who used the service, their relatives, friends and other professionals who were involved with the service were asked to complete an annual satisfaction survey. People's feedback was used to improve the service.

Are services responsive to people's needs?

We saw that staff asked people's views and encouraged them to make their own decisions and choices. People's capacity to make decisions was considered and if they did not have capacity, decisions were made in their best interests. People had access to an independent advocate, who was able to speak up on their behalf.

People's needs had been assessed before they moved into the service. People who used the service and those who mattered to them were involved in the assessment about their care. There were plans that clearly showed people's preferences, interests, aspirations and diverse needs and how care and support should be and was provided. People told us they like the activities they were involved in, both at home and in the community. They were supported to maintain relationships with their friends and relatives.

The registered manager told us no complaints had been received. They explained that any complaints and concerns would be fully investigated and resolved, to the person's satisfaction. They also explained how the provider took account of complaints and comments to improve the service.

Are services well-led?

We saw good leadership at all levels. The staff we spoke with told us the registered manager promoted a positive culture that was person centred, open, inclusive and empowering.

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Rotherham Doncaster and South Humber NHS Foundation Trust, who ran the service, had a clear set of values. These included involvement, compassion, dignity, respect, equality and independence for people. This was understood by staff because these values were stated in the policies and procedures, were part of their induction and on-going training, and talked about in their meetings.

The NHS Trust management team had systems in place to assess and monitor the quality of the service at Danescourt and to continually review safeguarding concerns, accidents and incidents. Where action plans were in place to make improvements, these were monitored to make sure they were delivered.

We saw that there was a policy about whistle blowing and the registered manager told us staff were supported to question practice and whistle blowers were protected.

People who used the service had meetings, which were facilitated by a staff member. The advocate also sometimes attended these. People had a chance to say what they thought about the service at the meetings. People were asked fill in questionnaires about the quality of the service. The management team made changes and learned from what people said. This showed the management team asked people to give feedback about their care and support to see if there were any improvements they needed to make at Danescourt.

Summary of findings

What people who use the service and those that matter to them say

We spoke with three of the four people who used the service. When asked if they felt safe in the home everyone indicated that they did and one person said, “I feel very safe here.”

One person described Danescourt as, “Home” and often said, “Welcome to my home, let me show you my bedroom” and “let me show you my living room.”

When asked about the home in general one person said, “Home here is absolutely beautiful, I am really proud of it.”

When asked if the staff were caring one person said, “It is smashing here, all the staff are smashing.”

When asked about choice, one person said they could choose what to eat for breakfast, dinner and tea. They told us what they liked for breakfast and said that staff knew what they liked too.

One person said, “Staff respect me.” They added that staff asked them, ‘What would you like?’

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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. This inspection was planned to check whether the provider is meeting the legal requirements of the Health and Social Care Act 2008. It was also part of the first testing phase of the new inspection process CQC is introducing for adult social care services.

Our inspection team was made up of an inspector, an Expert by Experience and a Pharmacist Inspector. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. A Pharmacist Inspector is a qualified pharmacist, employed by CQC who specialises in the safety of medicines.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

We visited the service on 3 April 2014. We used a number of different methods to help us understand the experiences of people who used the service. These including talking with people and observing the care and support being delivered. We also looked at documents and records that related to people's support and care and the management of the service.

Before our inspection, we reviewed all the information we held about the service and contacted a representative of the local authority. They gave positive feedback about the service.

On the day of our inspection four people were living at Danescourt. We spoke with three of the people who used the service. We spoke with the registered manager and five members of care staff.

Are services safe?

Our findings

The staff we spoke with had a good understanding of safeguarding people and were confident about what they would do if there were concerns. The training records we saw showed staff had safeguarding training and this was updated regularly. We also saw that each member of staff had signed up to 'safeguarding objectives', which were kept on their files. These listed the different kinds of abuse and reminded staff of best practice and of their responsibilities in protecting people.

We saw that the policies about whistle blowing and safeguarding people from abuse were available and accessible to all members of staff. The registered manager told us the NHS Trust policies and procedures for safeguarding and whistle blowing were part of the induction when new staff started work.

The care plans we looked at had an assessment of the person's care and support needs and a plan of care. They included risk assessments specific to the needs of each person who used the service. They were different for each person and included areas such as going out in the community, using the kitchen and falls. The assessments were clear and outlined what people could do on their own and when they needed assistance. They gave guidance to staff about how the risks to people should be managed.

