

# Stepping Stones Resettlement Unit Limited

## Dean Grange

### 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?

**Outstanding** 

Is the service responsive?

**Good** 

Is the service well-led?

**Good** 

### Overall summary

This inspection took place on 12 December 2014 and was unannounced. The previous inspection of the home was on 11 October 2013. There were no breaches of the legal requirements at that time.

Dean Grange provides care and accommodation for up to five people with a learning disability. 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.

People at the home told us they felt safe and could talk to staff if they had any concerns. Staff had been checked to ensure they were suitable to work with people.

Staff had a good awareness of safety and the risks to people. They took action which reduced the risk of people being harmed and which protected their rights. People had support from staff with their medicines and these were being managed in a safe way.

People had support from staff which helped them in different areas of their lives. This included help to arrange check ups and appointments so that people maintained good health. People had individual plans which provided

# Summary of findings

good information about their needs and the support that had been agreed. Staff received training and followed procedures so they were competent in the tasks they carried out.

Staff were aware of the Mental Capacity Act 2005 in relation to mental capacity and helped people with making decisions. Choice was being promoted and information had been produced in ways which made it easier for people to understand it. Menus, for example, included photographs of the meals and people told us they could choose what meals they wanted.

People were treated with respect and in a caring way by staff. Staff helped people to maintain good relationships and to have a comfortable and well decorated home environment.

People took part in activities they enjoyed. They liked having 'one to one' time with staff when they could choose what to do, such as going shopping. People had meetings together when they could talk about the day to day arrangements and resolve any issues.

People benefited from a service that was responsive to their needs. There were systems in place for monitoring the service and for identifying where improvements could be made.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People told us they felt safe and there were enough staff to provide the support they needed. Staff had been checked to ensure they were suitable to be working at the home.

Safety was discussed with people and action taken by staff which reduced the risk of people being harmed. Staff followed procedures which meant people were safeguarded from abuse and their rights were protected.

People received the support they needed in order to manage their medicines safely.

Good



### Is the service effective?

The service was effective. People were supported by staff in ways which promoted their independence. Staff received training and guidance which helped them to do their jobs well.

People had individual plans which set out the support that had been agreed and how staff were to provide this. Their rights were protected because staff acted in accordance with the Mental Capacity Act 2005.

Staff were well informed about people's needs and helped people to maintain good health. People enjoyed the meals and received advice from staff about healthy eating.

Good



### Is the service caring?

The service was caring. People were treated with respect by staff and able to make choices about their daily routines.

Staff had helped people to create an interesting and comfortable home environment. People were well supported to maintain contact with their family members.

People had the opportunity to pass on their views about the home. Meetings were held which helped to ensure that people got on well together. Information for people was well presented using photographs.

Outstanding



### Is the service responsive?

The service was responsive. People were part of the local community and took part in activities they enjoyed.

People's needs were kept under review to ensure they were receiving the right support. They had the opportunity to raise any concerns and these were being followed up.

Good



### Is the service well-led?

The service was well led. The management and staff team understood the aims of the service and put these into practice. People's independence and involvement in the community was being promoted.

Systems were in place for checking the home to ensure good standards were maintained.

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 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.

An inspector carried out this inspection on 12 December 2014. The inspection was unannounced.

Prior to our visit we reviewed the information and notifications we had received about the service. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with four people who lived at Dean Grange. We also spoke with a staff member and with the home's deputy manager (referred to as 'staff' in the report). We looked at three people's care records, together with other records relating to their care and the running of the service. These included staff employment records, audits, and quality assurance reports.

# Is the service safe?

## Our findings

People told us they felt safe living at Dean Grange. They said they could talk to the staff or to a manager if they had any concerns or worries.

The staff spoke knowledgeably about how they maintained a safe service and reduced risks to people. This included an understanding of abuse and the correct action to take if they were concerned about a person being at risk of harm. Staff had received training in safeguarding and there was a written procedure to follow. In the staff meeting minutes, we saw that scenarios relating to people's safety and wellbeing had been discussed. This helped to ensure that staff were well informed about the action to take to protect people from harm in different situations.

