

Stepping Stones Resettlement Unit Limited

Dean Grange

Inspection report

Dean Grange
Elton Corner
Broadoak
Gloucestershire
GL14 1JG

Date of inspection visit:
11 April 2017

Date of publication:
05 June 2017

Website: www.steppingstonesru.co.uk

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Dean Grange is a residential care home for five people with learning disability. At the time of our inspection visit there were five people using the service. At the last inspection on 12 December 2014, the service was rated Good. At this inspection we found the service remained Good.

Staff and management understood how to protect people from harm and abuse. Risks to people's safety were identified, assessed and appropriate action taken and their medicines were safely managed. People were supported by sufficient staff who had been recruited using thorough checks.

People were supported by staff who had training and support to maintain their skills and knowledge to meet their needs. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were treated with dignity, respect and kindness and were involved in the planning and review of their care and support. Dean Grange supported people to be as independent as possible and to move towards more independent living.

People received individualised care which reflected their personal preferences, wishes and routines. There were arrangements to investigate and respond to complaints.

The registered manager was visible and accessible to people and staff, providing clear leadership and developing ideas to continually improve the service. Quality checks were made with the aim of constantly improving the service in response to people's needs.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service remains Outstanding.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Dean Grange

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 inspection took place on 11 April 2016 and was unannounced. One inspector carried out the inspection. We spoke with the registered manager, three people using the service and one member of staff. In addition we reviewed records for two people using the service, toured the premises and examined records relating to staff recruitment, staff training and the management of the service. Following our inspection visit we spoke with two members of staff on the telephone.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

Is the service safe?

Our findings

People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service and were confident any issues reported would be dealt with correctly. Contact details were available for reporting any safeguarding concerns to the local authority. People were protected from financial abuse because there were appropriate systems in place to help support people manage their money safely.

People had individual risk assessments in place. These identified the potential risks to each person and described the measures in place to manage and minimise these risks. Risk assessments had been reviewed on a regular basis. People had personal fire evacuation plans in place; these included important information about people's needs for staff reference. One person with a sensory impairment had adaptations made suitable for their needs to warn them in the event of a fire. Another person told us how they took part in grass cutting and said "it's in the risk assessment". Individual information had been prepared for use in the event of a person going missing. People were protected from risks associated with fire, legionella, hot water and electrical equipment through regular checks and management of identified risks. The latest inspection of food hygiene by the local authority in June 2016 resulted in the highest score possible.

Adequate staffing levels were maintained. The registered manager explained how the staffing was arranged to meet the needs of people using the service. Risk assessments had been completed to allow people to remain in the house without staff at certain times and for a limited time period. Staff were supported by an on call system and by the registered manager who was based at Dean Grange.

People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. People using the service took part in the process of interviewing job applicants.

People's medicines were managed safely. Medicines were stored securely and records showed correct storage temperatures had been maintained. However we discussed with the registered manager the practice of recording storage temperatures in the morning whereas a temperature check in the afternoon may be more useful particularly in warm weather they agreed to look into this. Medicines administration records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts we examined. There were records of medicines received and of medicines disposed of. Medicines were given to people by staff who had received suitable training and competency checks. One person told us they were given their medicines at the right time of day. Detailed individual protocols were in place to guide staff when giving medicines prescribed to be given 'as required'. Regular audits were carried out on people's medicines and associated records. The result of a recent audit recorded "no issues". Procedures were in place to deal with any errors with giving people their medicine.

Is the service effective?

Our findings

People were cared for and supported by staff with appropriate knowledge and skills. Staff received training in subjects such as food hygiene, health and safety, first aid and moving and handling. They also received training specific for the needs of people using the service such as epilepsy, autism and managing people's behaviour. Staff told us the training they received was adequate for their role. Staff had also completed nationally recognised qualifications in health and social care.

Staff had regular individual meetings called supervision sessions with the registered manager as well as annual performance appraisals. A schedule had been completed to ensure staff had regular supervision sessions. One member of staff described how supervision sessions were held "on the dot" every six weeks. Another staff member described how scenarios about incidents were used at the sessions used for learning and development. One person using the service gave two 'thumbs up' when asked their opinion about the staff that supported them; another commented staff were "very good".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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. Assessments of people's capacity had been made and all were able to consent to the care and support provided. There were no restrictions on people's liberty that would have required an application under DoLS.

