

Relativeto Limited

Dene Brook

Inspection report

Dalton Lane
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South Yorkshire
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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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection was unannounced, and the inspection visit was carried out on 19 November 2015. The home was previously inspected in June 2014, where no breaches of legal requirements were identified.

Dene Brook is a 14 bed care home, providing care to adults with learning disabilities and who have additional support needs including mental health needs, autistic spectrum disorders and behaviour which challenges. At the time of the inspection there were ten people living at the home.

Dene Brook is located in Rotherham, South Yorkshire. It is in its own grounds in a quiet, residential part of the town. Accommodation is provided in discrete flats within the building, with staff based in each flat. Additionally there are central office and meeting facilities, and a craft and activity room.

At the time of the inspection the service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 and associated Regulations about how the service is run.

During the inspection people told us, or indicated, that they enjoyed the range of activities available in the home, and staff we spoke with and observed understood people's needs and preferences well. Staff were able to describe to us how people needed to be supported to ensure they were cared for safely, and the rationale behind this.

We found that staff received a good level of training; the provider's own records evidenced this, as did the staff we spoke with. Staff within the home, and at other homes managed by the provider, were trained to deliver training in key areas tailored to meeting people's needs.

Throughout the inspection we saw that staff showed people using the service a high degree of respect and took steps to maintain their privacy and dignity. When we inspected the building with staff, we noted that staff routinely knocked on doors and asked permission of people living at the home in relation to the Inspector viewing their premises.

The provider had effective systems in place to ensure people's safety. This included staff's knowledge about safeguarding, and up to date, detailed risk assessments.

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 were knowledgeable about how to keep people safe from the risks of harm or abuse, and were well trained in relation to this. Medicines were stored and handled safely.

Where people were at risk of injuring themselves or others, staff had the training and understanding which enabled them to address this. There were appropriate assessments and procedures in place to help reduce the risk of harm people presented to themselves or others.

Is the service effective?

Good ●

The service was effective. Staff had an understanding of the Mental Capacity Act and the procedures to follow should someone lack the capacity to give consent. Appropriate applications had been made in relation to the Deprivation of Liberty Safeguards where required.

Meals were designed to reflect people's preferences, and people were encouraged to contribute to meal planning and preparation, where possible.

Is the service caring?

Good ●

The service was caring. We found that staff spoke to people with warmth and respect, and day to day procedures within the home took into account people's privacy and dignity.

Staff had a good knowledge of people's needs and preferences, and were clearly motivated to provide a caring and supportive service to people.

Is the service responsive?

Good ●

The service was responsive. There were arrangements in place to regularly review people's needs and preferences, so that their care could be appropriately tailored.

There was a complaints system in place, and when people had complained their complaints were thoroughly investigated and

responded to in a timely manner.

Is the service well-led?

The service was well led, although there was no registered manager in post, despite it being a requirement of the provider's registration to have a registered manager at this location.

The manager had a thorough system in place for monitoring the quality of service people received, and a clear plan for future improvements.

Requires Improvement 

Dene Brook

Detailed findings

Background to this inspection

Start this section with the following sentence:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is 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.

The inspection was unannounced, which meant that the home's management, staff and people using the service did not know the inspection was going to take place. The inspection visit was carried out on 19 November 2015. The inspection was carried out by an adult social care inspector.

During the inspection we spoke with four staff, the home's manager, and three people who were using the service at the time of the inspection. We also checked the personal records of three of the ten people who were using the service at the time of the inspection. We checked records relating to the management of the home, team meeting minutes, training records, medication records and records of quality and monitoring audits carried out by the home's management team and members of the provider's senior management team. We observed care taking place in the home, and observed staff undertaking various activities, supporting people to make decisions and express their views.

Prior to the inspection, we reviewed records we hold about the provider and the location, including notifications that the provider had submitted to us, as required by law, to tell us about certain incidents within the home.

Is the service safe?

Our findings

During the inspection we observed that there were staff on duty in sufficient numbers in order to keep people safe. Some of the people using the service had been assessed as requiring one to one and two to one support from staff to ensure that their care needs were met and that they were safe. We discussed this with staff who were supporting one person, and they had a good knowledge of what they were required to do to ensure the person was supported safely, and of the numbers of staff required to do this.

We found that staff received annual training in the safeguarding of vulnerable adults. The home's training records showed that every staff member had received this training in the previous 12 months. The staff we spoke with spoke confidently about their understanding of safeguarding and the signs of abuse, as well as the actions they would be required to take. One staff member told us that they had the number of the local safeguarding authority saved in their phone to enable them to act quickly if ever required to do so. There was information related to safeguarding in the public areas of the home, and the provider's own policy in relation to safeguarding was available on the premises.

