Havencare (South West) Limited

Deanbrook

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Requires improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

Deanbrook is a residential home that provides care and support for up to five people with learning disabilities. Nursing care is provided by the local community nursing service.

The inspection took place on 17 February 2015 and was unannounced. There were four people living at the home. The service had last been inspected on 27 January 2014 when it was compliant in all areas looked at.

Prior to the inspection concerns had been raised about the behaviour of two members of staff. Following a full and thorough investigation by the registered providers action was taken to protect people.

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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was also a service manager at the home who acted as a deputy to the registered manager.

Not all risks to people were being managed safely. People's risks of developing malnutrition had not been assessed. One person had been assessed as being at risk of choking. There was conflicting information on their care plan and it was difficult to find the most up to date information with regard to the type of food they should receive.

People's health care needs were not always well met. One person had been assessed as having an eye condition that required regular eye washes. There was no care plan in relation to this need and no evidence that the person was receiving regular eye washes.

People's weights were not monitored well. People were not weighed regularly despite care plans indicating this should be the case. However, people were supported to receive a balanced diet with sufficient to eat and drink. People were offered plenty of snacks and drinks through the day.

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.

People's privacy was not always respected. Everyone had their own room and the doors had locks on them. However, staff said the locks weren't used as people often went back to their own rooms and would not be able to use a key. One person sometimes walked in to other people's rooms and took items. Staff said this was not a problem as they always put the items back. It had not been recognised that this may not respect people's privacy.

Care plans were person centred but had limited input from people. They were very large documents and contained some confusing information. However, the registered providers had started to introduce a new care planning system that used technology to enable people to be involved in planning their care whatever their abilities. An ipad had been purchased in preparation for the use of the new system.

There was no formal quality assurance system in place. The registered providers had visited the service on a regular basis. However, there was no evidence they had undertaken checks on the quality of the care being provided at the service for over 12 months. The environment and medicines were the only aspects of the home that were regularly audited. One environmental audit had identified a missing panel on a wheelchair, which had been replaced. People's medicines were managed well and were stored safely and appropriately.

Three people had lived at the home for over 25 years. People could not answer detailed questions about their care, but we saw that good positive relationships had been formed. People said staff were "nice" and "friendly" and they "look after me". People were offered choices and asked what they wanted to do throughout the day. Staff respected people's choices. Staff were able to describe people's needs and how they liked them to be met. The registered manager told us that there had only been four people living at the home for some time. This was because they had been careful to ensure anyone who came to live in the home would not disrupt the lives of the people already living there.

Comprehensive information had been recorded in relation to involving other health care professionals in people's care. For example, psychiatrists, GPs, epilepsy nurses, podiatrists and dentists had been consulted.

One person's advocate told us that they had known the person for many years when they had lived in other places. They said "Deanbrook is the first place they have ever called home". Staff understood and met people's preferences, likes and dislikes. For example, one person was given a pot of coffee and mug on a tray because they liked to be able to pour their drink themselves.

People were protected from the risks of abuse. Staff demonstrated a good knowledge of different types of abuse. They told us how they would recognise abuse, and what they would do if they suspected abuse was occurring within the service. Robust recruitment procedures were in place. The registered provider had a policy which ensured all employees were subject to the necessary checks which determined that they were suitable to work with vulnerable people.

People's needs were met by sufficient numbers of staff. Staff told us there was never a time when people's needs

Summary of findings

couldn't be met. People received care and support from staff who had the skills and knowledge to meet their needs. Staff had received a variety of training including moving and transferring, infection control, epilepsy and safeguarding adults. Not all staff had received training on the Mental Capacity Act 2005 (MCA). However, staff did have an understanding of the principles of the act and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

The registered manager and service manager were open and approachable. They dealt with staff and people living at the home in a professional manner. One health professional told us staff were very keen to have outside professional advice and actively encouraged their involvement. The registered manager told us they had not received any complaints for many years. There was a system in place should anyone wish to make a complaint.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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?

Requires improvement 

Some aspects of the service were not safe.

