Relativeto Limited

Dene Brook

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

Summary of findings

Overall summary

The inspection took place on 6 June 2017 and was unannounced. The last comprehensive inspection took place in December 2015, when the provider was meeting the regulations.

Dene Brook is a 14 bed care home, providing support 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 12 people living at the home.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Dene Brook' on our website.

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 our inspection there was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

We spoke with staff who were knowledgeable about safeguarding people from abuse. Staff informed us that they received training in this subject and knew what to do if abuse occurred. They were confident their managers would take appropriate actions without delay.

We looked at four recruitment files and found the provider had a safe and effective system in place for employing new staff.

The provider had a safe system in place to manage medicines. People received their medicines as prescribed and medicines were stored appropriately.

We looked at care plans and found that risks associated with people's care had been identified. Risk assessments were in place to help minimise the risk occurring.

Staff we spoke with told us they received appropriate training to carry out the roles and responsibilities of their job. Training included moving and handling, first aid, health and safety, fire prevention, safeguarding, and food hygiene.

Through our observations and from talking with staff and the registered manager we found the service to be meeting the requirements of the Mental Capacity Act 2005. Staff confirmed they had received training in this subject.

People were supported to eat and drink enough to maintain a balance diet which met their needs. People were offered a choice of food at each meal and drinks and snacks were provided throughout the day in line with their preferences and dietary requirements.

Care plans we looked at contained referrals and other documentation which reflected that people had been supported to maintain good health.

We observed staff supporting people and found they were respectful, kind and caring. Staff were knowledgeable about people's preferences and knew people well.

People who used the service were supported to receive personalised care which met their needs.

Staff we spoke with knew people well and could explain how they supported people. Staff worked well as a team and responded without delay in urgent situations and ensured people received the right support and were kept safe.

The provider had a complaints procedure and people told us they would talk with staff if they were worried about anything. The registered manager kept a log of concerns received and addressed them effectively.

People we spoke with indicated that they knew the registered manager and the rest of the management team well and knew them by name. Staff told us that the management team were supportive and felt they could speak with them openly and honestly.

A range of audits took place to ensure the service was meeting the required standards. Action plans were introduced to ensure issues were dealt with.

People were involved in the service and their views were sought. The provider completed a satisfaction survey every year to ensure people who used the service, their relatives, staff and visiting professionals, could voice their opinion of the service.

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.

We spoke with staff about safeguarding people from abuse and they were very knowledgeable about this.

Systems were in place to ensure people received their medicines in a safe way.

The provider had a recruitment policy to ensure appropriate people were employed at the home.

People's care records we looked at contained information about risks associated with their care.

Is the service effective?

Good

The service was effective

Staff we spoke with told us they received appropriate training to carry out the roles and responsibilities of their job

The service was meeting the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink enough to maintain a balance diet which met their needs.

We looked at peoples care plans and found that relevant healthcare professionals were involved in their care when required.

Is the service caring?

Good

The service was caring.

We observed staff interacting with people and found they were kind and caring.

Staff knew people well and were aware of their likes and dislikes.

Staff respected people who used the service and maintained

their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People who used the service were supported to receive personalised care which met their needs.

We looked at care plans and found they were informative and reflected the care and support being given.

People were provided with social stimulation which was based on their preferences.

The service had a complaints procedure and people felt at ease to raise concerns.

Is the service well-led?

Good

The service was well led.

People knew the management team and felt they were supportive.

We saw regular audits took place to check the quality of service provision.

People were involved in the service and their views were sought.

Dene Brook

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 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 took place on 6 June 2017 and was unannounced. The inspection was carried out by an adult social care inspector. At the time of our inspection there were 12 people using the service.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. We also spoke with the local authority and other professionals supporting people at the service, to gain further information about the service.

We spoke with three people who used the service and spent time observing staff supporting with people.

We spoke with two care workers, the deputy manager, the cook, the registered manager and two clinical service managers. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Good

Is the service safe?

Our findings

We spoke with people who used the service and they told us they felt safe living at the service. One person said, "I like my home and the staff." We went on to ask the person if they felt safe and they said, "Yes I do, it's nice here."

Staff we spoke with told us how they would protect people from abuse. Staff knew to look for changes in people's behaviours and physical signs of abuse. All staff we spoke with told us they would raise safeguarding concerns immediately with their managers. They were confident that they would be responded to without delay.

We looked at the safeguarding log maintained by the registered manager. This included a description of the concern and the outcome. We found appropriate action had been taken when safeguarding concerns had been raised.

