

Step Forward (Nottingham) Limited

Dovetail House

Inspection report

The Park
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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 took place on 15 May 2017 and was unannounced. Dovetail house is run and managed by Step Forward (Nottingham) Ltd. The service provides care and support for up to 20 people with mental health and learning disabilities resulting from brain injury. On the day of our inspection 10 people were using the service.

The service had a registered manager who was also the registered provider of the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Registered providers and registered manager 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. As well as a registered manager the service employed a home manager to manage the running of the service.

People who used the service were safe as the provider had systems and processes in place to protect them from risk to their safety. They were supported by suitably trained staff who had an understanding of their responsibility to protect people from abuse.

The numbers of staff were reflective of the needs of the people who lived at the service and the provider followed safe recruitment process when employing staff to ensure they were suitable to support people. People were supported to receive their medicine as they required them.

People were encouraged to make independent decisions and staff were aware of legislation to protect people who lacked capacity when decisions were made in their best interests. We also found staff were aware of the principles within the Mental Capacity Act 2005 (MCA) and had not deprived people of their liberty without applying for the required authorisation.

People's nutritional needs were well managed and people received the support they required. There was good collaboration between the staff and health professionals to ensure people's health needs were met.

People received care from staff who were kind and respectful and people were encouraged to contribute to the planning of their care.

People received individualised care from staff who know their needs. They were supported to undertake social activities of their choice and maintain relationships with people who mattered to them.

People who used the service, or their representatives, were encouraged to be involved in decisions and systems were in place to monitor the quality of service provision. People also felt they could report any concerns to the management team and felt they would be taken seriously.

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 were protected from potential abuse as there were systems in place to support staff if they recognised or needed to respond to any safeguarding issues.

The risks to people's safety was regularly assessed to ensure they received safe care and treatment

There was enough staff to meet people's needs and staff able to respond to people's needs in a timely manner. Safe recruitment processes ensured staff were suitable to provide safe care to people.

People received their medicines as prescribed and medicines were managed safely by staff with appropriate training and support.

Good 

Is the service effective?

The service was effective.

People were supported by staff who had received training and supervision to support them to perform their roles and responsibilities effectively.

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain a nutritionally balanced diet and fluid intake and their health was effectively monitored.

Good 

Is the service caring?

The service was caring.

People's choices, likes and dislikes were respected by staff who knew them well and people were treated in a kind and caring manner.

Good 

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence

Is the service responsive?

The service was responsive

People, or those acting on their behalf, were involved in the planning of their care when able and staff had the necessary information to promote people's independence and well-being.

People were supported to take part in a varied range of social activities within the home and the broader community.

People were supported to make complaints and concerns to the management team.

Good ●

Is the service well-led?

The service was well led.

People felt the management team were approachable and their opinions were taken into consideration. Staff felt they received a high level of support and could contribute to the running of the service.

There were robust systems in place to monitor the quality of the service.

Good ●

Dovetail House

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.

We visited the service on 15 May 2017, this was an unannounced inspection. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views. 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.

During our inspection we spoke with two people who used the service, two relatives, four members of care staff, the cook, two deputy managers and the provider. We looked at the care plans of three people and any associated daily records such as food and fluid intake charts. We looked at five staff files as well as a range of other records relating to the running of the service, such as audits, maintenance records and the medicine administration records for people.

Is the service safe?

Our findings

The safety of people who lived at the service was prioritised by the staff who cared for them. People we spoke with told us they felt safe. One person when asked what made them feel safe told us the staff made them feel safe. They told us, "They look after us." Relatives we spoke with had confidence in the staff and one relative told us the staff were trustworthy, another relative said, "I have not seen any problems and (name) has been here a number of years." Relatives had confidence the management team would deal with any safeguarding issues openly.

