iMap Centre Limited

Danebank

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 inspection was carried out on 6 and 7 August 2018 and was announced on both days.

Danebank is a '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. The home can accommodate up to four young adults with a learning disability. There were two people living at the home time of our inspection.

The home has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.'

The home has a registered manager. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered provider had safe recruitment systems in place. All directly recruited and agency staff had completed an induction. All staff had undertaken mandatory training in accordance with best practice guidelines. Staff received on-going support through staff handovers and team meetings. Staff told us they felt well supported.

People had their needs assessed before they moved into the home and this information was used to create individual person centred care plans and risk assessments. These documents included clear guidance for staff to meet individual people's needs. People's needs that related to age, disability, religion or other protected characteristics were considered throughout the assessment care planning process.

Staff had developed positive relationships with the people who lived at the home. We saw that people's privacy was respected and their independence was promoted. We observed many positive interactions between staff and the people living at the home throughout our inspection.

The registered provider had safeguarding policies and procedures in place that staff were familiar with. All staff had received training and were able to describe what abuse may look like in the process they would follow to raise any concern.

Medicines were ordered, stored, administered and disposed of in accordance with best practice guidelines. The registered provider had medicines policies and procedures in place that all staff were familiar with. Staff had all risk received training in medicines administration and had their competency regularly assessed.

People's food and drink needs were met and clear guidance was in place for staff to follow to meet people's specific dietary needs. People's food likes and dislikes were clearly documented.

People living at the home engaged in activities of their choice both within the home environment and the community.

The registered provider had audit systems in place that were consistently completed. The audit system identified areas for development and improvement within the home.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and report on what we found. We saw that the registered provider had guidance available for staff in relation to the MCA. Staff had undertaken training and demonstrated a basic understanding of this. The registered provider had made appropriate applications for the Deprivation of Liberty Safeguards (DoLS). Care records reviewed included mental capacity assessments and best interest meetings.

There was a clear complaints policy and procedure in place that relatives knew how to access and they felt confident to raise any concerns they had. This document was available in an easy read and pictorial format.

Policies and procedures were available for staff to offer them guidance within their role and employment. These were regularly reviewed and updated by the registered provider.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was Safe.

People's medicines were ordered, stored and administered by trained and competent staff.

Risk assessments were in place that identified and mitigated the risks to people's safety and well-being.

Systems were in place to reduce the risk of abuse. The registered provider had a policy and procedure in place the safeguarding people from abuse which staff understood.

Is the service effective?

Good

The service was Effective.

People received appropriate support to meet their individual food & drink requirements.

People's rights were protected by staff who had received training and had knowledge of the Mental Capacity Act 2005.

Staff had received up-to-date training to ensure they had the right knowledge and skills to meet people's needs.

Is the service caring?

Good

The service was Caring.

Staff understood the importance of privacy and dignity, this was respected and promoted.

Positive relationships had been developed between staff and the people living at the home.

People were supported by staff that were kind, caring and patient.

Is the service responsive?

Good

The service was Responsive.

People's care plans were individual and person centred and included clear guidance for staff to follow.

The registered provider had a complaints policy and procedure that was available in easy read and pictorial formats.

People were supported to access activities of their choice.

Is the service well-led?

Good

The service was Well-Led.

The registered provider had up-to-date policies and procedures in place to support and guide staff.

Audit systems were in place for continual development and improvements to be identified and addressed.

The home had a manager who was registered with the CQC. They notified the CQC as required of incidents that may affect the service.

Danebank

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 and 7 August 2018 and was announced. The registered provider was given 48 hours' notice as we needed to be sure that someone would be available during our visit.

The inspection was carried out by one Adult Social Care inspector.

Before our visit, we reviewed all information we had in relation to the service. This included notifications, comments, concerns and safeguarding information. Visit involved looking at to care plans and other records such as staff recruitment files, training records, policies and procedures as well as the complaints file.

