

## Step Forward (Nottingham) Limited

# Dovetail House

### Inspection report

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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 

### Overall summary

We performed the unannounced inspection on 6 May 2015. Dovetail House is a care home for up to 20 men and women with an acquired brain injury or Huntingdon's Disease. On the day of our inspection 13 people were using the service. The service is provided across two floors with a passenger lift connecting the floors.

The service had a registered manager in place at the time of our inspection. 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.

When we last inspected the service in July 2014 we found there were improvements needed in relation to protecting people from the risk of abuse. Staff had not received training to recognise and report abuse and there were insufficiently qualified, skilled and experienced staff with the knowledge, skills or training to support people safely. We found plans of care did not always detail how

# Summary of findings

care and support should have been planned and given to meet people's individual needs. We also found people were not always protected as systems for monitoring and assessing the quality of the service were not effective. The provider sent us an action plan on 22 July 2014 telling us they would make these improvements by 22 September 2014. We found at this inspection that the required improvements had been made.

Staff had received training in protection of vulnerable adults to ensure people were protected from the risk of abuse. We found staff had a good understanding of their roles and responsibilities if they suspected abuse was happening and found the manager shared information with the local authority when needed.

People received their medicines as prescribed and the management of medicines promoted people's safety.

Staffing levels were sufficient to support people's holistic needs and they received care and support when it was required.

People were encouraged to make independent decisions and staff were aware of legislation to protect people who lacked capacity when decisions were made in their best

interests. We also found staff were aware of the principles within the Mental Capacity Act 2005 (MCA) and had not deprived people of their liberty without applying for the required authorisation.

People were protected from the risks of inadequate nutrition and fluid intake. Specialist diets were provided when needed and referrals were made to health care professionals when required.

People who used the service, or their representatives, were encouraged to contribute to the planning of their care. People's care plans described in detail how they were to be supported and they contained risk assessments which were reviewed on a regular basis.

People were treated in a respectful and caring way and staff delivered support in a relaxed and considerate manner.

People who used the service were encouraged to be involved in decisions about the service provision. Effective systems were in place to monitor the quality of service provision.

People felt they could report any concerns to the management team which they felt would be taken seriously and acted upon.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People felt safe. The risk of abuse was minimised as the provider had ensured staff could recognise and respond to allegations of abuse.

People received their medicines as prescribed and medicines were managed safely.

People felt there were enough staff to meet their needs and we saw there were sufficient staff to respond to people's needs at all times.

Good



### Is the service effective?

The service was effective.

People were supported by staff who had received appropriate training to perform their roles and responsibilities. Staff also received effective support and supervision.

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain a nutritionally balanced dietary and fluid intake and people's health was effectively monitored.

Good



### Is the service caring?

The service was caring.

People's choices were respected and they were treated in a kind and caring manner.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's privacy.

Good



### Is the service responsive?

People were supported to make complaints and concerns to the management team.

People were involved in the planning of their care when able. Care plans provided staff with the necessary information to promote people's well-being.

People were supported to pursue a varied range of social activities within the home and the broader community.

Good



### Is the service well-led?

The service was well led.

People felt the management team were approachable and effective. Staff felt they received a good level of support and felt they could contribute to the running of the service.

There were systems in place to monitor the quality of the service.

Good



# Dovetail House

## 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 and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 6 May 2015. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with six people who were living at the service. We spoke with four members of staff and the registered manager.

We looked at the care records of three people who used the service, two staff files, as well as a range of records relating to the running of the service, this included audits carried out by the registered manager.

# Is the service safe?

## Our findings

The last time we inspected the service, on 9 June 2014, we found there had been a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

This relates to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time we found people who used the service were not always protected from the risk of abuse because the provider had not taken all reasonable steps to identify the possibility of abuse and prevent abuse from happening as staff had not received training to recognise and report abuse. We found improvements had been made and staff had received training to recognise and report abuse.

People told us they felt safe and were aware of what to do if they felt unsafe or were not being treated properly. Comments included, "I'd tell the boss (manager) they'd listen to me. The manager is great."

People could be assured that staff were aware of their roles and responsibilities in reporting any issues of concern relating to people's safety. Care staff told us, and records showed that they had received training within the induction process and through ongoing training opportunities on how to identify signs of abuse. All of the staff we spoke with were aware of the different types of abuse that people could experience within a care home setting and had an understanding of the local authority safeguarding procedures. Staff also knew how to contact the local safeguarding team to share any information of concern they might have. One member of staff told us, "We have had training in safeguarding people. I feel confident that any issues would be addressed by the manager but I would contact the safeguarding team if needed."

