

## Dearnevale Health Care Limited

# Dearnevale

### Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Dearnevale is a care home providing personal and nursing care to up to 44 people, some of whom have a range of complex needs. The service specialises in care for people with neurological disabilities, brain injury, stroke and enduring mental ill health. The home provides care over four units and in one adjacent 'one-care' service. One-care offers extended pathways of care, providing a more independent home for people who have met rehabilitation goals and enabling them to return gradually to life in the community, or those who can live independently with support nearby, or for people who require an individual care environment. There were 42 people living at Dearnevale at the time of the inspection.

### People's experience of using this service and what we found

People were treated with the utmost kindness and compassion. Without exception staff were highly motivated and used positive, encouraging language, eye contact and tactile communication where needed with all the people they cared for. People's diversity was respected and there was no evidence of any discriminatory practice at the home. Service user led meetings resulted in extremely positive impacts on people. People at the home, their family and friends, where appropriate, were involved in all discussions and reviews of care. People said their dignity was unfailingly respected and observations supported this. A relative commented, "[Relative] is looked after with the utmost dignity." People's independence was positively promoted at all times.

Staff demonstrated a high level of knowledge of each person who lived at the home. Extra training had been provided for staff around specific diseases, to ensure they had the correct, high level of skills and knowledge to meet the needs of each individual. Assistive technology was widely used to aid communication and ensure maximum involvement in all aspects of daily living.

Visitors were warmly welcomed at the home. People were fully supported to maintain relationships and to follow their interests and hobbies. Staff supported people to achieve their full potential and fulfil their own goals and objectives in very creative ways. Concerns or complaints were dealt with efficiently and honestly. People's wishes for the end of their lives were respected.

There was a very clear culture of absolute respect and kindness within the home, emanating from every member of staff and led by a visible and supportive management team. Staff demonstrated a high level of pride in the service and their roles within it and spoke with enthusiasm and passion about their work.

The service actively and positively participated within the local community. For example, the home had run an after school club one day per week last year. This had been a tremendous success and the service was intending to repeat the experience in the near future.

People felt safe at the service and systems were in place to help ensure their safety. Appropriate risk assessments were kept in people's care files. Staff were recruited safely and there was a consistent staff

team who had worked at the home for long periods of time. Staffing levels were sufficient to meet the needs of the people living at the home. There were safe systems in place for managing medicines and staff completed regular medicines training.

Thorough pre-admission assessments were completed and care plans included a range of health and personal information. Staff were supported with a thorough induction and a comprehensive on-going training programme. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last inspection was in April 2015 (published 7 July 2015) and we rated the service as good. There was an inspection in November 2017 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

#### Why we inspected

This is a planned re-inspection because of the issue highlighted above.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

# Dearnevale

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector and a specialist advisor who was a nurse.

#### Service and service type

Dearnevale is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

### During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with the regional director of operations, the registered manager and six members of care staff. We also spoke with a visiting professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two more professionals who regularly visit the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the inspection on 7 April 2015 this key question was rated as good. At this inspection this key question was rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse by appropriate systems and processes at the service. People said they felt safe. One person said, "I feel safe, they [staff] respond very quickly." A professional visitor told us, "We are always made to sign in to help ensure people's safety."
- Staff completed regular safeguarding training and were aware of how to recognise and report any concerns.
- Any concerns were logged and responded to appropriately.

Assessing risk, safety monitoring and management

- Appropriate risk assessments were kept in people's care files. Some of the clinical risk assessments were excellent, others lacked a little detail. The service was in the process of improving the records to ensure they all included the same high level of detail.
- The service acted on any risks identified immediately. For example, if there was an issue with skin integrity this was quickly identified. As a result, there was no one at the home with any pressure areas.
- Health and safety records were complete and up to date and all required certificates were in place.

Staffing and recruitment

- Staff were recruited safely and files included all the relevant documentation and checks.
- Staffing levels on the day of the inspection were sufficient to meet the needs of the people living at the home.
- Rotas confirmed consistent staffing levels and many staff had worked at the home for a long time. A professional who made regular visits to the service told us, "There is always a visible presence of staff both around the corridors and in the communal areas and they always seem to be interacting with the residents."