Staff received safeguarding training and were able to recognise the types of abuse people who lived at the service may be exposed to. One member of staff told us the training had been useful and had made them think about how they would deal with safeguarding concerns. The member of staff told us, "There are all kinds of things we need to watch out for. We have vulnerable people here it's our job to protect them." Staff were clear about their responsibilities towards the people they cared for and told us they would not hesitate to report any concerns to the home manager and if need be the local safeguarding team. One member of staff said, "Our manager would deal with things but I know I can go to you (CQC) or the safeguarding team."

The individual risks to people's safety were assessed when they first came into the service and reviewed on a regular basis to ensure the measures in place were still pertinent to their needs. People felt staff assisted them to remain safe. One person told us they required a stick to help them with their mobility which they sometimes forgot they told us staff always 'watched out' and reminded them to use it. One relative told us, "(Name) is safer here than anywhere else." They went on to tell us they had struggled to manage their relation's care safely and had seen staff provide care safely in a way they could not. Staff provided care to reduce the different risks people could be exposed to, they told us they were supported to do this with detailed and up to date information through their risk assessments.

One person with complex health needs was at risk of pressure damage due to their immobility. These risks had been assessed and measures had been taken by staff to reduce the possibility of tissue damage for the person. The information on how staff should manage the risks was clearly documented. The measures included regularly repositioning the person and the use of pressure relieving aids for them when they were sat in their chair or in bed. During our visit we saw staff following the guidance in the person's risk assessments and our discussions with them showed they used the information to give the correct care to the person.

A number of people required equipment such as a hoist to assist them to move from one place to another. Their plans clearly showed what equipment and the number of staff required to safely complete these manoeuvres. We witnessed staff using the equipment safely and confidently. Each person had been assessed to ensure their individual slings were of the correct size and their plan had guidance for staff on the correct fitting of the slings to ensure safe use of this equipment.

People could also be assured the provider worked to maintain a safe environment. The service employed a maintenance person who for example undertook regular fire alarm tests and checks on fire equipment as

well as regular maintenance work at the service. We saw each person had a personal emergency evacuation plan (peep) that would assist staff and fire fighters to safely evacuate them from the premises should the need arise.

People and their relatives we spoke with told us there were enough staff to meet their needs. One relative told us, "There always seem to be enough (staff)." Staff confirmed the staff levels met the needs of the people in the service. The deputy manager told us the staffing levels were reviewed regularly. They told us recently as some people's needs had increased the staff level had been increased to match these needs. They said, "We try to manage things so people get the care they need at the time they need it." The staff rota we viewed showed the established numbers of staff matched the numbers rostered.

We viewed five staff files and saw the provider had taken steps to protect people from staff who may not be fit and safe to support them. References from staffs' last employers and any gaps in employment had been discussed prior to employment. Before staff were employed the provider requested criminal records checks through the Disclosure and Barring Service (DBS) as part of the recruitment process. This service is used by employers to check if people had criminal records and the checks are to assist employers on making safer recruitment decisions.

People had their medicines administered by staff who had been appropriately trained in the safe handling of medicines. People we spoke with told us they received their medicines on time. One relative said, "I've seen them (staff) bring (name) their medicines, they know the safest way to give it to them."

We observed medicines being administered to people, the staff member followed safe practices and ensured each person took their medicines. Staff told us they received regular training to support them and had regular competency checks by one of the deputy managers. We saw medicines were stored correctly and records relating to administration and ordering were up to date. There were protocols in place giving staff clear information about as required medicines and staff we spoke with showed a good understanding of ensuring people who required medicines at particular times received them at those times.

Senior care staff audited people's medicines records daily to ensure all medicines were given, as there were some medicines that were administered by visiting district nurses. One of the deputy managers undertook regular medicines audits and we saw up to date records of these audits.

Is the service effective?

Our findings

People received care from sufficiently trained staff. Relatives told us they saw staff had the knowledge and skills to care for their relations safely. There was a structured induction programme for new staff and we saw one new member of staff being supported by more experienced care staff on the day of our inspection. The new member of staff told us they had been very well supported during their induction.