Risks to people's health and welfare were not well managed.

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.

People's medicines were managed safely.

People were protected from the risks of abuse.

People were protected by robust recruitment procedures.

People's needs were met by ensuring there were sufficient staff on duty.

Is the service effective?

Requires improvement 

Some aspects of the service were not effective.

People's healthcare needs were not always well met.

People benefited from staff that were trained and knowledgeable in how to care and support them.

People were supported to maintain a balanced diet.

People were asked for their consent before staff provided personal care.

People were supported by staff who displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards act, which had been put into practice.

Is the service caring?

Requires improvement 

Some aspects of the service were not caring.

People's privacy was not always respected, but all personal care was provided in private and people's dignity was maintained.

People's abilities meant they were not always able to be involved in making decisions about their care.

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

Is the service responsive?

Good 

Some aspects of the service were not responsive.

People's care plans were person centred but had limited input from people, due to their abilities.

People were supported to maintain positive links with family and friends.

Summary of findings

There was a system in place should people wish to complain.

Is the service well-led?

Requires improvement

Some aspects of the service were not well led.

There were no effective quality assurance systems in place to monitor care and plan on-going improvements.

Records were well not maintained.

People benefitted from an open and positive culture with the service.

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 was 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 17 February 2015 and was unannounced. The inspection team consisted of two Adult Social Care (ASC) inspectors.

Before the inspection we gathered and reviewed information we held about the 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 spoke with the four people using the service, but due to their learning disabilities they were not able to fully answer our questions. We also spoke to four support staff, the registered manager and the service (deputy) manager for the service. Following the inspection we spoke with one person's advocate, three health care professionals and one member of staff from the local authority who had commissioned some placements for people living at the home.

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

Requires improvement

Is the service safe?

Our findings

Not all risks to people were being managed safely.

One person had been assessed as being at risk of choking. There was conflicting information on their care plan and it was difficult to find the most up to date information with regard to the type of food they should receive. The most recent information stated the person should receive type D or E food (pureed or mashed) depending on their health each day. One member of staff said they, as senior staff would make the decision on what type of food should be given. However, two members of staff were unaware of the type of food the person was to receive that day. This meant the person was at risk of receiving the wrong type of food and increased their risk of choking.

Some other risks to people had been assessed and updated. For example, we saw that one person's behaviour in the service's vehicle had changed and had increased the risks to themselves and the driver. Their risk assessment and guidelines on how to manage their behaviour in the vehicle had been updated. Which showed us the increased risk was being managed appropriately.

People were not completely protected in the event of an emergency. Information on how to safely evacuate people from the building was not readily available. This meant staff did not have the necessary information on how to safely evacuate people should an incident such as a fire occur. There was an 'Emergency' folder that contained important telephone numbers and information such as where the gas tap was. Staff had received first aid training and there were first aid boxes around the home and in the vehicles. All equipment was serviced regularly.

There was a list of accidents and incidents which showed the accidents and incidents had mostly involved one person. Outside professionals had been involved in the person's care and this had led to a decrease in the accidents and incidents.

People were protected from the risks of abuse. Staff demonstrated a good knowledge of different types of abuse. They told us how they would recognise abuse, and what they would do if they suspected abuse was occurring within the service. They said initially they would tell the service manager or the registered manager. Staff knew they could also contact the police or the local safeguarding people teams. There was a list of contact numbers displayed in the office. Staff had received training in safeguarding people. The registered manager was aware of their duty to report any allegations of abuse to the local authority safeguarding teams.

People were protected by robust recruitment procedures. The registered provider had a policy which ensured all employees were subject to the necessary checks which determined that they were suitable to work with vulnerable people. The three staff files we looked at contained all the required information including references and criminal records checks.

Prior to our inspection we had received concerns about the behaviour of two staff. We had asked the registered provider to investigate the concerns as the local safeguarding team had indicated this was appropriate. The registered provider had thoroughly investigated the concerns and this had resulted in action being taken to protect people.