Using medicines safely

- There were safe systems in place for managing medicines and staff completed regular training to keep their skills and knowledge current.
- Staff administered medicines competently and all required documentation was completed accurately and checked regularly.

Preventing and controlling infection

- Policies and guidance were in place around infection control. The home was spotlessly clean and there were no malodours detected around the premises.
- Staff completed infection control training and wore appropriate personal protective equipment, such as

plastic gloves and aprons, when required.

Learning lessons when things go wrong

- Audits were carried out regularly, issues identified and actions completed.
- The results of the audits were sent to head office on a monthly basis, where they were analysed for any patterns and trends. These were then addressed with appropriate actions to help improve care provision.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the inspection on 7 April 2015 this key question was rated as good. At this inspection this key question was rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Thorough pre-admission assessments were completed and care plans included a range of health and personal information.
- A summary of people's identified needs and links to relevant care plans ensured staff were able to meet people's needs appropriately.
- All care plans and reviews were discussed and agreed with the individual and their comments recorded.

Staff support: induction, training, skills and experience

- Staff were supported with a thorough induction and a comprehensive on-going training programme, including supplementary specialised training in many areas.
- Less experienced staff were supported by senior staff and the service supported staff members with their professional development, for example, giving protected study time for those accessing nurse training.
- Staff supervisions and group supervisions were carried out regularly.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with nutrition and hydration. Mealtimes were individual and people's choices around food and drink were respected.
- Particular dietary needs were catered for and people were encouraged and supported with information around healthy eating.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health was monitored and specialist support accessed as required.
- Staff regularly worked with other agencies and professionals to help ensure joined up care. One professional said, "Staff are proactive in identifying problems and referring to different community support as required."

Adapting service, design, decoration to meet people's needs

- The premises were clean, uncluttered and pleasant. There were a number of communal rooms and people's bedrooms were furnished with their own belongings.
- There was a pleasant outdoor area which was easily accessible for people with restricted mobility.

Ensuring consent to care and treatment in line with law and guidance

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. 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were asked for verbal consent whenever any support was offered. Care files included documentation around consent and agreement.
- People's capacity was recorded and appropriate mental capacity assessments were in place. There was evidence of best interests decisions where people lacked capacity.
- Information about DoLS authorisations was complete and up to date and included guidance for staff on techniques to be used to encourage people to remain at the home if they attempted to leave.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the inspection on 7 April 2015 this key question was rated as good. At this inspection this key question was rated as outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported;

- We observed caring and compassionate interactions and people said they were treated with the utmost kindness and love. One person said, "I am very happy here. It is a lovely place, a very supportive family". Another told us, "I don't like this place, I love it. I've got a new family." A relative said, "You don't feel like you are in a home, it is home from home. The staff are more friends than carers."
- The home had a tangibly happy, positive atmosphere, with laughter, compassion and kindness witnessed in each and every interaction. Without exception staff were highly motivated and used positive, encouraging language, eye contact and tactile communication where needed.
- Professional visitors to the home all spoke positively about the care. One professional told us, "The staff are caring and go that extra mile and have made a huge difference in so many of the people's lives and the lives of their families that I can't thank them enough." The professional gave an example of when staff had supported a family to make lovely memories together, prior to their loved one dying.

Respecting equality and diversity

- People's diverse and individual needs were totally respected at all times. The home had been involved with a local university project around understanding how to support people to express sexuality and manage relationships. As a result of this new policies were written and a new training programme was being developed. The first focus group was set up for 18th March 2020.
- From discussions with people, the service identified that many felt they missed and wanted friendship rather than a sexual relationship. A friendship campaign was the result, linking with the service's sister homes to promote positive relationships and lasting friendships. This had involved evenings out and a pen pal project.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to be involved in all decision making. Service user led meetings, to discuss goals and progress towards them had resulted in extremely positive impacts on people. For example, one individual felt taking ownership of their meetings had given them back control of their life and a level of independence, which was hugely important to them.
- The service had also been part of an oral hygiene project. They had been proactive in supporting people to take responsibility for their own oral hygiene, devising creative ways to involve and engage people with the process.
- People at the home were involved with interviewing potential new employees. One person who had recently been involved in this had felt were listened to and their views acted on. This had made them feel

they were a supremely valued and legitimate part of the recruitment process.