We found risks to people were identified and strategies had been implemented to minimise any risks people may face. For example where the risk assessments had identified people who were susceptible to pressure ulcer formation, appropriate pressure relieving equipment had been provided and was in use.

Records also showed that people were encouraged, and supported, to participate in activities within the home and the local community. Activities such as going for walk in the local park or shopping had been risk assessed. The assessments had identified the steps to be taken to

manage the associated risks, such as ensuring people were accompanied by staff who would promote their road safety. This showed staff were proactive in promoting people's choice and appreciated that people should be supported to take risks when being encouraged to increase their independence. We also saw staff were proactive in promoting people's choice. Throughout our inspection we observed people moving freely about the service without restriction. People were undertaking activities of their choice and were able to retire to their bedrooms or move to alternative communal areas when they wished.

The last time we inspected the service, on 9 June 2014, we found there had been a breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This relates to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time we found people who used the service were not always protected as the provider had not taken steps to ensure there were enough qualified, skilled and experienced staff to meet people's needs at all times. We found improvements had been made and staffing levels had been increased in the service.

All of the people we spoke with felt there was sufficient staff to meet their needs. Throughout our inspection we saw there were sufficient numbers of staff to meet people's needs. We also saw staff were able to maintain a constant presence in the communal areas and were also able to respond quickly when people needed support within their bedrooms.

All of the staff we spoke with felt the staffing levels were appropriate. One member of staff told us, "The staffing levels have improved. It has resulted in us being able to provide people with the quality time they need. Before we had this manager we could only provide for people's basic needs but this manager has increased the staffing and the service has improved."

People could be assured that staff employed at the service were suitable to work with vulnerable adults. People were only supported by staff who had been safely recruited and had undergone a thorough pre-employment screening procedure, including Disclosure and Barring Service (DBS), as part of the recruitment process. Staff told us they thought the recruitment process was effective in ensuring that only a good calibre of staff was employed.

## Is the service safe?

People who used the service told us they received their medicines as they required them. One person told us, “I have medicines in the morning and evening and I am always given them on time.”

We found that medicines were only administered by senior care staff who had received training in this area of service provision. Staff also told us they had received supervision

from the registered manager to ensure they remained competent in this area. We observed a member of staff administering medicines and found they followed appropriate and safe procedures to do this. We also examined how medicines were received to the home, stored and disposed of and found the management of medicines was safe.

# Is the service effective?

## Our findings

The last time we inspected the service, on 9 June 2014, we found there had been a breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This relates to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time we found people who used the service were not always protected as the provider had not taken steps to ensure staff had the knowledge, skills or training to support people safely and effectively. We found improvements had been made and staff had received a training package which provided them with the knowledge and skills to perform their duties.

All of the people we spoke with felt they received support from competent staff. One person told us, "All the staff are all good at their jobs."

On commencing employment staff were required to undertake an induction. Staff told us they felt the induction process was effective in providing them with the basic skills to perform their duties and promote people's safety. One staff member, who was relatively new in post, said they had induction training and was also undertaking ongoing training, for example behaviour support. They said, "I did some training before starting. I also learned how to communicate with people by spending time with them and with the staff who know people well." We found staff were also supplied with ongoing training opportunities in a wide range of subjects such as moving and handling, food safety, infection control and safeguarding vulnerable adults. All of the staff we spoke with felt the provision of training opportunities had improved significantly since the new registered manager had been in post, and felt they were meeting their development needs.

People benefited from staff that received regular supervision from senior colleagues so they could discuss any issue they might have in relation to the quality of service provision. One member of staff said, "I have my supervision from my team leader. We have structured supervision now. It's an improvement from what it was like. We can discuss any work based issues such as relationships with staff. We can also discuss our training needs, sickness and time keeping."

People could be assured they would be supported to make decisions about their care and support. Members of staff

who told us, "We always respect people's decisions, it's what we are here for." Throughout our inspection we saw staff were respectful and appreciated the importance of promoting people's individual decisions and sought consent before any interventions were undertaken. For example a person required an intervention to be performed by the care staff within the privacy of their own bedroom. The care staff explained to the person what the planned intervention was in a discreet manner and waited for the person to indicate that they were in agreement with the request.