People were not able to fully answer all of our questions, but some were able to give short answers. Others indicated their answers by nodding or shaking their head or smiling or not. People indicated they felt safe and they approached staff throughout the day, smiling and laughing.

People's needs were met by sufficient numbers of staff. There were three staff on duty all day plus the service manager, registered manager and cleaner. Staff told us there was never a time when people's needs couldn't be met. Each person had some individual time with staff each day. This was usually spread throughout the day, so that people had regular bursts of individual attention.

There were sufficient numbers of staff available to take people out as they wished.

A health professional told us they thought there was always enough staff on duty. They went on to say that when they visited, the registered manager always made sure there were extra staff on duty to speak with them, so that staff numbers available to care for people were not reduced.

People's medicines were managed well and were stored safely and appropriately. For example, there was a separate fridge for medicines that needed to be stored at low temperatures. Medication Administration Record (MAR) sheets showed that medicines had been signed in, dated and amounts received recorded appropriately. Medicines no longer in use had been returned to the pharmacy

Requires improvement

Is the service safe?

appropriately. The MAR sheet had been signed after each dose of medicine had been given. Each MAR sheet had a photograph of the person attached to the front sheet. This minimised the risk of medicines being given to the wrong person. Information also included a laminated guide to the medicines each person had been prescribed, the reason why and possible side effects.

Requires improvement

Is the service effective?

Our findings

People's health care needs were not always well met. One person had been assessed as having an eye condition that required regular eye washes. There was no care plan in relation to this need and no evidence that the person was receiving regular eye washes.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans were very large documents, contained some confusing information and had not been regularly reviewed. For example, one person's file contained three different sets of guidelines on minimising their risk of choking. The oldest document was at the front of the file and the most recent document was at the back of the file. One person's risk assessments for the vehicle and fire were due to have been reviewed on 31 October 2014, but there was no evidence this had happened. This meant that staff may not have the most up to date information about people's needs.

Daily records were confusing with information written in different places which could make it appear action had not been taken. For example, one person's notes stated that they were 'little unresponsive', 'vommitted' (sic) and 'rash on back and belly'. There was no evidence on these notes that action had been taken. However, the person's health care notes showed that action had been taken and GPs had visited the individual.

People's weights were not always monitored sufficiently well. People were not weighed regularly despite care plans indicating this should be the case. One record showed the person had been weighed weekly during December 2014, with their weight decreasing throughout this time. The records did not indicate any action had been taken. However, the registered manager told us that a referral had been made to a GP and dietician, food supplements had been prescribed and the person's weight had now stabilised.

Comprehensive information had been recorded in relation to involving other health care professionals in people's care. For example, psychiatrists, GPs, epilepsy nurses, podiatrists and dentists had been consulted. There was information from a Speech and Language Therapist (SALT) that stated staff should 'fill my glass to the brim and use narrow drinking vessels'. Staff took great care to ensure this guidance was followed, and gave the person a very full narrow glass of liquid that they watched the person drink. One health professional told us staff had always followed up on their requests such as ensuring blood tests were completed.

People were supported to receive a balanced diet with sufficient to eat and drink. People were offered plenty of snacks and drinks through the day. People had lived at the home for many years and staff were aware of their likes and dislikes. Staff also prepared meals and menus were drawn up using people's preferences. Alternatives were available if people didn't like what was on the menu and special diets were provided if needed.

People received care and support from staff who had the skills and knowledge to meet their needs. Staff had received a variety of training including moving and transferring, infection control, epilepsy and safeguarding adults. There was a system in place to identify when any training was due to be updated. Staff training had been updated to reflect that as people had got older, their needs had changed. For example, staff had received training in dementia awareness. Staff were careful to speak slowly and calmly and gave people time to process any information. Staff were aware of people's communication methods and knew what each person's movements and words indicated.

One health professional who had trained staff in a particular area said that staff had always followed their instructions. Another health professional said they had found staff to be very aware of people's needs and felt they had the skills to meet them.