Staff told us there was a 'no restraint' policy in relation to how people's behaviour was managed. They said the priority was on making the environment safe for people, rather than restricting a person's movements. We saw that people had individual plans which provided guidance for staff about how to respond to changes in people's behaviour. This helped to ensure that staff supported people in a safe and consistent way.

Action was being taken to identify hazards within the home. The staff member described a range of health and safety checks that were carried out on a daily, weekly and monthly basis. These included tests of the fire alarm system and a general assessment of the condition of the home environment. The staff told us that a senior manager with responsibility for health and safety also undertook spot checks in the home.

Risks to people's safety when out in the community had been assessed. The risks, and the strategies in place to reduce these, had been recorded so all staff were aware of how to support the person. We also saw that trips out were being planned with information recorded which would

help in the event of an untoward event such as the person going missing. These arrangements showed people were assisted to take part in activities that promoted their independence in a safe way.

One person told us they felt safe because there were staff present in the home. Records and the feedback we received showed there was a flexible approach to the staffing arrangements. At least one staff member was on the premises at all times when there was someone at the home. Additional staff were deployed to provide one to one support and at times when more people were in the home, such as the late afternoon and evening. People said this provided a safe level of staffing and the opportunity for people to receive individual support on a regular basis. We saw that staff were readily available to support people and to meet their needs.

Procedures were in place to ensure staff were safe to be working with people. We looked at employment records in the home and received information from a human resources manager who overviewed the staff recruitment process. A range of checks had been undertaken on staff before they were able to start working in the home. For example, references had been obtained and information received from the Disclosure and Barring Service (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with adults.

People received support from staff with their medicines to ensure they were managed safely. One person told us the staff made sure they had "taken the right tablets" and said they liked staff to be involved as they felt it was safer for them. There were suitable facilities in place for the safekeeping of medicines. We saw records which showed that people received their prescribed medicines at the correct times. A stock record was kept which helped to ensure any discrepancies in the quantity of medicines being kept would be promptly identified.

# Is the service effective?

## Our findings

People said the staff helped them in different areas of their lives. They told us they liked the 'one to one' time they had with staff when they could choose what to do. During the inspection, for example, one person chose to go out shopping with a staff member. People felt that the staff had got to know them well and had a good understanding of their needs. They told us they were encouraged to be independent, with support with personal care being provided through prompting and encouragement.

The staff were knowledgeable about people's needs and the areas in which support was required. They described people's preferred routines and how they liked to be supported. They felt competent to carry out the tasks expected of them and said they received the support they needed. We were told that staff and the management team received training in a range of subjects that were relevant to their roles. One of the staff said their role included supervising staff and they had received training in connection with this.

We saw records which showed that staff had received training in the Mental Capacity Act 2005 during November 2014. The staff knew how this legislation applied to people at the home. They said they supported people by ensuring they had good information and the time they needed to make decisions. We were told for example that, with this support, one person had been able to make a decision about whether to undergo a particular procedure at hospital.

People's capacity to make decisions was reflected in their records. They had signed consent forms to confirm their agreement to receiving support, for example with medicines and with having health check ups. People had individual plans which set out the care and support they received. They had signed the plans to confirm their agreement to the contents.

Staff had also received training in the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in

their best interests to do so. The staff were aware of developments in 2014 which affected the criteria for making an application under the DoLS. They said people's individual situations had been reviewed and this had confirmed that applications under DoLS were not needed. We were told it had been an opportunity to consider whether people's liberty was being restricted in any way in the home. The staff said that, as a result, the door to the laundry room was no longer kept locked.

People's individual plans included a lot of detail about their strengths and needs and how they wished to be supported. The plans helped to ensure people received care and support in a consistent way which met their needs. Other records showed that people were receiving support to stay healthy and to use health services. Each person had a health action plan which set out how their health needs were to be met.