- People at the home, their family and friends, where appropriate, were involved in all discussions and reviews of care. A professional commented, "Family members are made to feel very included in the home and I have only ever had positive feedback from them."

Respecting and promoting people's privacy, dignity and independence

- People said their dignity was unfailingly respected and observations supported this. One person said, "They keep my dignity always." A relative commented, "[Relative] is looked after with the utmost dignity."
- There were five dignity champions at the home. Their role was to lead on all dignity issues, keep the dignity profile high and lead on any projects. Coffee mornings were facilitated by the dignity champions to give people the chance to discuss what dignity meant to them, and how they would like to be treated.
- People's independence was promoted. For example, some people were supported to shop for and prepare their own food and the kitchen areas had adjustable height work surfaces to promote people's independence. This helped them feel more self-sufficient and less dependent on staff.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the inspection on 7 April 2015 this key question was rated as good. At this inspection this key question was rated as outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was completely person-centred. A professional visitor said, "Care is centred around the person rather than routine and each resident that I have reviewed have had their needs met around their preferences and wishes."
- Staff demonstrated an excellent level of knowledge of each person who lived at the home. For example, they were able to explain the of caring for one person who had specialist equipment and extremely complex medical needs.
- Staff had been supported to gain knowledge and skills about specific diseases, such as Huntington's Disease. This equipped them to meet people's particular needs, with a high level of skill. The home also had strong links with a specialist Huntington's Disease nurse, who provided consistent advice and support.
- The service had responded to the loss of a person in the community with sepsis, by ensuring staff had the correct skills to detect the early signs. There were information packs on all the units for staff to access if required. A professional visitor told us, "The staff are very responsive to things needing to be done. If I give someone a treatment plan when I check next time things have always improved. They support the person and I see them flourish."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service were able to meet people's different communication needs. One way they did this was by supplying information in different languages and formats.
- The service encouraged and supported people with the use of technology, such as skype, to keep in touch with family and friends. This impacted positively on people's general mood and feeling of well-being.
- Assistive technology was widely used to aid communication. For example, some people had computers or tablets which allowed them to change TV channels and use the call bell. Others had spell boards or tablets which had some key phrases. People were thus able to actively and meaningfully participate in conversations and reviews of care and support.

Supporting people to develop and maintain relationships to avoid social isolation

- Visitors were warmly welcomed at the home. A guest room was available for family members to stay in, to

facilitate visits when they had a long way to travel or wanted to stay overnight.

- The home welcomed visitors from local religious establishments and supported to attend church if they wished. The home hosted coffee mornings with the parishioners from the local church. A professional visitor commented, "The team always appear enthusiastic and forward thinking in developing community links to support social inclusion."
- People were supported to maintain relationships. For example, one individual, with very complex needs, had been supported to visit and spend quality time with a family member who was nearing the end of their life. The service had overcome the practical challenges to facilitate the visit, which had had a profoundly positive effect on the individual.

Support to follow interests and to take part in activities that are socially and culturally relevant to them

- Meaningful and person-centred activities helped build people's feeling of self-worth. Joining with the wider community, for example, war veterans at the service being supported to participate in the local Remembrance Day celebrations, had a significant, positive impact their well-being.
- Staff supported people to achieve their full potential and fulfil their own goals and objectives in very creative ways. Impact statements were completed about the positive benefits of people's chosen occupations. Outcomes such as better self-esteem, more confidence and acquiring new skills were amongst the results recorded.