Other staff we spoke with told us the training they received was tailored to provide them with the skills they needed to undertake their roles. One member of staff told us they were all going through their mandatory update training. Another member of staff said, "We have face to face training in a group, its good, we get to discuss things." They told us the administrator organised the training sessions and there was a dedicated trainer who came in to provide this. The deputy manager also told us the service worked with health professionals to provide training on specialised subjects such as diabetes to assist staff with their understanding particular health conditions.

The provider had also funded some distance learning through a recognised collage. One of the deputy managers told us some staff had undertaken an infection control module and other staff undertook a module to support them with end of life care. Both modules provided staff with a nationally recognised qualification. The deputy manager told us the training had been beneficial for staff as they had brought up to date knowledge to the workplace to improve care for people. The deputy manager also told us the manager and provider were, 'very supportive' if staff had an interest in expanding their knowledge of particular subjects that would increase their skills to improve care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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 were supported by staff who had a good understanding of the MCA and were appreciative of people's rights to spend their time as they pleased and respected people's day to day decisions. One person we spoke with said, "Yes they (staff) always ask me what help I want, and I choose when I get up and the clothes I want to wear." Relatives we spoke with told us they felt the staff supported their relations to make independent decisions as far as possible.

One member of staff told us that most people who presently lived at the service were able to give consent to care. However the member of staff told us they always told people what they were doing before they started a task. Another member of staff said, "We keep talking to people." They told us they knew people's moods and routines, they said, "If they are not happy I would leave them and go back later."

Staff's knowledge of individuals' mental capacity meant they were able to apply the principles of the MCA to ensure people's freedom and choice were always considered. Staff discussed people's care files which had

records of mental capacity assessments and best interest meetings. They told us this gave them information on how they should support people to make their own decisions.

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. The application procedures for this in care homes are 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 authorisations to deprive a person of their liberty were being met.

We saw records to show people who lacked capacity had been assessed to identify if a DoLS application was needed. The service had a number of applications awaiting assessment by the local authority. We saw one application had been granted on a temporary basis and was awaiting further assessment. The person's care record gave staff clear information on the progress of the full DoLS assessment and how they should manage the person's care whilst awaiting the final decision.

People's individual nutritional needs were met and they were supported to eat and drink enough. People we spoke with told us they enjoyed the meals at the service and there was always enough choice if they did not like what was on the daily menu. The chef told us the menu was on a three week cycle and was changed three or four times a year. They told us they worked with the home manager and together they used the feedback from people to ensure their choices were on the menus.

The chef showed a good knowledge of which people required specialist diets. They discussed one person who received a pureed diet. The person attended a day centre each day for lunch so the chef liaised with the staff at the centre to ensure the person did not get the same meal twice in a day.

People who required support to eat their meals were provided with this. There was detailed information in people's care plans on how they should be supported. We also saw there was a file in the kitchen that contained everyone's dietary requirements. The chef told us this was updated if there were changes to people's diet. We saw staff monitored people to ensure they retained a healthy weight and when required they sought advice from the appropriate health professionals to assist them to manage people's nutritional needs.

People's health needs were managed well by the staff at the service. People and their relatives we spoke with told us the staff were quick to spot any health issues and obtain help to address them promptly. Relatives told us the staff were good at keeping them informed of any health issues their loved ones may have. Staff told us they felt confident in the shift leads to address any health issues they escalated to them. One member of staff said, "They are very quick to pick up on things we report to them. They are quick to get health professionals in." One of the deputy managers told us they had a good relationship with their local G.P. They said, "We have our own G.P at the local practice and we can telephone them with issues, they are very responsive." We contacted a number of health professionals to discuss the service's response to advice or guidance they were given by them. One health professional said, "Communication is very good and they always contact me if they have any concerns for my client. If I have needed to ring them they have always been available to talk to me."