We saw staff were proactive in promoting people's independence. Staff were aware of what constituted restraint but told us that any type of restraint would not be acceptable. One member of staff told us, "I cannot recall seeing any type of restraint. We always use de-escalation techniques which we were shown how to do in a two day positive behaviour training course."

We observed people moving freely about the home without restriction. Several people were participating in activities within the community, all of which had been effectively risk assessed. We also saw that people could access the kitchen area and the communal lounge when they wished and without restriction.

We found systems were in place to encourage people, or those acting on their behalf, to be involved in the development of care plans so their individual decisions and preferences could be recorded. We found people's plans were person centred and provided staff with the information they would require to be aware of people's individual preferences. We found staff knew and respected people's individual likes, dislikes and the type of support they required. Where people had been assessed as lacking capacity to make decisions their relatives were encouraged to be involved in providing consent on their behalf.

People benefited from staff who had a understanding of the Mental Capacity Act 2005 (MCA) and were able to describe how they supported people who lacked capacity in decision making. The MCA is in place to protect people who lack capacity to make certain decisions because of illness or disability. We saw there were assessments being carried out to assess people's capacity to make certain decisions and where it was determined they did not have the capacity, a decision was being made in their best interests. Staff also understood the use of Deprivation of Liberty Safeguards (DoLS) which are part of the Mental

## Is the service effective?

Capacity Act 2005. DoLs protects the rights of people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed. At the time of our inspection we found that mental capacity assessments had been undertaken and appropriate DoLs were applied for.

People were supported to eat and drink enough to help keep them healthy and people felt the food was varied and of good quality. One person said, "The food is very good." Members of staff felt the provision of meals had improved significantly since a new chef had been employed. One staff member said, "The cook is very good and cooks everything from scratch. She cooks what people want."

We observed people having their lunch time meal. There was not a menu on display. The chef told us that they were in the process of amending the menu as they felt there had, in the past, been an over reliance of processed food and she preferred to provide meals from fresh ingredients. They told us that once the menu had been formalised it would be displayed in the dining room.

We were invited to participate in the midday lunch. We saw people were enjoying their meals. People were provided with a choice of chicken curry, beef casserole or a salad if they wished. We saw the portions were of a good size and were appetising and nutritious as the meals incorporated a variety of fresh vegetables.

We saw supportive equipment, such as plate guards, were available and in use when needed which were aiding people to achieve independence. We also saw staff were available to provide support to people who needed

assistance and this was being provided in a discreet and sensitive way. We found that where people had been assessed as needing special diets, for example soft or pureed food, these were catered for. We also found that meals for people who chose to adopt a meat free diet such as vegetarians and vegans could be catered for.

People told us they had access to health care professionals such as their general practitioner. One person told us, "The staff cut my finger and toe nails, and call the doctor if I am ill."

Records showed that staff obtained advice from a range of external health care professionals which included GP and community nurses. We also found that where people had experienced anxiety in attending appointments with health care professions within the community setting, such as opticians, the registered manager had arranged domiciliary visits to be undertaken. The registered manager was also exploring opportunities for domiciliary visits to be undertaken by a Dentist in an attempt to reduce people's anxiety.

We also found that advice and guidance from health care professionals was recorded in people's records and acted upon. For example, records showed that one person had difficulty maintaining an adequate nutritional intake independently. Following a referral to specialist in nutritional management the person was receiving their food via a percutaneous endoscopic gastrostomy (PEG) tube. This was effective as the person's weight had increased.



# Is the service caring?

## Our findings

People felt happy living at the service and felt the staff were caring and compassionate. One person told us, “They (staff) are kind and respectful, I would not let them do anything else,” whilst another person said, “I’m happy living here, it’s home, just like a normal life.”

Throughout our inspection we saw that staff interacted with people in a caring and considerate way. It was evident that positive relationships had been developed as staff spoke with people in an individualised way. We saw staff were sitting and chatting with people and showing affection and consideration. We saw staff were patient when people required support and reassurance. For example we saw a senior care worker spending time talking with a person prior to administering their medicines. The member of staff provided the person with a full explanation of their proposed intervention in a kind tone of voice and used effective communication skills by establishing eye contact before speaking with them.

We saw staff were patient and understanding when supporting people to have their meals. We saw one person who was being assisted to eat. The interaction was relaxed and whilst the person receiving the support could not verbally communicate it was evident that the member of staff had established a good rapport with them and they were enjoying the interaction.

Throughout our inspection we observed staff interacting with people. Staff were kind and caring in all of the interactions we observed and people who lived at the home said that staff were kind, caring and respectful.

