

Havencare (South West) Limited

Deanbrook

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

Deanbrook is a residential home that is registered to provide care and support for up to five people with learning disabilities. On the day of inspection there were four people living at the service.

This unannounced inspection took place on 29 January 2016. The service was last inspected in February 2015 when it was rated as 'Requires improvement'. At the inspection in February 2015 we found the service was not meeting the regulations in relation to assessing the quality of care and people's health care needs. The registered provider had sent us an action plan to tell us they would have rectified these matters by September 2015. We also found improvements were needed to the way some risks were managed. People were not protected in the case of emergency and the risks of people developing malnutrition had not been assessed. Improvements were also needed to the way people's weights were monitored and how people's privacy was respected. At this inspection in January 2016 we checked to see if the improvements had been made. We found that improvements had been made in all areas.

A registered manager was employed at the service. 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 also registered to manage another service owned by Havencare (South West) Limited. They were supported in their role at Deanbrook by a service manager who was in day to day control of the service.

Kind and caring staff ensured people received care and support that was responsive to their needs. Staff ensured people's privacy and dignity was respected and all personal care was provided in private. Staff reassured people with hugs and kind words and were respectful in their interactions with people. People's care plans gave staff instructions on how their needs were to be met. Staff knew the people living at Deanbrook and their needs and preferences well. One relative contacted us by email following the inspection. They wrote 'Above all I have seen that there is a genuine warmth and love towards the residents at Deanbrook, the staff and manager go that extra mile. I know my [relative] is very happy and well cared for at Deanbrook'.

People were offered choices in all aspects of their lives. People's relatives could be involved in making decisions about care provided by staff, if they chose.

There were enough staff available to meet people's needs and support people to take part in activities and outings. There was a regular programme of activities available for people to participate in. On the day of our inspection people went out to local shops and cafes.

People were supported to maintain a healthy balanced diet and had a choice for each meal. Photographs of foods were used to help people make their choice. Staff ensured people's health care needs were addressed. People were supported to attend dental appointments and received visits from healthcare

professionals. Following the inspection we contacted the speech and language therapist who emailed their response. They wrote 'I always feel I can trust the team to implement any recommendations and can rely on their report re progress'. People's medicines were stored and managed safely and they received their medicines at the times they were prescribed to be given.

People were protected from the risks of abuse. Staff knew how to recognise and report abuse both within the service and to outside agencies. Thorough recruitment procedures ensured the risks of employing unsuitable staff were minimised. People's human rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

Staff received training that helped them meet people's needs. This included mandatory training such as first aid as well as training more specific needs such as epilepsy and autism. Staff also received regular supervision to support them in their role. Staff told us the registered manager and service manager were very open and approachable.

There were effective quality assurance systems in place to monitor care. Regular audits were undertaken to ensure the quality of care was maintained. One relative who contacted us via email wrote 'Deanbrook is a well-run care home, it is always clean and welcoming. I feel very happy with the quality of care provided by the team'.

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.

People's needs were met in a safe and timely way as there were enough staff available.

There were effective systems in place to manage people's medicines.

People were protected from the risks of abuse as staff knew how to recognise and report abuse.

Thorough recruitment procedures ensured the risks of employing unsuitable staff were minimised.

Is the service effective?

Good ●

The service was effective.

Staff received training that helped them meet people's needs.

People were supported to maintain a healthy balanced diet.

Staff ensured people's health care needs were addressed.

People were offered choices in all aspects of their lives.

People's human rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

People's needs were met by kind and caring staff.

Staff ensured people's privacy and dignity was respected and all personal care was provided in private.

People's relatives could be involved in making decisions about

care provided by staff, if they chose.

Is the service responsive?

Good ●

The service was responsive.

Staff ensured people received care and support that was responsive to their needs.

People's care plans contained details of how their needs were to be met.

There was a regular programme of activities available for people to participate in.

Is the service well-led?

Good ●

The service was well led.

The registered manager and service manager were very open and approachable.

Records were well maintained.

There were effective quality assurance systems in place to monitor care.

Deanbrook

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 29 January 2016 and was unannounced.

One social care inspector carried out the inspection.

Before the inspection we gathered and reviewed information we hold about the registered provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the registered provider.

During the inspection we spent time with all four people using the service. We also spoke with three support staff the service manager and the registered manager. Following the inspection we received emails from one health care professional and the local authority quality monitoring team about their views on the service. We also received emails from two relatives.

We observed the interaction between staff and people living at the service and reviewed a number of records. The records we looked at included all four people's care records, the registered provider's quality assurance system, accident and incident reports, three staff files and records relating to medicine administration.

Is the service safe?

Our findings

All the people living at Deanbrook were living with some level of learning disability and had different methods of communication. They were supported by staff to be as independent as possible whilst being provided with a safe environment.