People were regularly consulted about meal preferences. The Provider information return (PIR) stated, "A healthy balanced menu has been devised for Dean Grange, people living in the home take an active role in the choice of menu, with one of the individual's preparing and cooking meals on a regular basis; any changes requested are discussed at house meetings". Minutes of meetings we saw confirmed this approach. One person asked for more soups and stews with the start of winter. This was agreed and they were told, "It's your home and you can decide what you would like to see on the menu". People told us they enjoyed the meals and were involved with preparing and cooking meals.

People's healthcare needs were met through regular healthcare appointments where necessary and an annual health checks by people's GPs. People had health action plans and hospital assessments. These were written in an individualised style and described how people would be best supported to maintain contact with health services or in the event of admission to hospital. They also recorded the outcomes of any health appointments, future appointments and observations such as weight recording.

People had been consulted and involved in the design and decoration of the environment of the home both in terms of their own individual rooms and communal space including the garden. Monthly house meetings evidenced how people's views about the environment at Dean Grange were translated into changes and improvements.

Is the service caring?

Our findings

People had developed positive relationships with staff and were treated with respect and kindness. A social care professional stated "I am always impressed by the family atmosphere within the unit. I am impressed by how well the staff know the residents and how (the person) in particular is viewed positively and treated as a member of the family unit at Dean Grange." One person told us "It's really nice living here". Another person gave the 'thumbs up' when asked about living at Dean Grange. We observed staff speaking respectfully to people and taking time to respond to people's requests for support or information. Staff had suitable skills to communicate with one person with a sensory impairment. The effectiveness of this was evident with the person's responses to questions at house meetings recorded. People confirmed staff were kind and polite to them. The approach of the service demonstrated a genuine concern for people's wellbeing. The registered manager acknowledged people using the service knew that staff really cared about them. At a House meeting in September 2016 people were reminded that the weather was changing and to take a coat when going out. People were also prepared for our inspection, this had been discussed at team meetings for several months to help people understand the process and to relieve any anxieties they may have. The result was people's apparent ease with the process during our inspection visit.

People were involved in decisions about the care and support they received. The Provider information return (PIR) stated "Individuals living in the home are actively encouraged to have input into their care plans, risk assessments, Health Action Plans and behavioural guidelines. The plans are person centred and tailored to individual needs, these documents are live and changes are made as and when required in a timely manner". One person told us, "They usually let me know when my plan is updated." During our visit we witnessed a person's support plan being updated in response to a change in their medicines, this was discussed with the person to check their understanding and agreement of this. At a house meeting in March 2017 people were asked if they were happy with their care plans. One person replied, "(Staff member) talks through mine with me and any changes I want, then I sign it and so does he". Another person acknowledged were changes had been made in the past. A report of a 'peer inspection' by managers from other services in February 2017 noted "Monthly reports are completed with each individual to ensure any changes or aspirations are captured and recorded".

Information was available about advocacy services although at the time of our inspection visit there were no people making use of these services.

People told us they were able to maintain their privacy and staff would always knock on the doors of their individual rooms. People's desire for more independence and their potential for more independent living was recognised and actively promoted. People had requested more independence. In response to this, and with an acknowledgement of the progress individuals had made with their independent living skills, the service had made arrangements for people to be in the care home without a staff presence at certain times. This was when staff were out supporting people with activities and appointments. People told us they were happy with this arrangement. To further their independence people also had keys to the main door of the house and for their individual rooms. People's support plans described areas of independence for staff to refer to. For example "Changes his bed independently, will bring his clothes to be laundered". Risk

assessments supported people's independence such as for the use of a washing machine, a tumble dryer and for using cleaning materials when cleaning individual and communal rooms.

Staff had recognised one person's potential for more independent living. The person had been supported to take a college catering course, to progress to the next level they needed to achieve qualifications in English and Maths. The person had struggled with the original courses for these subjects and had given them up. However staff continued to support the person at Dean Grange with time and appropriate learning materials. Noting the person had become more confident in the subjects; staff then worked to source suitable courses for the person and provided support for them to attend the course. One member of staff told us, "I didn't give up on him" and added "He has come on leaps and bounds". The person was now sitting examinations in both subjects. They had also been supported with money management including setting up a bank account. A progress report described the success of this, "He has been supported to set up a couple of bank accounts, one of which is where his benefits are paid in to and from this account an agreed amount is transferred to another account, he then uses this money to purchase items of choice. This was done to try and mimic wages being paid, bills going out, leaving an amount for personal spending money. This has been very successful with the gentleman accruing savings to be used to purchase household items when he moves on from Dean Grange". The person had also been supported to attend a job centre for a session on completing a curriculum vitae (CV) to help them gain employment. In addition voluntary work was sourced for the person with the aim of providing experience and confidence in a work setting. Playing for a local football team was acknowledged as promoting physical health, helping to develop social skills, a sense of self-worth, working as part of a team and developing a desire to succeed. The person told us about their goal to live more independently and spoke positively about the support they had received and their progress. They told us "I've been keeping myself busy".