People who used the service, or those acting on their behalf, were encouraged to express their views and opinions. Systems were in place to involve them in the planning of their care package. Monthly reviews were undertaken by people’s key workers whose responsibilities included maintaining and updating people’s care plans to

ensure they remained relevant and individualised. The process also ensured the documentation would provide staff with an account of people’s ongoing needs, preferences and wishes.

We saw staff involved people in making decisions about how they spent their time and what activities they preferred to take part in. We noted that staff were respectful of people’s decision when they said they did not wish to be involved in the planned activities. We also found the management team had involved advocacy services when needed to support people who were vulnerable or in need of help to make informed decisions. Whilst information relating to advocacy service was not on display in the home the registered manager told us they would ensure this issue would be addressed.

People told us the care staff respected their privacy and dignity. One person said, “The staff respect my privacy all the time.” We found the home environment provided people with private areas which they could access when they wished. We also observed people sitting in a variety of communal areas but could also access their bedrooms when they wanted to.

We found staff were aware of the importance of maintaining people’s privacy and dignity. One member of staff told us they had access to a dignity champion who would support them to challenge disrespectful behaviour for those who were less able to stand up for themselves to improve the way services were planned and delivered.

We saw that when staff assisted people with their personal needs they were undertaken in a caring and patient manner. The interventions promoted people’s privacy as bedroom doors and curtains were closed. We also noted that staff spoke to people in a discreet manner about any issues of a personal nature. One member of staff told us, “I feel all the staff are very caring. All the staff provide calm and reassuring care to ensure people are happy.”

The management team told us that people’s relations and friends were encouraged to visit the service. This information was confirmed by people as they told us their friends and relatives were always made welcome.

# Is the service responsive?

## Our findings

The last time we inspected the service, on 9 June 2014, we found there had been a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This relates to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time we found people who used the service were not always protected as plans of care did not always detail how care and support should have been given. The provider had not taken all the reasonable steps to ensure that care and support was planned and delivered to meet individual needs and ensure the welfare and safety of people who received a service. We found improvements had been made in the care planning process.

People could be assured their care and support was planned and delivered in a responsive way. We found people's care plans to be holistic and person-centred. The care plans identified people's individual support needs and the support they required from the care staff. We also found individual patterns of daily living were documented. The plans also contained a 'pen picture' which provided staff with important information such as the name the person liked to be called and their preferred daily routines. We found care plans were reviewed on a monthly basis to ensure that as people's needs changed care plans would be updated accordingly.

Staff told us they valued the information within people's care plans and felt they were essential in identifying and recording people's individual preferences. They also confirmed the plans were readily accessible should they be required for additional reference. We found staff were fully aware of people's preferences and their knowledge was reflective of the information within the care plans.

Staff told us that the communication systems had improved significantly since the registered manager was appointed. One member of staff told us, "The manager has improved everything here. We have daily handovers and staff meetings where we can discuss people's needs and preferences." Staff also told us they attended meeting on a regular basis which provided them with an additional forum to highlight and discuss people needs.

People could be assured that staff could be responsive to people's needs. For example where people required support to manage their challenging behaviour a care plan

had been formulated to provide staff with the required information. We found staff were aware of the recorded actions and said they were effective in managing this element of care. One member of staff told us, "They (staff) only used distraction techniques to manage challenging behaviour and this information is in the care plans."

People could be assured they could have the opportunity to pursue their interests and hobbies. One person told us they enjoyed going bowling and we found the activity had been arranged for them on the day of our inspection. We found that a varied activities programme was on offer and systems were in place to highlight activities that were responsive to people's individual references.

People told us they had attended activities such as going to the local park or into Mansfield town centre for coffee. They also said they had participated in meals at the local public houses and fast food outlets. We also found people could utilise the home's mini bus to access areas of local interest such as football stadiums, the cinema and out of town shopping outlets. For people with restricted mobility we found 'pamper evenings' were on offer where people received facials, manicures, hand massages and makeovers.

People felt they were able to say if anything was not right for them. They felt comfortable in highlighting any concerns to the staff and believed their concerns would be responded to in an appropriate way. One person told us, "I would tell the manager if I saw something I was unhappy with," whilst another person said, "I'd tell the boss, they'd listen to me".

The organisations complaints procedure was on display in the foyer of the home to aid people residing at the home, or those acting on their behalf to highlight any concerns. The manager also stated that they would ensure the procedure was displayed in a prominent position in other communal areas to further aid people in highlighting any concerns.