At our inspection in February 2015 we found not all risks to people were being managed safely. People were not protected in the case of emergency as individual plans that would ensure they could be safely evacuated from the building were not readily available. At this inspection in January 2016 we found improvements had been made.

The personal emergency evacuation plans for all four people living at Deanbrook were readily available during this inspection. They contained details of how people should be supported if they need to be evacuated from the building.

People were not able to tell us if they felt safe. We observed how people interacted with staff, and throughout the day we saw them approach staff in a relaxed manner, smiling and laughing. People held staff's hands when talking to them, showing us they felt safe in their company.

People were protected by staff who knew how to recognise the signs of possible abuse. Staff felt that if they reported any such concerns, the management would take them seriously and investigate thoroughly. Staff also knew who to contact outside their own organisation if they needed to, for example, the police.

People were protected from the risks associated with employing unsuitable staff because the registered provider had a robust recruitment system in operation. Staff were thoroughly checked to ensure they were suitable to work at the service. We looked at three staff files, which showed us references and employment histories had been obtained, and disclosure and barring service (police) checks had been carried out.

There were effective systems in place to manage risks to people. People's files contained individual risk assessments. Risks assessed included travelling in vehicles, external activities, swallowing and malnutrition. One person had been assessed as being at low risk of malnutrition, they were being weighed monthly to ensure their weight remained stable. One person had almost choked on a piece of food. Staff had taken appropriate action to prevent the person choking. A new risk assessment had been completed with a speech and language therapist and guidelines put in place to minimise the risk of choking. Following the inspection we contacted the speech and language therapist who emailed their response. They wrote 'I always feel I can trust the team to implement any recommendations and can rely on their report re progress'.

Accidents and incidents were recorded and analysed in order to minimise the possibility of the accident or incident happening again. Incidents involving one person had significantly increased while their medicines were being assessed. The times incidents occurred and the triggers that caused them had been identified and staff had taken action to minimise the incidents. This showed that staff were able to identify issues and

minimise the risks to the person and others around them.

Staff told us there were always enough staff on duty to meet people's needs. On the day of inspection there had been one member of staff on sleep in duty the previous night. One staff member came on duty at 7am and another at 10am. Rotas showed there was always at least two members of staff on duty during the day. Staff told us rotas were flexible depending on the needs of people living at the home. They also told us there were enough staff on duty to ensure people could go outside the home on trips if they wished.

Medicines were stored securely in a locked cupboard in a locked room and only staff who had received training administered medicines. At each medicine round one staff member administered the medicine and another checked the medicines had been administered and counted all remaining medicines to ensure all medicines were given as prescribed. Each person had a Medicine Administration Record (MAR). All MAR charts contained dosage, and a photograph of the person as well as the name of the medicine, a description of the medicine and any side effects to be watched for.

Records showed that equipment used within the service was regularly maintained and serviced to ensure it remained safe to use. For example, wheelchairs were checked monthly and any problems that were identified were quickly rectified.

Is the service effective?

Our findings

People living at Deanbrook had needs associated with being older and living with a learning disability. People received effective care and support from staff with the skills and knowledge to meet their needs. There was a comprehensive staff training programme in place, and a matrix indicated when updates were needed. Staff had received a variety of training such as medicine administration, first aid and moving and transferring. They had also received more specific training relating to people's needs. This included caring for people living with dementia, epilepsy, autism and managing behaviours that may be challenging to the service and others.

Staff told us and records showed that they received regular supervision and appraisals. Staff received individual supervision sessions with the service manager. The service manager received supervision from the registered manager. Previous issues were discussed and any further actions to be taken were highlighted. Topics discussed at supervision included training needs, and what action needed to be taken to achieve the identified actions. Group supervision sessions were also held and used as training sessions. A recent group supervision session had been held on maintaining professional boundaries. All new staff received a full induction. During that time a personal development plan was drawn up to ensure the staff member was supported through their induction and beyond. New staff were also completing the care certificate. The care certificate is an identified set of standards used by the care industry to ensure staff provide compassionate, safe and high quality care and support. Staff told us they felt well supported by both the service manager and the registered manager.

Everyone living at Deanbrook was living with a learning disability, and this affected their ability to make decisions for themselves. Staff had received training in the Mental Capacity Act 2005 (the MCA) and the associated Deprivation of Liberty Safeguards (DoLS). This ensured people were supported by staff who had a good understanding of the legislation.