Each person also had a 'stay safe' plan. This was designed to make staff aware of each person's areas of vulnerability to abuse. They included what staff should do to help keep the person safe.

Each person and people who mattered to them had been involved in discussions about the risks associated with their specific needs and lifestyles. The risk assessments were different for each person and covered areas such as choking, bathing, and going out into the community. People's individual choices and decisions were recorded in each person's care plans and reviews. From talking to people who used the service and the staff it was clear people were supported to take risks so they could be as independent as they could be and wished to be.

The care plans we saw included mental capacity assessments. These detailed whether the person had the

capacity to make and communicate decisions about their day to day care, along with more complex decisions for example, relating to their health care needs or financial expenditure.

We were told that staff had received training in the principles associated with the Mental Capacity Act 2005 (MCA). The records we saw of staff training confirmed this. The staff we spoke with during our inspection understood the importance of the MCA in protecting people and the importance of involving people in making decisions.

The staff we spoke with were clear about their role in promoting people's rights and choices. We saw that when people did not have the capacity to consent, procedures were followed to make sure decisions that were made on their behalf were in their best interests. The registered manager told us that people living in the home regularly received support from an independent advocate and they were involved where decisions were more complex.

We saw records in two people's files that showed best interest meetings had taken place and that decisions made on people's behalf, were made in accordance with the principles of the MCA. One meeting was about whether a person should have a particular medical procedure. Meetings usually involved people who were important to the person and involved in their life, an advocate, staff from the home and other professionals. The process that had been followed was designed to protect the person's rights.

We looked at records of accidents and incidents and saw evidence these were reported reviewed by the registered manager and reported to the NHS Trust management team. The registered manager explained that each report was reviewed to help prevent similar incidents in the future. Various professionals in the Trust, with particular areas of expertise, such as speech and language and occupational therapists were involved in the analysis where appropriate. This was to make sure the proper resources and support were provided to help the service to learn from incidents and make improvements.

For instance, we saw that a recent audit had been undertaken about an incident when one person sustained an injury as a result of a fall. To reduce the chances of this happening again the recommendation was made that staff should have refresher training about falls prevention. We saw records that showed this training had been booked.

Are services safe?

The registered manager told us it was rare that people displayed behaviour which challenged others. However, where this risk had been identified there was clear guidance for staff in people's care plans and risk assessments to help staff to deal with any incidents effectively. We saw the risk assessments and risk management strategies in people's written records. The guidance included respecting people's dignity and protecting their rights. The records of staff training showed staff had been given training in this area.

We found that the arrangements for handling medicines were safe. All medicines were administered by suitably trained staff. People wishing to self-administer medicines were supported to do so.

The medicines administration records were clearly presented to show the treatment people had received and where new medicines were prescribed these were promptly started. Written individual information was in place about the use of 'when required' medicines and about any help people may need with taking their medicines, to help make sure medicines were safely administered. We found that medicines, including controlled drugs, were stored safely.

Are services effective?

(for example, treatment is effective)

Our findings

We looked at the assessments and care plans for people who used the service. People who used the service and those who mattered to them had contributed to the development of the assessments of their care and support needs.

There were a number of assessments, care plans and reviews that very clearly set out people's individual needs, choices and preferences. People's care plans provided detailed information to staff about what specific support they needed, what they liked and didn't like and how their support should be provided. People had 'communication passports'. These showed how people communicated what they felt and their decisions, and how to provide information to them to help them to be as independent as they could. Each person also had a 'my review' document. These talked about the relationships and things that were important to each person, their strengths and needs and goals and dreams. People's 'communication passports' and 'my review' documents were person centred and presented in an 'easy read' format, with large print and pictures to help people be involved in them.

The registered manager told us the staff team were well established and had worked in the home for a good length of time. This helped to build relationships and with consistency of care. The staff we spoke with had a good understanding of people's care and support needs and were familiar with what was in people's care plans. We saw how staff members interacted with people who used the service. The staff appeared to know the people they were working with well and were respectful of their wishes and feelings. They gave people practical opportunities to make choices. For example, staff asked one person what they wanted to drink and gave them time to think and to change their minds.

The registered manager showed us the staff training matrix, which had been developed to show the training staff had completed and to highlight the training and updates they needed. The matrix showed the dates when training was due and when it was planned. The registered manager told us the NHS Trust put a lot of emphasis on making sure staff were provided with the training they needed to meet people's needs.