Not all staff had received training on the Mental Capacity Act 2005 (MCA). However, staff did have an understanding of the principles of the act and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where

Requires improvement

Is the service effective?

relevant. Staff told us that people would indicate by their behaviour if they did not want or like something. However, they may not be able to consent to more significant decisions, such as medical treatment.

Where people were not able to make significant decisions, an assessment of the person's capacity to make the decision had been undertaken. If the person was assessed as not having the capacity to make the decision other people were involved to determine what decision would be in the person's best interest. This procedure had been followed where one person needed to have blood taken to monitor their health, but was frightened of needles. Staff had tried to help reduce the person's fear of needles and medication had been prescribed to help relax the person. Staff told us that the person was still ultimately able to refuse to have the blood taken. This demonstrated staff understood the principles of the MCA and consulted relevant people, where appropriate, to make a decision in the person's best interests.

The MCA also introduced a number of laws to protect individuals who were, or may become, deprived of their liberty in a care home. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and in a person's own best interests. There has been a recent change to the interpretation of the deprivation of liberty safeguards and the registered manager was aware of the need to make appropriate applications to the local authority in order to comply with the changes. This was because the external doors to the home were kept locked to restrict people from leaving the home on their own. When people indicated they wanted to go out, staff were available to escort them.

People were offered choices and asked what they wanted to do throughout the day. People were asked what they wanted to eat, where they wanted to sit and if they wanted to go out. People were asked if it was alright for staff to provide personal care. Staff respected people's choices. One person who had chosen to go out for a coffee was taken out by staff.

Requires improvement

Is the service caring?

Our findings

People's privacy was not always respected. Everyone had their own room and the doors had locks on them. However, staff said the locks weren't used as people often went back to their own rooms and would not be able to use a key. One person sometimes walked in to other people's rooms and took items. Staff said this was not a problem as they always put the items back. It had not been recognised that this may not respect people's privacy.

People's dignity was upheld. All personal care was provided in private and staff took care to ensure people's appearance was clean and tidy and that their hair was combed. People were treated with respect and as individuals. Staff enabled people to maintain as much independence as possible and offered choices throughout the day. Staff listened to people and supported them to express their needs and wants.

Three people had lived at the home for over 25 years. People could not answer detailed questions but we saw that good positive relationships had been formed between staff and people. People said staff were "nice" and "friendly" and they "look after me". All interactions between staff and people were positive and caring. Staff treated people with kindness and genuine affection. People moved freely around the home and greeted each other in a friendly manner.

One person's advocate told us that they had known the person for many years when they had lived in other places. They said "Deanbrook is the first place they have ever called home". They also said they "had nothing but praise for the staff". The advocate said that they felt the care the person they visited received was "excellent". They went on to say "If I was in [X] position I would like to live here, if I had to score it I would say eleven out of ten!"

A health professional told us that they had visited many times over several years and had found that staff knew people and their needs very well. They said they thought staff were very interested in the people they cared for and said "It is a home ..looks and feels like one".

People's abilities were such that they could not fully participate in planning their care, but staff knew them very well and had taken advice from family and friends about the person's preferences. One person's advocate said they had been involved in planning care and that the staff always kept them fully informed of any changes to the person's needs.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Good

Is the service responsive?

Our findings

Care plans were person centred but had limited input from people. The registered providers had started to introduce a new care planning system that used technology to enable people to be involved in care planning whatever their abilities. An ipad had been purchased in preparation for the use of the new system. Current care plans had been drawn up using information from family and friends that knew people well. The plans included details of how the person wanted their care provided and also included reference to the encouragement and support required. The care plans included information about what the person could do for themselves to maintain their independence. Care plans included documents called 'behavioural guidelines for managing behaviours which could be challenging'. These were comprehensive and included guidance on managing situations in cafes, restaurants, pubs, when going to bed, at mealtimes and on waking. There was good information for staff on how to respond to, manage and prevent incidents.

People had lived at the home for many years and staff knew people's care needs well. They were able to describe people's needs and how they liked them to be met. Staff told us that one person had started to refuse a shower and staff discovered this was because the person felt unsafe in the shower chair. Staff had offered the person a bath, using a hoist to transfer in and out and staff said the person was now happy to have a regular bath.