People told us that staff helped with arranging health appointments and accompanied them on visits. Their contact with health professionals such as GPs and dentists had been recorded to confirm that routine check ups had taken place and to provide information about the outcome.

People's weight was being regularly checked as part of the support they received from staff. Staff said that advice was given to people about healthy eating, while respecting their right to make choices about what to eat. One person had recently started walking more and attending swimming sessions; staff said this increase in exercise had been agreed with the person following a gain in weight.

The staff said people were able to eat their meals independently and that nobody was at risk of poor nutrition. A menu plan for the week's meals was displayed in the kitchen. Photographs had been used to add interest and to show what the meals consisted of. People told us they enjoyed the meals and were able to choose what was included on the menu, or to have an alternative to the planned meal. One person, for example said that fish fingers had recently been added to the menu at their request and they were able to have an alternative to curry when this was on the menu.



# Is the service caring?

## Our findings

People told us they liked living at Dean Grange and got on well with the staff. We observed a lot of friendly and good humoured conversation between people during the inspection. Staff spoke with people, and about people, in a respectful way. They explained to people the purpose of our visit to the home and clearly answered people's questions. Staff told us the approach taken by the staff team was to encourage people to feel that Dean Grange was their own home and that staff were guests in the house.

People had been consulted about the decoration of the home and asked for their ideas about the lounges and dining rooms. For example, people had suggested having a fish tank in one of the lounges and this had recently been acquired. People had a choice of sitting rooms which were well decorated and furnished. One room was available as a quiet area and another had a large television which people said they enjoyed. Both rooms looked comfortable places to spend time in. Staff told us people took pride in the home environment and helped to keep it in a good condition.

One person told us that one thing they liked about the home was being able to have their paintings on display. The paintings were well displayed in a lounge and hallway. We heard from the staff how being able to contribute to the home in this way had made the person feel valued and proud of what they had achieved. The paintings fitted in well with the modern and co-ordinated décor in these areas of the home.

People had their own rooms which they could personalise and furnish as they wished. One person who showed us their room told us they had enjoyed going out with staff to choose the furniture. They said they had received a lot of support to have the room as they wanted it.

People had the opportunity to pass on their views about the service on a regular basis. House meetings were held when people talked about things together and had support from staff to resolve any issues. They were also a means for people to agree 'house rules' and to decide on the day to day routines. From the minutes of the most recent meeting in November 2014, we saw that a range of topics had been discussed. This included the arrangements for Christmas

and people had been asked for their views about decorating the home and the meals they would like to have. At the time of our visit there was a well decorated Christmas tree in place and people said they were looking forward to the festive period. They told us they had received support from staff with buying presents.

People received support from staff to maintain contact with their relatives. One person, for example, told us they had recently travelled to visit family members in another part of the country, accompanied by a staff member using one of the home's vehicles. People's records included a lot of information so staff were aware of their significant relationships and family backgrounds. We also saw that people were sharing information with relatives in the form of personalised newsletters that were sent out from the home.

Other information had been recorded to give a comprehensive picture of people's interests and their preferred routines. This helped to ensure that staff supported people in a personalised way which took account of their different needs. Staff told us people did not have significant needs in relation to any religious and cultural considerations at the present time.

A range of information was provided to the people who used the service. People had meetings to review their needs. The reports of the meetings had been produced with photographs and were very well presented in the form of a spiral bound book. Photographs had been well used in other information such as an activity planner. We saw advice and guidance which had been produced in formats which made it easier for people to understand. This included information about mental capacity, safeguarding and making a complaint. People told us that staff also spent time with them individually to explain these subjects and what they meant.

Staff told us that a recent development had involved staff discussing 'end of life' care with people. Information had been recorded and this showed that the subject had been raised with people in a sensitive and individual manner. Staff had talked to people about the different ways in which people can be remembered when they die and what they would choose in terms of the practical arrangements at that time.