People were also supported to maintain contact with family in response to their wishes. Support plans detailed the arrangements for visits to and contact with people's relatives. One person was able to see their family once a week. In addition another person, whose relatives were deceased, was supported to visit and tend the family graves. People's wishes for the arrangements at the end of their life had been discussed and recorded where people felt able and willing to do this. A newsletter was produced and sent to people's relatives to keep them informed about events at Dean Grange.

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. People had detailed support plans and 'person-centred plans' to guide staff in providing personalised support. Additionally, pen pictures provided a brief overview of important information about a person such as their likes and dislikes. One member of staff told us personalised care was "to be as individualised as possible". Another said "everyone is treated as an individual" and described how support was provided to people "at their pace". People's support plans contained detailed information for staff to refer to when communicating with people. One support plan reminded staff to use a non-judgemental approach and gave examples of suitable phrases to use as a reminder to adopt a consistent approach.

A new approach to providing personalised support to people had recently been introduced at Dean Grange. This was called 'Imagined futures'. The registered provider had decided to adopt 'Imagined futures' at all the service it operated starting with Dean Grange. The aim was for people to meet with the staff assigned to work with them and establish their aspirations for the future. Following this the staff would then meet with the registered manager to plan the steps needed to achieve people's aspirations. The process had started with staff meetings and a meeting to decide how the process would be documented.

People were supported to take part in activities and interests both in the home and in the wider community. The gardens and grounds at Dean Grange provided plenty of space for activities to take place such as camping on the lawn and growing vegetables in the 'Polytunnel'. The upkeep of the garden had previously been the responsibility of a contractor. This had been transferred to the people living at Dean Grange with their agreement and the success of this was evident at our inspection visit. People also took part in swimming, attending a gym, working on a local farm and voluntary work with a community gardening project. Two people also played in a local football team. One person told us they were "quite busy" with "lots to do". People had personalised their individual rooms according to their tastes and interests. A holiday abroad was being planned for later in the year.

There were arrangements to listen to and respond to any concerns or complaints. The Provider information return (PIR) stated, "The home has a robust complaints policy, each person using the service has a copy in their personal file and discussions are held at house meetings ensuring individuals are confident in raising a complaint if they need to". Information about how to make a complaint was available in each person's file in a suitable format using pictures, symbols and plain English. People confirmed they knew how to make a complaint. However no complaints had been received since our previous inspection.

Minutes of house meetings demonstrated how people using the service were able to express their views. People were asked if they had any views about menus, activities and plans for holidays. At one meeting there was a discussion about what to do in the event of the fire alarms sounding. Meetings were held on a monthly basis and minutes were produced for people to read in an attractive format using photographs and illustrations.

Is the service well-led?

Our findings

The provider had a clear set of values setting out the aims for the organisation as a whole. These were set out in the philosophy of the service. The Provider information return (PIR) described the approach to ensuring the service was well-led "Ensuring we are a transparent service is discussed at staff house meetings, also open communication being key in delivering an excellent service". The home is run with an emphasis on continually improving; this is reflective in supervisions, appraisals, scenarios and training. The registered manager also described the vision of the service was for people using the service "To live happy fulfilled lives".

Dean Grange had a registered manager in post who had been registered as manager since October 2010. 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. The registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

The registered manager was approachable to people using the service and staff. The PIR stated, "Manager has an open door policy of which individuals and staff are aware and welcomed to visit if there is anything they wish to discuss or request." Staff confirmed the approachability of the registered manager.

Staff were positive about the management of Dean Grange, the wider management structure of the registered provider and the support they received. One staff member described this as "Brilliant." Another told us the management was "Really good". Staff were also positive about their role supporting people. One told us "It's a nice place to work and staff go the 'extra mile' for people."

Regular audits were in place as part of the service's 360 degree audit programme. These resulted in compliance reports produced each month. As well as the results of audits the reports included requests from people living at Dean Grange for changes and improvements to the service. The compliance report for January 2017 included plans and actions for a new iron, changes to the garden and roof repairs.

Managers from other care homes operated by the registered provider visited Dean Grange once a month to carry out a series of checks on the quality of the service provided. Reports of these visits included findings and any actions needed in response to these.