Staff felt confident that, should a concern be raised with them, they could discuss it with the management team. They also felt complaints would be responded to appropriately and taken seriously. One member of staff told us, "If someone made a complaint I would speak to the manager and record the complaint. We have the complaints policies and procedures in the office and I would always follow those."

## Is the service responsive?

Records showed that when complaints had been received they had been recorded in the complaints log and managed in accordance with the organisations policies and procedures.

# Is the service well-led?

## Our findings

The last time we inspected the service, on 9 June 2014, we found there had been a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This relates to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time we found people who used the service were not always protected as systems for monitoring and assessing the quality of the service provided had not identified issues. Poor communication meant that information of concern was not being passed on. We found at this inspection that the provider had made improvements in regard to assessing the quality of service provision.

We found comprehensive internal monitoring systems had been developed by the manager to monitor the quality of the service provision, these were conducted on a monthly basis and looked at topics such as fire safety, food and nutrition, health and safety and the quality of the environment. We found that any issues raised from the audits resulted in an action plan being formulated which identified who was responsible for addressing the issue and time frame for expected completion. For example the environmental audit identified that the standard of decoration throughout the home was substandard. This had resulted in an extensive redecoration programme to be initiated and completed.

We found the management team were aware of their responsibility for reporting significant events to the Care Quality Commission (CQC). Our records showed that when we had been notified of significant events which happened in the home these events had been managed effectively. Systems were also in place to analyse the incidents to ensure any shortfalls could be identified and acted upon. This showed that the registered manager was proactive in developing the quality of the service and recognising where improvements could be made.

People could be confident that they could approach the manager if they wanted to discuss anything with them. On the day of our inspection the registered manager was visible around the service and people we spoke with knew who the registered manager was and were happy that

issues raised with them would be dealt with. Throughout our inspection we observed the registered manager interacting with people and it was evident that a good rapport had been established.

Staff told us the registered manager was approachable and was a significant presence in the home. They also told us that in their opinion the quality of service provision had improved significantly under their guidance and direction. Comments included, "This is the best management team I have ever worked with. I did not know that managers could be so caring and supportive," and, "The whole team get on with each other". Staff also felt comfortable in making any suggestions to the management team in relation to service provision and felt the managers were proactive in developing an open inclusive culture that motivated staff to help to continually develop the service.

Staff told us they enjoyed working at the service. One member of staff told us, "I love working here now we have the new managers and I really enjoy my job," another member of staff said, "It's a lovely place to work."

Throughout our inspection we observed staff working well together and they promoted an inclusive environment where friendly conversations were being undertaken between staff and people who used the service. We saw staff were supporting each other and it was evident that an effective team spirit had been encouraged to develop.

We found staff were aware of the organisation's whistleblowing and complaints procedures and felt confident in using them. One member of staff told us, "In the past I don't think I would have been particularly confident in whistleblowing but I am now with the managers we have." Whilst another said, "I wouldn't hesitate to whistle blow."

We contacted external agencies, such as those that commission the care at the service, and were informed they did not have any concerns relating to the quality of service provision.

People benefited from interventions by staff who were effectively supported and supervised by the management team. Staff told us they had attended supervision sessions which provided them with the opportunity to discuss their personal development needs and provide them with the opportunity to discuss and understand what was expected of them. One member of staff told us, "We have structured supervisions from our team leaders. We discuss any work

## Is the service well-led?

based issues, training needs, sickness and timekeeping. We have a section in the supervisions to discuss safeguarding and whistleblowing to keep us up to date. I have never felt so much support from the managers.”

People were supported to attend meetings on a monthly basis where they could discuss topics such as the provision of meals and social activities. We found that where people had made suggestions they had been acted upon. For example, one suggestion was to have raised flower beds in the garden and these had been provided. This showed the consultation process was effective in ensuring the service was focussed on the needs and aspirations of people.

We found people had been provided with the opportunity to have a say in what they thought about the quality of the

service by participating in surveys. The manager told us that the surveying process was planned to be repeated in May 2015 once they had made amendment to the questionnaire to incorporate open questions which they felt would provide people with a better opportunity to make their views known. Once the information from the surveys was correlated the manager told us a report would be produced which could be used to identify amendments or improvements to service provision.

We also found that a comments and suggestion box was made available in the foyer of the service which people could use to provide their feedback on the quality of the service.