Prior to the inspection we contacted a number of organisations for their views on the service. These included the local authority quality monitoring team and the local safeguarding team. We received no concerns.

During the inspection we observed the two people who lived at the home. People were able to give us brief comments in relation to the support they received. We also used their responses to the staff team to make a judgement on the quality of the support they received. We spoke to four members of staff, one of which included a senior member of staff, the registered manager and also the new manager for the service. We looked at the environment, medicines management systems, four staff recruitment and training files, to care plan files that included risk assessments and other records that related to the management of the home.

Good

Is the service safe?

Our findings

People living at the home were unable to give us a direct account of their experience; we observed that people appeared comfortable and relaxed with staff. Relative's comments included "[Name] is safe and well" and "[Name] is definitely safe and secure."

The registered provider had safe recruitment practices in place. Recruitment records held fully completed application forms, references from up-to-date employers and a disclosure and barring check (DBS). The staffing consisted of a mix of directly recruited staff and agency staff that were being introduced on temporary to permanent contracts. They were able to demonstrate continuity by using the same staff regularly.

Policies and procedures were in place for the management and reporting of safeguarding concerns. All staff had undertaken training in safeguarding adults from abuse. Staff were of the aware of their responsibilities in relation to safeguarding the people they supported. Staff were able to describe the different types of abuse, signs and symptoms to be aware of and the clear process for reporting any concerns they had.

Individual risk assessments were in place where areas of risk had been identified. These documents highlighted specific areas of risk that included physical health, mental health, mobility, self-neglect, personal care and continence. A risk management plan was in place for each area of risk identified and gave clear guidance that included the level of intervention required for staff to follow to mitigate the risks to people. Risk assessments were in place for people to access specific chosen activities within the community that included visiting the local swimming pool and going ice skating. This meant staff provided safe care and the correct level of intervention relevant to each person.

Medicines were ordered, stored, administered and returned in accordance with best practice guidelines. We found stocks were correct and records were accurately completed. PRN 'as required' medicines protocols were in place that offered clear guidance to staff. Room temperature checks were undertaken regularly by staff and clearly recorded. All staff had received training and up-to-date competency assessments were in place. People's care plans described the level of support each person required with their medicines. This meant people received their medicines as prescribed.

A system was in place for the recording of accidents and incidents. All documents were reviewed were fully completed and very detailed. The registered manager identified steps that could be taken to minimise future risks. An analysis was undertaken to identify any trends or patterns.

Health and safety checks were regularly undertaken and recorded. These included monitoring of hot and cold water temperatures, PAT testing, water flushing and equipment checks and servicing. Gas and electrical certificates were in place and up-to-date. A fire risk assessment was in place and up-to-date. Fire safety checks were consistently completed and all people living at the home had a personal emergency evacuation plan (PEEPS) in place that described the level of staff intervention required to support them to evacuate the building in the event of an emergency. A 'grab file' was in place that held all essential

information required for any emergency event.

Staff used personal protective equipment (PPE) when undertaking personal care tasks to prevent the spread of infection. Staff had all received training and fully understood the importance of infection control procedures to protect themselves and the people living at the home.

People's care plan files held contact details for relatives, GP and other healthcare professionals to be contacted in the event of an emergency. All staff spoken with told us they had access to a member of the management team through the 'on-call' process all times. This meant that the event of an emergency, staff has an appropriate person to contact without delay.

Good

Is the service effective?

Our findings

People were unable to give us a direct account of their experiences with staff however they responded positively to all staff interactions observed. Relative's comments included "Staff have a good understanding of [Name]", "Staff are skilled and knowledgeable" and "Some of the staff are very experienced."

Records showed that all staff had completed an induction at the start of their employment or when they joined the home from an agency and had all completed shadow shifts until they felt competent in their role. Staff told us that the shadow shifts gave them an opportunity to understand the requirements of their role and get to know the people they supported. All staff had received regular probation meetings throughout their probationary period. We reviewed these records and saw the areas for development and improvement had been highlighted and traditional support and training put in place as required. Staff told us they had a very supportive management team.