People's care records had information for staff on people's particular health needs. For example there was information on particular medical conditions for individuals. We saw one person's record who was prone to a recurrence health issue. There was information for staff on the symptoms the person may have and what actions should be taken should this occur to ensure staff took swift action to manage the person's needs.

Is the service caring?

Our findings

People we spoke with told us they were happy with the way their care was provided. They told us staff were kind to them and knew them well. One person said, "Staff are lovely, really good to me." Relatives we spoke with were also complimentary about the staff and the way they treated their relations. One relative told us their loved one seemed very settled at the service and staff went the extra mile to ensure they were happy. The relative told us their relation had built good relationships with members of staff and when the relative visited they saw their loved one interacted in a relaxed and comfortable way with members of staff. The relative went on to say the staff were always pleasant to them when they visited and they got on well with staff.

Staff we spoke with told us they felt there was a caring culture among staff at the service. One member of staff said, "Some of us have worked here a long time and we care about these people." All the staff we spoke with felt the caring attitude in the service started with the management team and the provider and spread throughout the team. Our observations supported these comments. We saw a number of interactions among people and all of the staff groups who cared for them. For example staff took the time to talk with people throughout the day. Sometimes it was a five minute chat and other times staff undertook particular activities with people, reading to them or supporting them with some art work.

One member of staff regularly undertook fund raising events so people could have extra trips out on top of the normal social activities. The member of staff told us they enjoyed doing this they told us they felt the extra things improved people's quality of life. They said, "I feel people are happy here, they are well looked after."

All the interactions we witnessed between staff and the people they supported were relaxed and positive. Members of staff were able to discuss the different needs of the people they supported. One member of staff described how one person's communication needs had gradually altered during their time living at the service. They explained how the person spoke very softly and although they may appear not to be responsive at times, the person enjoyed staff sitting and talking with them. Another member of staff talked about how another person preferred their own space and valued some private time. They went on to talk about how one person really enjoyed singing popular songs whilst they received their morning personal care. It was clear through our discussions that staff had a good knowledge of the people they supported.

People were supported to personalise their own rooms as well as having input to how the communal areas were decorated. One member of staff told us that people's bedrooms were gradually being redecorated and each person had chosen how this was to be done. One person allowed us to view their room which had been decorated with items related to a particular artist they admired.

People also told us they had the opportunity to maintain relationships with their friends and families. They were supported to either visit their loved one or enjoyed private time with them at the service. Although there was no one at the service who had expressed wishes to follow any particular faith. One of the deputy managers told us they had supported people who had stayed at the service on temporary placements to

follow their chosen faith. They discussed how one person had enjoyed going to their place of worship and how this had been supported.

Where people required the use of an advocate we saw this had been facilitated by the service. An advocate is a trained, independent professional who supports, enables and empowers people to speak up. One of the deputy managers told us this service was being used by some people who lived in the home and the staff worked hard to ensure people got the support they needed to speak up about their care. They told us everyone was offered the service but a number of people declined as they had friends and relatives who they felt offered them support. We also saw there was information in the home about the availability of advocacy services.

People we spoke with told us they were treated with dignity and respect by the staff who cared for them. Relatives told us they saw staff treating people with care and respect. People could be assured their privacy would be respected. One person told us, "Yes staff help me in my bedroom and I always feel comfortable, they close curtains etc."

Staff showed a good knowledge of their responsibilities in maintaining people's privacy and independence and the information in the care plans supported them. The staff we spoke with had a very clear understanding of how to support people to ensure these needs were met. For example some people did not require help with personal care but may need a prompt or direction. One staff member discussed the importance of offering this support whilst not impinging a person's privacy and independence.

Is the service responsive?