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. Staff told us each person living at the service had the capacity to make decisions about their day to day needs. However, they may not have the capacity to make significant decisions about their health and welfare. Where this was the case, the person had their mental capacity assessed and a best interest meeting was held in order to make a decision in the person's best interests. For example, we saw that a meeting had been held involving staff at the service and a special care dentist to determine if sedation should be used for one person, prior to dental treatment. Another person had refused to let community nurses take a blood sample, staff worked with the person using 'dummy' needles in an attempt to reduce their anxiety. This had resulted in the person having blood taken successfully.

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 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.

People's liberty was only restricted when there was no other means of keeping them safe. Staff were aware that any such restrictions should be properly authorised and always be the least restrictive option. As everyone at the service was living with a learning disability, the service had locked external doors prevent them leaving the home. This was because it was unsafe for them to leave the home without someone with them. Applications had been made to the local authority's DoLS team to authorise these restrictions.

At our inspection in February 2015 we found that people's risks of developing malnutrition had not been assessed and people's weights were not monitored well. We also found that people's health care needs were not always well met. At this inspection in January 2016 we found that improvements had been made.

People's risk of malnutrition had been assessed. People were assessed as being at low risk of malnutrition and their weight was monitored regularly to ensure they remained at low risk. A healthy balanced diet was promoted and people were offered choices at all mealtimes. We heard staff offering many choices for breakfast and lunch. Photographs of food were used to help people decide what they wanted to eat. Regular drinks were offered throughout the day.

People were supported to maintain good health. Each person had a health action plan that set out how their health care needs were to be met. The plans also set out any healthcare specialists involved in their care. For example, one person's plan indicated involvement with a physiotherapist, a speech and language therapist, a dentist and a GP. One person's plan set out how their eye condition was to be managed and records indicated this plan was being followed.

Is the service caring?

Our findings

At our inspection in February 2015 we found that people's privacy was not always respected. Staff had not recognised that people taking things from other people's rooms did not respect people's privacy. This was because items were always put back in rooms. At our inspection in January 2016 we found improvements had been made. Staff were aware of the need to ensure people's rooms were their private space and made sure people did not wander into other people's rooms. All personal care was provided in private and staff said they always ensured doors were closed.

People had lived at the service for many years and knew each other well. We observed positive relationships between staff and the people we met at the service. Staff were seen supporting people in an easy, unrushed and pleasant manner. Staff carried out their duties in a caring and enthusiastic manner. One relative contacted us by email following the inspection. They wrote 'Above all I have seen that there is a genuine warmth and love towards the residents at Deanbrook, the staff and manager go that extra mile. I know my [relative] is very happy and well cared for at Deanbrook'.

Staff treated people with respect and kindness. For example, staff addressed people by their preferred names, showed physical affection and spoke with respect. When one person began to get upset because a member of staff was going off duty other staff comforted them with hugs and distracted them by offering an activity. Staff spoke to people with respect. We heard one staff member ask a person "Can I sit next to you, is that all right?" When staff spoke with us about people, they did so in a caring and respectful manner.

People living at Deanbrook had different methods of communication. Staff knew each person's particular method and could understand people's needs and requests. For example, staff understood what people wanted to eat and drink and what they wanted to do.

Staff told us they encouraged people to be as independent as their abilities allowed. One person who liked to go out was being encouraged to use a bus with staff. This was so they could go out more often, if the service's transport was being used by another person.

Staff genuinely cared for people's happiness and wellbeing. One staff member told us "They are four amazing people, and I'm glad I helped with that".

People were not able to be actively involved in planning their care. However, staff knew people well and when planning care, took into account what they knew about the person and their preferences. Relatives and advocates were involved in planning care when they wished to be. One relative who did not visit Deanbrook contacted us via email following our inspection. They wrote 'I find the staff to be concerned to keep me informed with annual assessments'. Another relative who also contacted us via email wrote 'I am always contacted and involved with all aspects of care'.

Is the service responsive?

Our findings

A new care planning systems was being introduced that would enable people to have more input into their plans. The system is computer based and links all the person's records. The system being used until the new system was fully up and running was paper based and the files were large and some information was difficult to find. Staff told us the new system was much better and enabled them to update records more easily.

The information on the new system was easy to read and contained clear details of people's needs and preferences and how they were to be met. One person's plan gave directions to staff about the person liked their personal care to be delivered and stated they liked to choose their own clothes. The plan told staff how to recognise when the person did not want to wear particular clothes and to offer them an alternative. One person's plan stated they sometimes liked to get up early and sometimes they didn't. Records showed the person had got up at various times and on the day of the inspection they had chosen to stay in bed till later. Daily records showed that the care plans were being followed and gave details of how people had spent their day, what they had eaten and the personal care they had received.