We reviewed the training records for all staff and found that they had all completed mandatory training to undertake their role. Topics included moving and handling, health and safety, fire prevention, equality and diversity and emergency first aid. The registered provider shared with us their schedule for refresher training updates which took place throughout the year. This meant people received support from staff had up-to-date knowledge and skills.

All staff had undertaken SCIP behaviour training. SCIP is a whole approach to working with adults with a learning disability. It follows the positive behaviour support model and it's focus is on proactive methods to avoid triggers that may lead to a person to present behavioural challenges to get their needs met. One person had a positive behaviour support plan in place that included how the person may present and gave clear guidance to staff about how they should respond when the person presented with behaviours that may challenge. All events had been clearly documented and reviewed to identify any areas of learning and development for staff.

People were supported by staff to maintain their health and well-being with the support of a wide range of community healthcare services. The registered provider worked closely with local GPs, district nurses and occupational therapists. Each person had a 'Hospital Passport' that was used when attending hospital so that doctors and nurses would know all about the person and the way they liked to be treated.

People were supported to eat and drink in accordance with their assessed needs. Staff supported people with the preparation of all food and drink. People were included in the preparation of their weekly menu and alternatives were always available should people change their mind about their preference. One person required their food to be cut into small pieces in accordance with guidance put in place by the speech and language therapist. People's care plans included lots of information around their food preferences, likes and dislikes, the times they liked their food and particular crockery they liked to use. This meant people's food and drinks needs were met safely by staff that had the appropriate guidance available for them to follow.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be

deprived of their liberty and this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The home operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). Records showed that consent was sought in relation to care and treatment. Capacity assessments and best interest decisions were in place for people supported by a DoLS.

We observed that consent was gained from people on a regular basis during interactions with them. At all times we observed that the staff team informed people how they were to be supported, provided explanations but gained their agreement to the level of support offered. The communication needs of people were such that staff needed to focus closely on whether the person agreed or otherwise to the support that was being offered.

The home environment met the individual needs of the people living there. One person required durable furniture and a low stimulation environment. This was in place along with their television which was sunk into the wall and isolation switches were in place for water and electricity supplies. This ensured the person remained safe and still had full access to facilities and activities of their choice.

Good

Is the service caring?

Our findings

We saw through observation that people were relaxed and comfortable with the staff team and a positive and friendly rapport had been established. Relative's comments included "Some of the staff are lovely", "We have a good dialogue with the staff" and "Staff demonstrated a caring nature and were patient."

Staff demonstrated a good understanding of the people they supported who were living at the home. We observed staff consistently demonstrating patience and kindness. Staff were knowledgeable about people, their likes, dislikes and were able to positively interact with them. Staff were observed singing with one person and talking about topics important to them.

We observed some comfortable interactions between staff and people. We saw that staff understood each person's character and had got to know them well. Staff took a genuine interest in people and engaged them by using communication methods that were appropriate to each individual throughout their conversation.

People's care plans included information about their specific communication needs. One person had a delay in processing information and the guidance informed staff to allow at least 30 seconds for information to be processed. This person's guidance included their non-verbal communication, verbal as well as information about PECS and Makaton. PECS uses pictures and symbols as a means of communication. Makaton uses signs and symbols to help people communicate.

Information was available in different formats to meet each individual's needs. Pictorial and easy read documents were available to ensure people had information available to them in a format appropriate to their needs.

Independence was promoted wherever possible. We saw that staff encouraged people to be as independent as possible, by letting them do whatever they could for themselves even when this could take a while longer.

We saw that people were offered choice throughout each day and examples included; if they would like to go out for a walk, what would they like to wear, would they like a drink or snack or would they like to sit in the lounge or their bedroom.

Staff explained the importance of maintaining people's privacy and dignity at all times. We saw that staff knocked on people's doors and requested permission to enter their rooms before doing so. We saw that staff sought permission before undertaking any tasks and they did not rush people. This meant that staff promoted people's privacy and dignity.