We looked at the arrangements for protecting people from harm caused by violence or aggression. Records at the home showed all staff had received training in Management of Actual or Potential Aggression (MAPA). MAPA is a method used when working with people whose behaviour can be challenging. Staff we spoke with confirmed that they had received MAPA training, and we saw that methods were discussed at each handover meeting, with staff routinely practising a MAPA approved hold, to ensure that they remained familiar with the practice.

We checked three people's care plans, to look at whether there were assessments in place in relation to any risks they may be vulnerable to, or any that they may present. Each care plan we checked contained up to date risk assessments which were highly detailed, and set out all the steps staff should take to ensure people's safety. Some people using the service exhibited behaviours which could cause harm to themselves or others. Care plans showed that this was well understood, and that the provider had taken appropriate steps in relation to staffing numbers, equipment and facilities to manage risk and reduce harm.

We checked the systems in place for monitoring and reviewing safeguarding concerns, accidents, incidents and injuries. We saw that a member of the provider's senior management team carried out a regular audit of the home, and part of this audit included checking safeguarding, accidents and incidents. The frequency and outcome of such incidents was reviewed by the provider, and individual incidents were followed up by senior management to check the outcome. The home's manager had access to a centralised incident monitoring system, which enabled them to spot any patterns or triggers. They spoke with knowledge about this, and explained how it had helped them recently identify how one person's was particularly challenged by an aspect of the way their day was organised. As a result, changes were made and this resulted in the person experiencing fewer distressing incidents.

Recruitment procedures at the home had been designed to ensure that people were kept safe. Policy records we checked showed that all staff had to undergo a Disclosure and Barring (DBS) check before

commencing work, in addition to providing a checkable work history and two referees.

There were appropriate arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were being adhered to. Medication was securely stored, with additional storage for controlled drugs, which the law says should be stored with additional security. We checked records of medication administration and saw that these were appropriately kept. Each medication administration record included photographs of each medication item to reduce the risk of administration errors. There were systems in place for stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy. Again, these records were clear and up to date.

People's care records contained details of the medication they were prescribed, any side effects, and how they should be supported in relation to medication. Where people were prescribed medication to be taken on an "as required" basis, often known as "PRN" medication, there were details in their files about when this should be used. This included descriptions of idiosyncratic signs, gestures or behaviours that the person may use to display that they might require this medication.

Is the service effective?

Our findings

We spoke with staff about the food available in the home. They told us that food was plentiful and people were encouraged to be involved in shopping for food. Many of the people using the service had very specific preferences and dislikes in relation to food. Staff we spoke with understood this well, and could describe how important it was that people's preferences were readily available.

We checked three people's care records to look at information about their dietary needs and food preferences. Each file contained up to date details, including screening and monitoring records where people were at risk of poor diets or malnutrition, or where people experienced challenging behaviour in relation to food or mealtimes.

The manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)

We found that appropriate DoLS applications had been made, and staff were acting in accordance with DoLS authorisation. We did not identify anyone who was being inappropriately deprived of their liberty at the home. Staff we spoke with could describe which people were subject to DoLS, and the implications of this.

Care records we checked contained details of mental capacity assessments and, where appropriate, records of best interest decisions. A best interest decision is something which is undertaken when a person cannot give consent to an aspect of their care, to assess whether the care given is in the person's best interest.

Three of the staff we spoke with told us about the availability of training within the home. They were positive in their accounts of this, and said that there were ample training opportunities. Staff we spoke with had a good understanding of how to support people with challenging behaviour, and had received training in this area. The home's manager told us that several staff members were trained as trainers in various topics relevant to the needs of people using the service. They told us that having in-house trainers meant training was tailored to the service, to better meet the needs of people living there. We checked the provider's training records and saw that staff had received training covering the needs of people with learning disabilities, and training in challenging behaviour.

People's care records showed that additional support from external healthcare professionals was readily available. Where an external healthcare professional had been involved in someone's care, relevant care plans and risk assessments took into account the healthcare professional's guidance. Daily notes in each file we checked showed that this guidance was being followed.

Is the service caring?

Our findings

We asked one person using the service about their experience of the care and support they received. They told us that they thought Dene Brook was "good" and that they liked their bedroom. Another person used signs, translated for us by staff, to indicate that they were happy and that they had chosen things in their room.

We observed the way that staff respected privacy and dignity. Staff routinely knocked on people's doors when entering individual flats and rooms, and we noted that they checked with each person that they were happy for an Inspector to enter their premises. When we asked staff about people's support needs, they responded in discreet and respectful ways to minimise causing any distress or lack of dignity to the person they were discussing. We saw that staff addressed people with warmth and kindness, and understood people's needs well.

Care plans we checked showed that care was tailored to each person's individual needs, with details set out for staff to follow, to ensure that people received care in the way they had been assessed as needed. Care reviews in each person's file showed that the suitability of the way people were receiving care was monitored to ensure it met their needs. We noted, however, that there was little evidence of people being involved in their care planning.