# Is the service responsive?

## Our findings

People took part in a variety of activities during the inspection. One person, for example, was attending a college course. Some people spent time at a nearby day facility which was run by the provider. One person commented that one of the best things about living at Dean Grange was that they "get to go out."

There was information in people's records which showed the different ways they occupied themselves during the week. People went out into the local community on a regular basis. Some people's activities provided them with work experience or helped them to develop new skills. People told us, for example, they were learning about catering and using computers.

People said the staff helped them to arrange social events and to do things they enjoyed. This included going to a snooker club each week and having trips to the pub. We were told that social activities were talked about at the monthly house meetings, and outings and entertainments arranged which people could choose to take part in. We saw an 'activity planner' which had been produced for December 2014 with information about the events which had been arranged for that month.

People said they liked spending time with their keyworkers. These were staff members who had particular

responsibilities in relation to supporting people and providing them with one to one support. One person commented that they liked going out with their keyworker and doing "special things" with them.

People met with keyworkers on a monthly basis to assess their needs and discuss any changes in the support they received. We saw information about this in people's care records. Records showed that staff were observant of changes in people's health and wellbeing and had followed these up. Reports were being written on a daily basis about people's care and welfare. This ensured good information was available when people's care and support needs were being reviewed.

Annual review meetings were taking place when people talked about current circumstances and their wishes for the future. Good information had been obtained in preparation for the meetings. The GP, for example, had contributed with a report about the person's health needs and how well these were being met. These arrangements helped to ensure that changes in people's needs were identified and responded to appropriately.

People told us they knew how to make a complaint and had been given the information they needed. People's records included information about concerns that had been raised and how these had been followed up. We saw, for example, that one person had raised a grievance which had been resolved through discussion at a house meeting. People also had the opportunity to pass on their views in surveys and at meetings.



# Is the service well-led?

## Our findings

Information produced by Stepping Stones Resettlement Unit Limited showed the organisation had clearly identified aims as a provider of social care. There were specific aims for the organisation's residential services such as Dean Grange. These focussed on achieving some key outcomes for people, such as being as independent as possible and being part of the local community.

We found that the provider's aims were being put into practice at the home. People told us they went out into the community and were becoming more confident in doing new things. They said they were independent within the home, for example by taking responsibility for domestic tasks and being able to make their own decisions. The staff said an aim of the home was to help people to develop as individuals. We were told "Promoting independence is the key factor" and "We try and involve people, not do things for people."

The feedback we received from people showed they felt well supported by the registered manager. We were told the registered manager was friendly and worked in a 'hands-on' way. Arrangements were in place to support staff, such as regular supervision sessions and team meetings. This helped to ensure staff members developed their practice and there was good communication between the management and staff team. The minutes of team meetings showed that policies and procedures were discussed so that staff worked in a consistent way.

Records were being well maintained and presented. Incident forms, for example were completed with body

maps used to provide a clear record of any noticeable marks on the person. There was learning from incidents, in the form of discussion at staff meetings so that staff were aware of the actions to take to prevent a reoccurrence.

Arrangements were in place for checking the quality of the service. There was a system of monthly audits which involved checking different aspects of the service. These included the management of medicines and the completion of people's care records and risk assessments. This helped to ensure that any shortcomings were identified promptly.

Other checks were being undertaken and action plans produced where improvements were found to be needed. We saw, for example, that some refurbishment and maintenance works had been planned. The provision of training was being monitored to ensure staff were up to date and had completed the training that was expected of them.

We also heard about planned developments which would enhance the home and provide people with new opportunities. These included creating a smallholding within the grounds. People already looked after chickens and the smallholding would provide an additional interest for people.

A monthly overview report was produced which provided a summary of the standards being achieved and any significant events affecting people at the home. Staff told us this was seen by the chief executive officer. This meant that the provider was kept up to date with developments affecting the home and people's care.