All the people living at Deanbrook had lived there for many years and from our observations it was clear staff knew them extremely well. They were able to tell us about people's individual needs, preferences, personalities and personal histories. During our inspection we observed how people were spoken with and supported. People were the main focus of staff's attention. They undertook activities together, including meals and drinks and we heard them chatting and laughing together. Staff ensured people received individual care and were supported to do this by the information in people's care plans. One staff member told us "everyone is not the same, you can't give the same care to everyone".

Staff told us about one person who liked to know exactly what was happening throughout the day. Staff said they made a plan each day with the person and then made sure the plan was followed otherwise the person could get upset. During the inspection we heard staff making a plan with this person for them to go out in the afternoon. The person was taken out that afternoon in line with the plan.

People living at Deanbrook were able to take part in a variety of activities and outings. Each person's individual likes and dislikes were taken into account when planning such activities. One relative wrote in an email following the inspection 'I notice there are all sorts of activities provided to meet people's individual needs'. One person enjoyed watching football and their plan stated they should go to watch a football match twice a year. We saw this happened. There were lots of outings arranged as people's plans identified this was the thing they enjoyed most. Staff told us people liked to go out even when the weather was not so good. They told us they took people on holiday, to the theatre, the hairdressers and to local shops and cafes. They told us local people were used to seeing everyone out and about and were very welcoming and helpful.

Staff told us about one person who enjoyed celebrating special events, particularly Christmas. Staff said they prepared a 'counting down the day' calendar to special events for the person so they knew when they

would be happening. They said when there were no special events coming up they just had a party for them anyway.

The registered manager took note of, and investigated any concerns raised. Records showed that no complaints had been received. There was an entry showing that neighbours had asked for some trees to be cut down and this had been done. People living at the home were not able to raise concerns themselves. However, staff told us they would recognise if people were unhappy about anything and would deal with anything straight away.

Is the service well-led?

Our findings

At our inspection in February 2015 we found there was no formal quality assurance system in place. At this inspection in January 2016 we found that improvements had been made.

Deanbrook is owned and run by Havencare (South West) Limited. There was a staff management structure in place to maintain the running of the home. The registered manager was also registered to manage another service owned by Havencare (South West) Limited. They were supported in their role at Deanbrook by a service manager who was in day to day control of the service.

There was a positive and welcoming atmosphere at the home. Staff told us they thought there was an open and positive culture in the home. One staff member said "Deanbrook feels like a home". Another staff member said "It's very comfortable, just like home, we all look after each other". The service manager told us the culture was "Respectful, dignified and person centred" and that all the time staff think about "The way we speak to and treat people".

One relative who contacted us via email wrote 'Deanbrook is a well-run care home, it is always clean and welcoming. I feel very happy with the quality of care provided by the team'.

All staff told us that they found the registered manager and service manager to be very approachable and very supportive. One staff member said "Both managers are very approachable and supportive". The service manager told us the registered manager was "Really, really good" and they could talk to them about anything.

The registered manager told us their practice and knowledge base was kept up to date by using resources such as, health and social care journals, the CQC website, attending local care home forums and participating in Havencare's managers training programme.

Suggestions for improvement were encouraged from staff. For example, staff suggested that a spare bedroom could be used as a 'quiet' room. We saw that this room was being used as extra living space for people to enjoy.

There were systems in place to assess, monitor, and improve the quality and safety of care. A series of audits were undertaken. These audits included looking at medicines, the environment and equipment. Each week the service manager completed a weekly report which was sent to the registered manager and Havencare. The report highlighted, where applicable, any accidents, incidents, safeguarding concerns, health concerns and medicine errors.

A system was in place to ensure the building was well maintained. The registered manager regularly updated Havencare with a list of items that required attention. For example, we saw that new flooring had recently been fitted to the dining room. This was found to not be 'non-slip' and was to be replaced again. We saw emails confirming the flooring was to be replaced.

The registered manager had completed an audit of Deanbrook based on the five areas looked at by CQC. That is, is the service safe, effective, caring, responsive and well led. The audit had identified that staff training in relation to supporting people's dignity could be improved. The record showed this had been completed. Overall the registered manager had judged the service to be 'good'. This was the rating awarded by CQC following this inspection.

There was a computer system in place that alerted the service manager when any staff supervisions were due, so that they could arrange the sessions with staff.

Each year Havencare undertake a satisfaction survey across the group. The survey asked people and their supporters (family and friends) for their views on the care provided. The results for 2015 were shared in a report with people and indicated 52% of response rated their satisfaction as 'good' and 39% of people rated their satisfaction as 'outstanding'. The report set out what had been learnt and what Havencare planned to do. For example, Havencare had learned it was not good practice for staff to complete surveys on behalf of people. In response to this Havencare will develop people's circle of support and encourage access to advocacy services.

Records were well maintained. They were accurate and complete and recorded the care provided. All records we asked for were kept securely but easily accessible.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.