Improving care quality in response to complaints or concerns

- There were lots of opportunities for people to air their feelings, make suggestions or discuss concerns. For example, there were quarterly residents' meetings and regular meetings with the sister homes, where two service user representatives attended on behalf of Dearnevale. This meant complaints were rare at the service.
- Any complaints the service did receive were logged and responded to appropriately. Any themes or patterns were identified by head office and used for learning and improvement.

End of life care and support

- Appropriate advance care plans were in place, setting out people's wishes for when they were nearing the end of their lives.
- The service had counsellors available to assist people with looking at issues around end of life care and support. Staff collaborated closely with the local palliative care team and had been part of 'dying matters', raising awareness and facilitating discussions around death and dying.
- Staff had various levels of training in end of life care, and were trained to use a syringe driver, a system for delivering medication at a constant rate through a small plastic tube under the skin. This enabled people to remain at the home, if this was their wish, when they were nearing the end of their lives.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the inspection on 7 April 2015 this key question was rated as good. At this inspection this key question was rated as outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a very clear culture of respect and kindness within the home, emanating from every member of staff and led by a visible and supportive management team.
- There was a values board within the home, setting out the service's ideals and principles. Regular discussions and friendly competitions took place between staff to test their knowledge of the values. This helped fully embed the values throughout the workforce.
- Staff demonstrated a high level of pride in the service and their roles within it and spoke with enthusiasm and passion about their work. One staff member said, "My job is all about making each day count. We build skills and confidence."
- A professional visitor said, "Dearnevale is an excellent home (and my go to home if I could have one). It never causes me any problems despite the complexity of the needs of those that they take." They went on to comment that despite the hereditary nature of certain conditions, they felt relatives would be reassured by the meaningful and happy lives people living with these conditions were supported to live at the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had displayed the previous ratings as required by CQC.
- The registered manager demonstrated a direct and candid approach and offered a number of avenues for people to raise any concerns or make suggestions.
- Complaints and concerns were dealt with honestly and openly.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure at the home and staff felt extremely valued and appreciated. The home had not needed to use any agency staff for over 12 years and there were no current nursing or care vacancies. This ensured a consistent and knowledgeable staff team were in place.
- Relatives told us, "Brilliant management. You can talk about anything", and, "Manager is lovely. She deals with any concerns within an hour." A professional told us, "The manager is very knowledgeable about the service users and is very aware of people's needs."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were the 'bright Ideas' meetings which included both staff and people at the home. Examples of people's ideas being put into action were evidenced in the form of a talent show for people and staff, which had been staged at Christmas and an upcoming Easter celebration.
- A 'you said, we did' board in the reception area, outlined suggestions made that had led to changes within the service. For example, the service had responded to a request for healthy eating meal planning and preparation with a discussion group, and facilitation of a cooking session and a group meal.

#### Continuous learning and improving care

- A number of audits and checks were in place to help facilitate continual improvement to service provision. Any issues were identified and addressed with prompt actions and good practice was noted and acknowledged.
- Accidents, incidents and complaints were monitored and analysed via head office to look at and address any patterns or trends.
- Service user surveys took place annually. In the most recent survey 25 people had taken part and 100% were happy with the care, felt safe and listened to. A comment from the survey read, "Dearnevale is my family. I enjoy working with the staff to achieve goals and promote my independence."

#### Working in partnership with others

- The service could evidence a significant amount of partnership working. As well as the oral hygiene project and the sexual expression work, the service had been working with another local university on a 'neuro care know how' project. This was to develop training packages to assist care staff working with individuals living with neurological disabilities.
- The staff and people who lived at the home interacted with their neighbours and accessed many of the local amenities. For example, their parties were held at a local club, they used the local library and participated in the local remembrance ceremony.
- Community links were excellent. For example, a group of people from the home participated in litter picking which was an initiative of the local authority. All found this enjoyable, and inclusive, and one person in particular stated they enjoyed it so much because it made them feel they were working.
- People had participated fully in an initiative to run an after school club one day per week last year. The children who attended were given a light tea, made by people who lived at the home. The children and people then did craft projects together. This had been a great success and the service was intending to repeat the experience in the near future.