To make sure staff were supported to deliver care safely and to a good standard there was a programme of staff training, supervision and appraisal. Staff had received training in the core subjects needed to provide care to meet people's basic needs. This included moving and handling, health and safety, food hygiene and infection control.

They also had training to help them meet the specific needs of the people who used the service. This included understanding autism, diabetes, epilepsy and preventing falls. The registered manager also told us that training in working with people with dementia was planned. This was to make sure staff could meet one person's changing needs.

As we looked around we saw a photograph of an independent advocate on the notice board with their contact details. The person who showed us around said the advocate had been to visit them.

People told us they talked to staff if they felt unwell or were in pain. The registered manager described how people were observed and monitored in relation to their general well-being and health. There was emphasis on observations, especially for signs of any pain, as people could not always effectively communicate their needs verbally.

People were provided with understandable information about the medicines they took and the health care and treatment options available to them. Each person had a healthcare plan, which were written in an 'easy to read' format. One person showed us a book they had about their specific healthcare needs, which was in large print and had pictures to help them to understand.

The records we saw showed people's health was monitored, and any changes that required additional support or intervention were responded to. Referrals were quickly made to health services when people's needs changed.

In people's files there were records of contact with specialists who had been involved in their care and treatment. These included a range of health care professionals such as specialist nurses, speech and language and occupational therapists. They showed that

Are services effective?

(for example, treatment is effective)

referrals were quickly made to health services when people's needs changed. The registered manager told us one GP had recently visited the home and carried out health checks for their patients.

We saw that staff supported people to have a healthy diet. There was guidance for staff on how to meet people's particular needs in their risk assessments and care plans. We saw the advice available for staff from a speech and language therapist, about what foods were appropriate for people on a soft diet.

We saw menus offered variety and choice, which provided a well-balanced diet for people. There was evidence the menus were put together using feedback from people who used the service about what they liked and didn't like, as well as input from a dietician and a speech and language therapist. There were pictures of the meals and one person liked to help put these on the wall to show what was on the menu for that day. The registered manager told us they were working on improving the pictorial menus to better help people make choices. They showed us evidence that the pictorial menus had been continuously reviewed and improved over the past two years and said getting a digital camera would also help with personalising them.

People's weight was checked at regular intervals and written in their risk assessments and care plans. This was to help the manager and staff to make sure people maintained a healthy weight. Where people were assessed as at risk, records were seen detailing what they had eaten and drank. Where necessary, contact had been made with people's GP and other health care professionals, for advice and treatment. People's diets and menus had been put together with input from relevant professionals, such as dieticians.

Staff told us some people needed to eat a texture modified diet because of Dysphagia. Dysphagia is the medical term for swallowing difficulties. People had a detailed risk assessment and care plan about their specific needs. These included guidance about the way their food should be prepared and any special equipment they used to help them to be as independent as they could with eating and drinking. This included things like slip mats, plate guards and adapted spoons and cups.

Are services caring?

Our findings

People told us the staff were kind and respected them. One person said they knew the staff very well, they cared about the staff and the staff cared about them. Another person we spoke with said they were happy with their care and support and made decisions about how they were looked after. They added that staff encouraged them to be as independent as they could. People told us they were able to choose what they wanted to do each day, what they wanted to eat and what clothes they wanted to wear.

We saw staff and people who used the service spending time together. There was real warmth in the way they talked to each other. Staff were respectful and friendly. We saw people being offered choices about how they wanted to spend their time. We saw that staff often asked people if they were OK and if they wanted or needed anything.

The registered manager and staff we spoke with showed real concern for people's wellbeing in the way they spoke of people and their strengths and needs. The registered manager told us the staff knew people well, including their preferences and personal histories, as they had worked with them for a good length of time. They had formed good relationships and staff understood the way people communicated. This helped them to meet people's individual needs.

There was clear guidance for staff about the principles of the service. This helped to make sure staff understood how

to respect people's privacy, dignity and human rights in the care setting. The staff we spoke with were aware of the Trust principles and policies and were able to give us examples of how they maintained people's dignity, privacy and independence.

We saw that staff attended to people's needs in a discreet way, which maintained their dignity. For example, they spoke quietly and discreetly when staff asking one person if they needed support with their personal care. We also saw staff encouraging people to speak for themselves and to be as independent as they could. They gave people time and engaged with people in a respectful and encouraging way.