People's records were stored securely in a locked office to maintain their confidentiality. Daily records and other important documentation was completed in privacy to protect people's personal information.

Good

Is the service responsive?

Our findings

During our visit people engaged in activities of their choice. One person chose to go out for a drive in the car and have an ice cream. The other person living at the home went for a walk with a member of staff and could be heard singing happily as they left and on their return. The inspector asked them if they had had a good time and they responded positively. One relative told us "[Name] goes out on activities regularly with staff" and another relative said "[Name] doesn't seem to get out enough although this has improved."

Care plans included comprehensive information about activities people enjoyed participating in within the home and out in the community. These included outings in the car, walking by the canal, ipad games, baking, watching DVDs and television programmes, visiting parents, and swimming. Guidance was in place for the number of staff people required to support them to participate in each activity and staffing levels accommodated this. One person used a daily planner that included photographs of the staff supporting them as well as the activities they were going to participate in.

People's individual needs were assessed prior to the moving into the home. Information from the assessment was used to prepare the care plans and risk assessments that formed each person's care plan file. People's needs in relation to equality and diversity were considered during the assessment process and included within the care plans. These needs included age, disability, religion and other protected characteristics.

Care plans were individualised and person centred. They were very detailed and held clear information for staff to follow about each person's individual needs and choices. Records showed these were reviewed regularly and updated as required. This meant staff had the most up to date information to support people.

Care plans included an 'All about me' document that included key information about each person. Information included that one person loved boats and aeroplanes, enjoyed going for walks, listening to music and watching DVDs. It stated that people thought the person was loving and affectionate, had an infectious smile and loved staff interaction. There was guidance for staff stating the person did not like to wait, had a good appetite and loved their snacks. It also stated that they needed a consistent approach when being supported.

The registered provider had a clear complaints policy and procedure in place stop relatives told us they knew how to raise a concern or complaint and their comments included "I feel confident to raise concerns" and "I know how to raise any concern or complaint and feel I would be listened to."

Good

Is the service well-led?

Our findings

Staff spoke positively about the management team and stated they were approachable and supportive.

The registered manager had been registered with the Care Quality Commission since August 2017. 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 a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered provider had effective quality assurance systems in place to assess and monitor all areas of the service. These included audits of care plans, accidents and incidents, health and safety, environment and medicines. Audits were undertaken daily, weekly and monthly by senior staff and the registered manager. Daily audits included health and safety checks to monitor the environment to ensure there were no slip, trip or hazard risks for staff or people. Weekly medicines audits were undertaken that included the review of medicine administration records (MARs) and individual medicine counts. Records showed areas for development and improvement had been identified and were promptly addressed. Following any medicines errors staff were retrained and their competency undertaken again. Staff told us that the management team were constructive and supportive when mistakes were made.

During the development of the home the registered provider engaged with their neighbours prior to the home opening. They explained the values of the service, the people they would be supporting and answered any questions or queries that their neighbours had. They continue to work closely with some of their neighbours when any concerns are raised.

Handovers took place daily to ensure that staff were up to date with any changes to people's needs. Two staff also undertook checks of medication, MARs, daily notes, health and safety checks, cleaning roster and medicines room temperature.

Team meetings had taken place regularly and we reviewed the minutes for these. Staff told us their views, suggestions and ideas were welcomed for the development of the home. Staff told us they felt confident to raise any concerns or worries as they knew they would be listened to and acted upon.

Staff spoke positively about their roles and demonstrated enthusiasm about making a positive difference to people's lives. Staff told us that the management team were approachable and they did listen to any concerns they had stop staff told us that they felt well supported and gave individual examples of support they'd received both professionally and personally.

The registered provider had policies and procedures available that were regularly reviewed and updated. They gave staff clear guidance in all areas of their work role and employment.

The registered provider had notified the CQC as required of incidents that may affect the running of the

service.