Our findings

The people and their relatives we spoke with felt that they received the care and support they required and that it was responsive to their needs. One person said, "I think I get the care that suits me." Their relative echoed this comment when we spoke to them. They had been very happy with the support given to their relative, they told us their relative had been given support in the way they needed it. For example they said their relative had lost weight prior to coming to the service and staff were aware of the need to monitor their food intake. They said this had been discussed when the person had been admitted and their care plan developed with these issues highlighted. The relative felt staff were using the information successfully as their relative had gained weight and had improved their appetite. The care plans we viewed gave good accounts of the daily issues people faced. The different aspects of care for each person was recorded, clearly covering areas such as how to support someone with their particular mood changes, personal care or how best to communicate with them.

Staff we spoke with told us the care plans were accessible and contained up to date information on people's care needs in them. One member of staff told when different aspects of the care plans were changed they were told by the management team and encouraged to read the plan so they were aware of the changes. The member of staff said, "Yes we get chance to read the care plans, more in an afternoon." We saw the care plans were designed in such a way as to make the important information about people's care accessible. For example at the front of the care plan was a health diary, this was a document that accompanies the person should they need hospital admission or if they went on home visits. As well as the document having the person's health needs recorded, it also contained information on how the person communicated to assist health professionals communicate with them in a way that suited them.

There were systems in place to involve people in the development of their care package and ongoing reviews of the care plans. We saw evidence of this during the inspection. People and their relatives told us they were encouraged to attend these reviews and felt the management team respected their contribution to the review process. One person told us they had talked about their care needs, but their relative supported them and read through their care plan. A relative told us their relation's care had been planned and was reviewed in an individual way with the full input of their relation. The relative told us they felt the home manager and staff were responsive to any changes in their relative's needs.

Staff told us effective communication systems were in place to ensure they were aware of people's individual preferences. One member of staff told us there were daily handovers and pertinent issues about people's care were highlighted they said, "We make sure we pass things on to seniors." They went on to say, "I feel we communicate well with each other." We saw the daily handover sheets and communication books that contained relevant up to date information for staff.

Staff also told us the care staff worked in one of four teams and each team had key workers for particular people who lived at the service. Staff felt this also contributed to the good communication at the service. We saw the management team had developed guidelines for staff on the key worker role. This included ensuring the person's care plan was up to date and accurately reflected their needs. Also assisting the

person with their weekly spending allowance and looking at what is on offer to improve the person's quality of life. All the members of staff told us they enjoyed working in teams, one member of staff told us it bought the best out in staff. They said, "You want your team to have good results so people get really good care."

The staff at the service worked to ensure there were a wide range of activities on offer to stimulate and meet the needs of people who lived in the home. People told us they were encouraged to go out into the community if they required support to do this it was provided for them. However people's independence was also encouraged. For example one person enjoyed walking independently to the local shop each day to collect a paper. Another person was supported to attend a day centre each day. We saw there were daily trips out shopping for a number people and staff supported people to attend the cinema or go to the pub for lunch. One relative told us their relative enjoyed going out for lunch with staff. There were also theatre trips, visits to seaside resorts, parties and fetes organised for people and their relatives. People told us there were often themed nights that included specially cooked meals and activities relating to particular themes. There were activities designed to stimulate people carried out in the service such as, film nights, bingo, and discos organised by a member of staff. There were one or two people who chose not to join in with group activities and staff worked to offer them activities to suit their preferences. For example, manicures or arts and crafts. The staff we spoke with felt it was very important to offer people meaningful activities to improve their quality of life.

People felt they were able to say if anything was not right for them. They felt comfortable in highlighting any concerns to the staff and believed their concerns would be responded to in an appropriate way. One person told us, "I have no issues, but could talk to anyone if I needed to." Relatives we spoke with told us they would be able to sort anything out with the manager and felt any concerns they had would be taken seriously.

There was a complaints procedure for staff to follow and staff we spoke with told us they knew how to deal with any concerns or complaints. One staff member said, "I would let a senior or manager know, but I would sort it if I could. If it was something serious the manager would follow it up."

We also found that part of the home managers ongoing responsibilities included the provision of regular meetings between people residing at the service and their representatives. The meetings provided a forum where comments and suggestions could be discussed to help identify recurring or underlying problems, and potential improvements.