We looked at care plans and reviews for people who used the service. They had their own detailed plans of care and support. They included what was important to people and how staff should maintain their privacy and, dignity. People had been involved in their reviews, which were set out in a person centred way. They were easy to read and helped people who used the service to fully understand what their plan contained. They talked about people's dreams and goals and showed that people had been supported to do the things they liked and were interested in.

People told us they felt staff listened to them and valued what they said. People and the people who mattered to them were asked to complete an annual satisfaction survey. This also helped to make sure that people had chances to make their views known and be listened to.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People told us that the staff at Danescourt asked their views and acted on them. We saw staff made sure people had time they need to make decisions.

People's capacity was considered under the Mental Capacity Act. We saw that people's capacity to make decisions was assessed and there was guidance for staff on how to support people in communicating their decisions and choices. When staff at Danescourt had assessed that a person might not be able to make an informed decision they had told the local authority. People had then had independent assessments by the appropriate professionals and independent mental capacity advocates (IMCAs) had supported people.

People also had access to an independent advocate, who was able to speak up on their behalf. The advocate visited people who used the service regularly, so people had a chance to get to know the advocate and the advocate had a good understanding of people's needs.

We saw people's reviews, the minutes of service user meetings, the results of people's feedback questionnaires and the actions that had been taken as a result of all of these meetings. They showed that people's views were respected and acted upon. The registered manager told us that at a recent meeting people had suggested they got a digital camera, so they could take photographs of themselves and the activities they did, and copy them on to a computer. This had been agreed and an internet connection, laptop computers, printer and camera had been ordered. The registered manager said they also

aimed to improve the menus and the care plans people had and to make them more accessible to suit each person's needs. They told us the camera would make it easier to include pictures.

People's needs had been assessed before they moved into the service. The written records we saw clearly showed people's preferences, interests, aspirations and diverse needs and how care and support should be provided.

People told us they were able to say how they wanted to spend their day. One person showed us their bedroom and told us they had chosen how it was decorated. People told us they were involved in activities they liked, both at home and in the community. They were supported to maintain relationships with their friends and relatives. The registered manager told us one person a special relationship, with a partner who they visited regularly.

People's care plans included people's likes, dislikes and what activities they liked to do. We saw that each person had an activity plan. People had a combination of activities in the home and in the local community. Some were supported to go out into their local community, others went out by themselves. Records showed the activities people had participated in. This helped the registered manager and staff to make sure they were getting enough chances to do the things they wanted to.

At the time of our visit one person was out in the local community. One person who was at home and told us it was their day to clean their bedroom and after that they were going out. Another person, who we spoke with told us they hadn't been very well, so they hadn't been out much recently, but staff looked after them really well and they did not feel lonely.

Are services well-led?

Our findings

When we looked at the information that was written about people, including their care plans, risk assessments we saw they had been reviewed regularly and whenever people's needs had changed. This helped to make sure they showed people's needs.

We saw that symbols and pictures were often used to provide information to people in formats that helped them to understand. The support that staff provided each day was written in each person's file and was appropriate to their age, gender, cultural background and disabilities.

We saw that staff gave time for people to make decisions and respond to questions. One person told us they took part in the meetings and were able to make their views known.

People were made aware of the complaint's system. There was an easy read version of 'how to make a complaint'. This was especially for people with learning disabilities. We saw this was displayed on a notice board in the hallway. The registered manager told us people and those who mattered to them were also given copies. They told us people were given support to make a comment or complaint where they needed help.

The records we saw showed that the staff had regular contact with people's close relatives and friends, who were involved in their lives. The registered manager told us that because people who used the service and those close to them were given chances to say what they thought, and they were listened to, things didn't usually turn into complaints. They said if a complaint was made it would be taken very seriously and investigated fully.

People were clear who they would talk to if they had a concern or complaint. They said they would tell the manager and were happy to tell any of the staff. They had no complaints to tell us about when we visited and no concerns about the service had come directly to us at the Care Quality Commission.

Support was provided by advocates when needed. People had access to an independent advocate, who was able to speak up on their behalf. The advocate visited people who used the service regularly, so people had a chance to get to know the advocate and the advocate had a good understanding of people's needs. The registered manager was aware of the principles of the Deprivation of Liberty Safeguards (DoLS), knew their responsibilities within this and told us they had made application under DoLS when it had been considered to be in the person's best interests. No one was subject to DoLS when we visited.