# 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

This unannounced inspection took place on 4 April 2018. Deanbrook is a small residential 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Deanbrook is registered to provide personal care and support for up to six people with learning disabilities. Deanbrook does not provide nursing care; people living there would receive nursing care through the local community health teams. At the time of the inspection there were three people living at the home.

At the last inspection, the home was rated Good.

At this inspection, we found the home remained Good.

Why the home is rated good.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

The home continued to provide safe care to people. The registered manager and staff understood their role and responsibilities to keep people safe from harm; protect people from any type of discrimination and ensure people's rights were protected. Staff were available when people needed assistance and had been recruited safely.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff demonstrated the principles of the MCA in the way they cared for people. Where people did not have the capacity to make certain decisions the home acted in accordance with legal requirements. Applications for DoLS authorisations had been made to the local authority appropriately.

Care plans were well-organised and contained personalised information about the individual person's needs and wishes. Care planning was reviewed regularly and whenever people's needs changed. People's care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted.

Risks in relation to people's care and support were assessed and planned for to minimise the risk of harm. People were protected from the risks associated with unsafe medicine administration because medicines were managed safely.

People were cared for and supported by staff that were kind, caring and treated them with dignity and respect. Some staff had worked at the home for many years. Staff and people knew each other well and we saw kind and friendly interactions between them. People were supported to make choices about how they wished to be cared for and staff supported their independence. Records showed that people were supported to take part in a variety of activities, both in and out of the home.

The home was safe, clean and well maintained and equipment had been serviced regularly to ensure it remained in safe working order.

People's bedrooms were personalised to reflect people's individual tastes. Staff supported people to keep in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time.

People benefitted from a home that was well led. Relatives and staff told us the manager was accessible, supportive and had good leadership skills. The home had an effective quality assurance system and shortfalls were identified and addressed.

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 home remains safe.

**Is the service effective?**

Good

The home remains effective.

**Is the service caring?**

Good

The home remains caring.

**Is the service responsive?**

Good

The home remains responsive.

**Is the service well-led?**

Good

The home remains well led.

# 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 home, and to provide a rating for the home under the Care Act 2014.'

This unannounced comprehensive inspection took place on 4 April 2018. This meant the provider did not know we were coming. One adult social care inspector and an expert-by-experience carried out this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care home. The expert-by-experience for this inspection had experience in the care and support of people living with learning disabilities who may also have complex care needs. They spent time with people and staff to gain their opinions and views of the home.

Prior to the inspection, we reviewed the information we held about the home. This included previous inspection reports and statutory notifications we had received. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law.

During the inspection, we spent time with all the people living at the home as well as two relatives; three staff members and the registered manager. We asked the local authority who commissions services from the home for their views on the care and support given.

To help us assess and understand how people's care needs were being met, we reviewed two people's care records. We looked at the medication administration records and systems for administering people's medicines. We also looked at records relating to the management of the home: these included three staff recruitment files, training records, and systems for monitoring the quality of the services provided.

We used elements of the short observational framework for inspection tool (SOFI) to help us make judgements about people's experiences and how well they were being supported. SOFI is a specific way of observing care to help us understand the experiences people had of the care at the home.

Good

# Is the service safe?

## Our findings

The home continued to provide safe care to people. People living at Deanbrook at the time of the inspection used a variety of different methods to communicate their needs and wishes. Because we were not able to ask people if they felt safe, we spent time with people observing how they interacted with each other and staff. We saw people were relaxed and comfortable with the staff who supported them and people seemed happy to be in their presence. Relatives told us they did not have any concerns about people's safety.

People were protected from the risk of harm and abuse. Staff attended safeguarding training to enhance their understanding of how to protect people. Staff told us what action they would take if they suspected a person was at risk of abuse and had a good understanding of their role in protecting people from harm. Staff demonstrated they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

People's care plans contained detailed risk assessments and clear guidance for staff on how to ensure people's safety was maintained, while encouraging people to be as independent as possible. Assessments included information on circumstances that may cause people to become anxious and advice on how people preferred to be supported if they were feeling upset. Where risks to people had been identified in relation to specific health conditions such as epilepsy. Protocols were in place to guide staff as to the appropriate action to take should the person have a seizure. This helped to ensure that people were being supported safely and consistently.

Safe recruitment processes protected people. Systems were in place to ensure staff were recruited safely, and were suitable to be supporting people. We looked at three staff files, which showed a full recruitment process, had been followed, including obtaining disclosure and barring service (police) checks. Staff told us there was always enough staff to assist people with their personal care needs and to support people to take part in activities they enjoyed. Throughout the inspection, we saw staff had time to spend with people and when people needed assistance they did not have to wait.