Records showed that when complaints had been received they had been recorded in the complaints log and managed in accordance with the organisations policies and procedures.

Is the service well-led?

Our findings

People and their relatives we spoke with told us there was an open and inclusive culture at the service led by the home manager. People told us they could approach the management team and have open discussions with them about their care and the way the service was run. Staff we spoke with told us the whole management team were approachable and visible around the service. Staff had confidence in the home manager and felt the management structure meant there was support for them to carry out their roles. Staff told us the manager had made a number of changes at the service over the previous eighteen months. All of the staff we spoke with told us the changes were 'all for the better.' One member of staff told us, "The manager has a lot of drive and enthusiasm, I thought before they came we were going to close but they turned it around we have gone upwards."

On the day of our inspection the home manager was on annual leave. The manager had two deputy managers in place and throughout the inspection they showed a good knowledge of the management of the service and staff spoke positively of their contribution to the improvements at the service. It was clear there was good communication between the home manager, provider and registered manager, and the deputy managers. One of the deputy manager told us, "We have a good working relationship." Regular management meetings were held with actions and clear areas of responsibilities for the management team.

Staff we spoke with told they enjoyed working at the service and felt the home manager was proactive in developing the quality of the service. A number of staff we spoke with told us the home manager and provider worked together to ensure the things needed to run a good service were provided to staff. On the day of the inspection we saw staff working well together. There was an easy but professional working atmosphere, staff were supporting each other and it was evident that an effective team spirit had been developed.

Staff we spoke were aware of the organisation's whistleblowing and complaints procedures. They felt confident in initiating the procedures and felt the home manager would support them and take action. We also found the management team were aware of their responsibility for reporting significant events to the Care Quality Commission (CQC). We also contacted external agencies such as those that commission the care at the service and were informed they had not received any concerns about people residing at the service.

People benefited from care given by staff who were effectively supported and supervised by the management team. Staff told us, and records showed, that they had attended supervision sessions and annual appraisals. Staff told us the meetings provided them with the opportunity to discuss their personal development needs, training opportunities and any issues which could affect the quality of service provision. The meeting also provided the opportunity for the management team to discuss the roles and responsibilities with staff so they were fully aware of what was expected of them. Staff felt the meetings aided the efficient running of the service and helped the home manager to develop an open inclusive culture within the service. One member of staff told us, "I definitely feel supported by the managers."

One staff member also told us when the home manager first started at the service they had sent out a questionnaire to staff asking what they wanted from the management team and what they thought of the service. The staff member told us the home manager had responded to the issues raised and things had greatly improved, for example they had worked on building a strong structured management team. The staff member told us there were regular staff meetings and that their suggestions for improvements to the service were listened to and acted upon. For example as a number of people who lived at the service sometimes required emergency hospital treatment, staff had suggested the introduction of a grab bag for each person that would contain essential items for the person whilst in hospital. We saw these were in the process of being introduced.

Staff also told they had supported people to complete a satisfaction survey about the quality of the service. Relatives we spoke with told they had also completed a survey. The deputy manager told us the home manager was in the process of collating the results of the survey and would produce an action plan following this.

We saw auditing systems were in place that monitored aspects of service provision such as people's care plans to ensure they were up to date and pertinent to people individual needs. Medication management was also audited, to ensure any shortfalls could be identified and actions implemented to maintain the quality of the service. The environment and infection control and prevention issues were also regularly monitored. As a result of these audits and subsequent actions plans there had been a number of improvements made to the service since our previous visit. This included improvements to the environment and cleanliness of the premises.

Systems were in place to record and analyse adverse incidents, such as falls, with the aim of identifying strategies for minimising the risks. The deputy managers worked together to review incidents and accident and then send information to the home manager to analyse and ensure all appropriate actions have been taken. This showed that the management team were proactive in developing the quality of the service and recognising where improvements could be made.