The service had arrangements in place for protecting people from harm caused by behaviours that may challenge others. 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 responded immediately when the call system displayed that assistance was urgently required.

People's care records we looked at contained information about risks associated with their care. These were identified within risk assessments and gave suggestions regarding how to minimise the risk from occurring. Staff we spoke with were knowledgeable about risks associated with people's care and could explain how they worked with people to reduce the risk.

People also had Personal Emergency Evacuation Plan (PEEP) in place for people who may not be able to evacuate the service quickly in an emergency. This document highlighted the best way to support people in this situation to ensure a quick and safe evacuation from the building.

We observed staff interacting with people and found there were enough staff to meet people's needs. When people required support this was given without delay and people were not rushed. Some people who used the service had been assessed as requiring one to one support to ensure their care needs were met and they were safe. We spoke with staff who felt there was enough staff around to support people appropriately and in line with their needs. The registered manager told us that some shifts were being covered by agency staff at present, but they were given information to help them in their role.

People's medicines were managed so that they received them safely. We saw medicines were stored appropriately in a locked room. We saw a medication fridge was available for medicines which required cool storage. Temperatures of the room and the fridge were taken daily and documented to ensure they remained at an appropriate temperature.

We looked at Medication Administration Records MAR's) and found they were accurately completed to reflect that medicines were given as prescribed. People who required medicine on an 'as and when' required basis, had protocols in place which gave details on how and when to administer the medication.

The provider had appropriate arrangements in place for storing and administering controlled drugs (CD's). CD's are governed by the Misuse of Drugs Legislation and have strict control over their administration and storage. A controlled drugs book was in place which was used to record all controlled medication. This was double signed in line with current guidance. We checked three people's CD's as part of this inspection this and found the amounts in the CD book and the actual amounts were correct.

Staff competencies were completed frequently to ensure staff were administering medications in a safe way. Staff responsible for administering medication, completed appropriate training which was refreshed as required.

We looked at three staff recruitment files and found the provider had a safe and effective system in place for employing new staff. Staff told us they had to complete an application, attend a face to face interview and provide suitable references before they were able to start work. Files we saw contained pre-employment checks which had been obtained prior to new staff commencing employment. These included a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people. Staff we spoke with confirmed that they had to wait for the checks to be returned and satisfactory prior to commencing their post.

Staff we spoke with told us they received an induction when they commenced employment at the service. This included mandatory training and shadowing experienced staff.

We spoke with the deputy manager about the induction process and we were told that new starters, who had not completed NVQ award previously then they were required to complete the 'Care Certificate.' The 'Care Certificate' replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Good

Is the service effective?

Our findings

Staff we spoke with told us they received appropriate training to carry out the roles and responsibilities of their job. One care worker said, "We get loads of opportunity to do training. I have recently attended some training." Another care worker said, "Training is usually done at the home and it is useful. I always learn something." During our inspection we observed staff interacting with people who used the service. Staff understood people's needs and were able to support them well.

We looked at staff files and found that they contained certificates of training staff had attended. We also saw that the registered manager kept a training matrix. This was a document which informed the reader what training each staff member had completed and when it was due to be repeated in line with the providers training policy.

Staff we spoke with felt supported by the management team. They told us they received regular supervision sessions. Supervision sessions were one to one meetings with their line manager to discuss aspects of their role. Records we saw showed that supervisions were not completed as regularly as intended in the provider's policy. However, the registered manager informed us that they were aware of this and were working on resolving the issue. Staff did not receive an annual appraisal of their performance, however the registered manager had done some work on this but the system had not been formalised.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with were knowledgeable about this legislation. We looked at care records and found that where people lacked capacity, best interest decisions had been made.

People were supported to eat and drink enough to maintain a balance diet which met their needs. One person's care plan we looked at contained a plan regarding maintaining a healthy and balanced diet. This person required fresh fruit and vegetables and low calorie snacks in-between meals. Another person required a sensory diet so enjoyed crunchy foods such as carrots." We saw staff offered this support.

During the day, we observed drinks and snacks being offered. People appeared to enjoy their food and were able to choose foods that they liked. One care worker we spoke with said, "We have a four weekly set menu which has been approved by a dietician, but sometimes people choose other foods and we accommodate that where we can."

Care plans we looked at contained referrals and other documentation which reflected that people had been supported to maintain good health. We saw that people had received support from healthcare professionals such as neurologist, opticians, dentists and dieticians. Where the service had made referrals these had been completed in a timely manner in order to support people effectively.

Good

Is the service caring?