People received their medicines when they needed them and in a safe way. People's medicines were stored, administered and disposed of appropriately and securely. Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way. Records confirmed staff had received training in safe medicine practice and their competencies to administer people's medicines were checked by senior staff regularly.

Where accident and incidents had occurred these were recorded, including information about the time, location and who was involved. This was so the registered manager could review the information and take appropriate action to reduce any re-occurrence. The home had arrangements in place to deal with foreseeable emergencies. There was a business continuity plan, which contained information on the action to be taken in events such as fire, flood, severe weather conditions, and/or loss of power.

The home was clean, well maintained and there were no unpleasant odours. There was an on-going programme to re-decorate people's rooms and make other upgrades to the premises when needed. Staff were aware of infection control procedures, and had access to personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection.

Good

# Is the service effective?

## Our findings

The home continued to provide people with effective care and support. People were supported by skilled and knowledgeable staff that knew them well and could meet their needs. Relatives told us their loved ones were well cared for, and they had confidence in the staff supporting them.

Records showed new staff undertook an induction, which followed the Care Certificate framework. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. The induction included a period of working alongside more experienced staff until they had developed their skills sufficiently to support people living at the home. There was a comprehensive staff-training programme in place and staff confirmed they received regular training in a variety of topics. These included first aid, infection control, moving and handling, food hygiene, and safeguarding. Specialist training included palliative care [care of people who are at the end of their life] and positive behaviour support (PBS). PBS is a person-centred approach to people with a learning disability who display or at risk of displaying behaviours, which may challenge others. There were systems in place to support staff, which included regular one to one supervision and annual appraisals. Staff told us they felt supported by the manager and had access to regular training when needed. One staff member said, "There lots of training and it's really good."

People who lived at Deanbrook were living with a learning disability, which potentially affected their ability to make some decisions. We checked whether the home was working within the principles of The Mental Capacity Act 2005 (MCA). Records showed that staff had undertaken regular training to help ensure their knowledge remained current and appropriate. Discussions with staff and our review of records showed that staff knew and understood their responsibilities regarding the MCA. 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). The registered manager had identified that some aspects of people's care and support were potentially restrictive for instance, constant supervision and had made the necessary applications to the local authority's DoLS team to authorise those restrictions.

People were supported to maintain good health. People's care plan contained a health action plan that set out how their health care needs were to be met. Where changes to people's health or wellbeing were identified, records showed staff had made referrals to relevant healthcare professionals in a timely manner. For instance, records showed where people had needed the specialist advice from their GP or district nurse referrals had been made. People were supported to maintain a healthy and balanced diet. Meals times were relaxed, social occasions were people and staff engaged whilst enjoying their meals. Staff supported people to make choices at meal times with the use of picture cards and other visual aids. People who needed assistance from staff to ensure they ate and drank enough to maintain their health had their food and fluid intake monitored. Records showed specialist advice had been sought in relation to people's nutritional needs. For example, where people required a soft or modified diet, this was being provided. Meals were nicely presented and we saw each food item was processed individually to enable people to continue to enjoy the separate flavours of their meals.

Good

# Is the service caring?

## Our findings

People had lived at Deanbrook for many years and knew each other well. Because people were unable to share verbally with us their experiences of the care provided. We spent time observing the way in which care and support was provided. We found there was a relaxed and friendly atmosphere within the home; staff knew people well and had an in-depth understanding of their individual likes, dislikes and personal preferences.

Staff spoke fondly about people with kindness and compassion. Staff knew how each person liked to be addressed, people responded well to staff and we observed a lot of smiles, laughter, and affection. There was genuine warmth between staff and people they supported. Relatives told us people were happy and well looked after. One relative said, "All the staff are kind and caring and I know [person's name] is well looked after". Another said, "The staff are lovely, nothing is too much trouble." Staff told us they enjoyed working at the home. Comments included "it's a really good place to work" and "We work well as a team." One staff member said, "I had only agreed to one shift as I wasn't sure it would be for me, but really enjoying it and have now been here for 20 years and love it."

People's right to privacy and dignity was respected and promoted. Staff continued to speak about and with people in a compassionate and respectful manner. They understood why it was important to respect people's dignity, independence, privacy and choices. One staff member said, "it is important that I promote and protect people's privacy and dignity, they rely on me to do this for them as they are not always able to recognise when this is compromised."

Support plans were person centred and written in a range of formats including symbols, pictures, and words to help each person understand their care and support needs. Support plans were personalised and contained clear information about what each person could do for themselves and how staff should provide assistance. Staff told us people were not always able to take an active role in planning their care. Staff understood people needs and wishes well. Staff explained that people were at the centre of the care planning process and they always considered their needs and fully involved relatives and advocates when planning their care. Records we saw confirmed this.