There was good interaction between people and staff. For example, staff discussed with one person where the person wanted to go on their next holiday and spoke positively about previous holidays. Plans for the day were made including discussions about where they would be going. The person went out to a local café as had been planned earlier in the day.

Each person had a daily timetable that indicated how they were to spend their day. Each person had regular individual time with staff. Staff engaged positively with people throughout the day. Some people were assisted out into the community and outside into the garden as they chose. Staff spent time chatting with and playing games with other people.

When we arrived one person was sat in the lounge and had a pot of coffee and mug on a tray near to them. Staff told us this was because the person liked to be able to pour their drink themselves. This showed us that staff supported people to maintain their independence.

One person had been to watch Plymouth Argyle as they loved football. Staff said they wanted to watch football on TV all the time and DVDs had been purchased to enable them to do this. The person spent some time during our inspection watching DVDs in their bedroom, and some other time in the lounge with staff.

There was a 'Deanbrook café' which was a shed in the garden. Staff told us this had been introduced as one person particularly enjoyed going out to cafes and often wanted to go when they were closed. Staff took the person to the Deanbrook café when they wanted to go out, but other café's were not open.

People's needs had changed over the years as they have got older. In response to changing needs the home had installed ramps, hoists and low profile beds to assist people with their mobility needs. Staff had also received training in caring for people with dementia.

One person's advocate told us they were able to visit at anytime and that staff always made them welcome.

The registered manager told us that there had only been four people living at the home for some time. This was because they had been careful to ensure anyone who came to live in the home would not disrupt the lives of the people already living there. This told us that the registered manager put the people living at the home first and ensured only people who would get on with people already there would be admitted.

The registered manager told us they had not received any complaints for many years. There was a system in place should anyone wish to make a complaint.

Requires improvement

Is the service well-led?

Our findings

There was no formal quality assurance system in place. The registered providers had visited the service on a regular basis. However, there was no evidence they had undertaken checks on the quality of the care being provided at the service for over 12 months. Following the inspection the registered provider sent us information showing that Havencare participated in the PQASSO system for assessing care. However, this was a system for assessing Havencare as a whole company and not Deanbrook as an individual service.

The service manager had recently produced an action plan to address some shortfalls. Items identified as needing action included staff training that needed updating and that water temperatures were to be recorded each month. Issues that we had identified during the inspection were not part of the plan. For example, the issue of one person going into other people's rooms, lack of clarity about one person's choking risk and that one person did not have a care plan to prevent the risk of eye infections had not been identified.

The environment and medicines were the only aspects of the home that were regularly audited. One environmental audit had identified a missing panel on a wheelchair, which had been replaced.

The way records were kept and analysed had led to one person's health needs not being met. A lot of recordings were made, including daily notes and those relating to accidents and incidents. However, there was no analysis of the records which meant that relevant information was not identified and could not be used to improve the care people received.

Records were not well maintained. The registered manager and service manager could not find all the records we requested. For example, they could not find people's emergency evacuation plans.

This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that the registered provider had recently sent out questionnaires to people involved with the home. The responses would be sent to the registered provider who would produce an action plan based on the responses received. The registered manager told us that a new system of assessing the quality of the care provided was being introduced. This would look at the areas assessed by CQC.

The registered manager and service manager were open and approachable. They dealt with staff and people living at the home in a professional manner. One health professional told us staff were very keen to have outside professional advice and actively encouraged their involvement.

Staff told us they were able to make suggestions that were acted on and used to develop the service. For example, a domestic had been employed for 15 hours each week in response to staff requests. This meant staff were able to spend the time with people they would have spent cleaning. Staff had suggested the 'Deanbrook café' and trying a motor racing DVD for one person rather than just football. Staff told us they received regular supervision and felt well supported to do a good job.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **People's health care needs were not being met.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **There was no system in place to regularly assess, monitor and improve the quality of care being provided.**