Our findings

We spoke with people who used the service and they told us they were happy living at the service and liked the staff. One person who used the service said, "Living here makes me happy. Staff are helpful and they listen to me."

We observed staff interacting with people and it was evident that they knew people well and supported them in line with their individual needs and preferences. Staff showed kindness and compassion and were caring in their manner. We saw that one person had put some make-up on as they were going shopping. Staff commented on how nice they looked. Staff also used positive but clear communication such as, 'after your personal care you will feel nice and fresh and ready to do some arts and crafts.'

We saw staff spoke with people quietly when they were talking about personal care and staff closed bathroom doors when carrying out tasks. We saw privacy screening on some windows which offered people the choice of having no curtains, whilst still maintaining their privacy. We spoke with staff about how they ensured people's privacy and dignity was maintained. One care worker said, "We try to build a good relationship with people so that they trust us. It is also important to talk through the task you are doing so they understand what is happening."

Each person had a keyworker who was responsible for things such as ensuring people were receiving the right support, had everything they needed, and held catch up meetings to discuss people's support and to ensure people's needs were being met. For example, one person had used their catch up session to discuss having their room painted and what colour and design they would like. Another person had used the catch up session to discuss their birthday party. This included what food and entertainment they wanted and who they wanted to invite.

Care plans we looked at incorporated people's past history, important events and cultural and religious beliefs. This helped staff to recognise people's preferences and to assist people in maintaining friendships. For example, sending birthday cards to relatives and friends if they chose to.

Good

Is the service responsive?

Our findings

We spoke with people who used the service and they indicated that staff knew them well and met their care needs. One person said, "I give the staff twenty out of ten, they are lovely."

Staff we spoke with knew people well and could explain how they supported them. Staff worked well as a team and responded without delay in urgent situations and ensured people received the right support and were kept safe.

People who used the service were supported to receive personalised care which met their needs. We looked at care plans and found they clearly outlined how best to support people, taking in to consideration their individual preferences. For example, one person's care plan indicated that the person could become anxious. The plan explained how this could be defused by providing a calm and relaxed situation by playing music. It was also important that the person had time to talk with staff about the day's events and any worries they may have.

Another person had a positive behaviour plan in place which informed staff that the person required praise when doing well. The person also required staff to communicate speaking slowly and giving reassurances. These example's showed that staff were responsive to people's needs.

People were supported to engage in activities in and outside the service. For example, people were regularly supported to attend social clubs, community activities and other leisure activities. Events also took place at the service which included, themed nights and parties to celebrate special events. People were encouraged and supported to maintain friendships with people that were important to them. For example, visits to see families and friends.

The provider had a procedure in place for handling complaints. This was displayed in the main entrance of the home and invited people to raise any concerns with the registered manager. We saw that the registered manager kept a log of complaints, which detailed the concerns raised and the outcome. We saw that complaints had been dealt with appropriately and in line with the provider's policy.

People we spoke with told us they would speak with staff if they had a concern. They felt the staff would resolve the issue. The catch up meetings held with keyworkers and people who used the service, were used to check out if people were happy. One person said, "The staff are there for me if I need to talk."

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager in post that was supported by a deputy manager and a group of team leaders. This made up the management team.

People we spoke with indicated that they knew the registered manager and the rest of the management team well and knew them by name. Staff told us that the management team were supportive and felt they could speak with them openly and honestly.

At the time of our inspection there was a registered manager in post who was supported by a deputy manager and team leaders. People we spoke with felt they could speak with the management team and felt they were approachable. We spoke with staff and they felt they were actively involved in developing the service and told us they had regular staff meetings. Staff also felt the management team were approachable and they felt listened to.

On the day of our inspection we saw the registered manager and deputy manager leading staff and offering guidance in different situations. This promoted an open and inclusive culture were staff were positive, worked well together and supported each other well. We saw staff meetings took place which gave staff a forum to discuss issues and to be involved in the service.

The provider had systems in place to monitor the quality of the service. We saw that regular audits took place to ensure the service was maintaining expectations. Audits included areas such as, case tracking, health and safety, medication, and infection control. We saw that any issues identified as a result of the audits were entered on to an action plan and resolved in a timely manner. In addition to these audits the clinical service manager completed an audit on a quarterly basis which focused on different aspects of the service each time. For example, medication or care planning.

The service had a system in place to gain feedback from people who used the service, their relatives, staff and visiting professionals. This was completed on an annual basis and the results were collated into an action plan. Any concerns raised were used to improve the service. The registered manager also told us that they were in the process of introducing a 'you said, we did' system so that people's comments could be displayed.