Staff told us how they supported people to be as independent as possible, and recognised it was important that people were able to gain new experiences and take risks. For example, we saw one person had been provided with a specially adapted chair and a range of other mobility aids, which greatly increased their independence and reduced their reliance on staff for support. Throughout the home, we saw range of adapted equipment and handrails, which supported people to maintain their independence.

People had unrestricted access to their bedrooms and were able to spend time alone if they chose to. People were supported to decorate their bedrooms how they wished and staff recognised the importance of people's family and friends. Relatives said they were able to visit the home at any time and were always made to feel welcome.

Good

# Is the service responsive?

## Our findings

The home continued to be responsive to people's needs. Care and support plans were personalised and gave information about people's likes and dislikes as well as their care and support needs. Care plans described what was important to people. What people were able to do for themselves and how staff should offer support. For example, one person's care plan described what they liked to do, "going out to cafes, garden centres and shopping."

We asked staff to tell us about how they supported people. They described people's care needs well. Staff gave us examples of how they had provided support to meet the diverse needs of people living at the home including those related to disability, gender, ethnicity, faith and sexual orientation. For example, supporting people to attend their local church or maintain relationships. Each person's support plan contained important information about people who mattered to them as well as information about people's backgrounds and histories. This gave staff the opportunity to understand a person's past and how it could influence who they were today and support people to maintain their personal relationships.

Where people had been identified as needing support to manage long-term health conditions, for instance epilepsy, we saw the staff had sought specialist advice and support plans provided staff with information on how to recognise signs and symptoms that would indicate the person was becoming unwell and what action staff should take. Staff we spoke with were able to describe how they supported people during these times. People were supported at the end of their life to have a comfortable, dignified and pain-free death. We reviewed people's care records relating to their end of life care wishes and preferences. Where people had chosen to have this conversation, their end of life wishes had been recorded. Records showed where the registered manager had worked closely with GP's, palliative care team and the local hospice to ensure people had rapid access to support, equipment and medicines as necessary.

The manager was aware of the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment, or sensory loss. All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. CQC have committed to look at the Accessible Information Standard at inspections of all homes from 1 November 2017. People's communication needs were clearly recorded as part of the home's assessment and care planning process. This information was then used to develop communication plans, which indicated people's strengths, as well as areas where they needed support. For example, each person had an individualised 'Communication plan'. These contained sections entitled 'How to understand me' and 'How to help me understand you'. This helped to ensure people's communication needs were known and met.

The home had a policy and procedure in place for dealing with any concerns or complaints, which was made available to people and their families. Relatives told us they were aware of how to make a complaint and felt able to raise concerns if something was not right.

Although people may not be able to raise concerns directly. Staff told us they would recognise if people were unhappy and would bring this to the attention for the manager, relatives or advocates immediately.

Good

# Is the service well-led?

## Our findings

The home continues to be well led. There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People were at the centre of the home and there was a culture of openness and honesty. Staff spoke with people and each other in a respectful and kind way. Staff knew about the vision and values of the organisation that was based on 'personalisation'. Supporting people to reach their full potential and achieve the quality of life that most people would want for themselves. The home provided surroundings that were homely, supportive and understanding. Staff spoke passionately about their work and the people they supported and were proud of people's achievements. One member of staff said, "I have the best job."

The management and staff structure provided clear lines of accountability and responsibility. Staff knew who they needed to go to if they required help or support. There were systems in place for staff to communicate any changes in people's health or care needs to staff coming on duty through handover meetings. These meetings facilitated the sharing of information and gave staff the opportunity to discuss specific issues or raise concerns.

The home had an effective quality assurance system to assess, monitor, and improve the quality of the services provided. These included a range of audits and spot checks, for instance, checks of the environment, medicines, care records, accidents and incidents. Where issues had been identified for example, updating/ uploading risk assessment, action plans were generated and we saw action had been taken to make improvements. Record showed the provider's area manager visited the home regularly to monitor people's wellbeing and how the home was being managed.

We found that people's care records had been well maintained and amended as people's needs changed. Records relating to other aspects of the running of the home such as health and safety maintenance records were accurate and up-to-date. The registered provider had in place a large number of policies to underpin homes quality and safety.

The registered manager maintained their own professional development by attending regular training and keeping themselves updated with best practice. For example, they had recently completed positive behaviour support (PBS) training.

The registered manager had notified the Care Quality Commission of significant events, which had occurred in line with their legal responsibilities. They were aware of their responsibilities under the Health and Social Care Act 2008, Duty of Candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.