We asked two staff and the manager about people's personal histories and preferences. They could describe in detail their knowledge about these areas. People supported at Dene Brook had very specific preferences, and staff demonstrated their knowledge of this when supporting the person in a way which met their needs.

During the inspection, emergency call bells sounded from time to time. We observed staff responded quickly to ensure that people received the care and support they needed. One staff member told us: "When the alarm goes, you just run. It's the most important thing about being here, because it's responding to their [people using the service] needs."

Is the service responsive?

Our findings

Staff told us that people were able to participate in a range of activities, and the home's activities room showed that people had recently been involved in making Christmas decorations. People were regularly supported to attend social clubs, community activities and other leisure activities. Because many people were supported on a one to one basis by staff, they were able to undertake a personally tailored activities programme.

One person had been very reluctant to leave the home when they first arrived, and so could not participate in any outside activities. Staff devised a slow paced programme to assist them in gaining confidence in leaving the home, first taking a few steps in the garden, then moving to sitting in a vehicle in the home's grounds. This was regularly reviewed to assess whether it was meeting the person's needs, and eventually enabled them to go out and participate in social activities.

We asked two staff about the activities available. They described that themed parties, around Halloween and Christmas, for example, were always enjoyed by people, and that the approach to activities was very flexible and led by people's preferences.

We checked care records belonging to three of the ten people who were using the service at the time of the inspection. We found that care plans were highly detailed, setting out exactly how to support each person so that their individual needs were met. They told staff how to support and care for people to ensure that they received care in the way they had been assessed.

We asked the manager to tell us about a time when people's needs had changed and what had been done to ensure their needs were still met. They told us that a new system had recently been implemented in relation to how one person managed their morning activities. This had been implemented following the monitoring of untoward incidents and any possible triggers. They told us that this had led to improved outcomes for the person and a reduction in untoward incidents.

Care records showed that people's care was formally reviewed regularly to ensure it met people's needs. Families were invited to these reviews so that their views about care and support could be incorporated into people's care plans. Where required, changes were made to people's care as a result of these reviews.

There was information about how to make complaints available in the communal area of the home, and a complaints policy. We checked records of complaints received, although there had only been a small number received. Where complaints had been received, we saw that the home's manager had responded quickly, and changes were implemented to the way the service operated, where required.

Is the service well-led?

Our findings

The service had a condition of its registration stating that the provider should have a registered manager in place, however, the home's current manager had been in post for almost a year but had not registered. They told us they were in the process of making the necessary arrangements to submit an application at the time of the inspection.

Staff told us that they found the management team within the home to be very approachable. One staff member described the manager as "great, really supportive." Another told us they felt they had "100%" support to do their job. Staff we spoke with were confident in their knowledge about how to raise concerns or give feedback to managers.

We observed handover meeting in the home. These meetings took place every day when a new shift began. Managers attended the handover meeting every day, so that they had an overview of what was happening in the home, and any developments of issues with people using the service. This also enabled managers to be visible and accessible to staff.

We asked members of the management team how they ensured they monitored the day to day operation of the home. They told us that the management team worked flexibly and were able to work in the rota if needed, so that they were familiar with everyday life in the home and the challenges that staff could face. The home's manager described that they ordinarily began work early, so that they could see the night staff, to enable improved communication and visibility.

Staff we spoke with had a good understanding of their role and responsibilities, and of the day to day operations of the home. They could describe how they were expected to perform, and the purpose of their roles. Two staff told us that team meetings took place regularly and were well attended. We checked minutes from two recent team meetings, and found that the discussions recorded showed staff had been able to contribute to decisions about the service, and to speak with the manager if they had any concerns about the service or the way people were supported.

The provider had a service user forum, which one of the people living at Dene Brook participated in, and additionally meetings took place in the home for people to have an input into the way the home was run. We checked minutes from these meetings and found people were encouraged to contribute ideas in relation to activities, meals and health and safety issues.

There was a quality audit system which was used within the service. It comprised monthly checks carried out by the manager, looking at areas including the quality of care records, management records, people's finances and health and safety arrangements. In addition to this, a senior manager visited the home to carry out an audit every month. We checked records of audits and found that, where any issues were identified, there were records of actions taken to address them.

We asked to see a copy of the service's Statement of Purpose. A Statement of Purpose is a document that

registered providers are required by law to have, and to keep regularly under review. This document was up to date and contained all the information it was legally required to hold.

The provider had a system in place for formally seeking feedback from people using the service and their relatives. During the inspection that year's survey was under way, so we looked at the surveys from the previous year. The majority of the respondents were positive, although one respondent had a more negative view. The home's manager had a good understanding of this issue and had been involved in matters relating to the respondent's concerns, and developing a solution to their concerns.