

Mrs T Hibberd

# Dennyshill Care Home

## 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

The service provides accommodation and support for up to nine older adults with a range of support needs due to a learning disability, physical health and/or dementia. At the time of the inspection there were nine people living in the home, some with complex care and communication needs. The provider who was also the registered manager lives on site.

At the last inspection on 21 September 2015 we rated the service as 'Good' overall. However, there was a breach of regulation requiring improvement in the 'effective' domain because the service did not always follow a best interests process in accordance with the Mental Capacity Act 2005 (MCA), where a person lacked mental capacity to consent to care and treatment. In addition the service was depriving people of their liberty for the purpose of receiving care or treatment without lawful authority. We received a provider action plan on 2nd November 2015 stating the relevant legal requirements had been met. At this inspection we found people's legal rights were now being protected following the proper legal processes. The service remained rated as Good overall.

Why the service is rated Good.

People remained safe at the home. People told us there were adequate numbers of suitable staff to meet their needs and to spend time socialising with them. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People received their medicines safely.

People continued to receive effective care because staff had the skills and knowledge required to effectively support them. People's healthcare needs were monitored by the staff and they had access to healthcare professionals according to their individual needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The home continued to provide a caring service to people. People told us, and we observed, that staff were kind and patient. Comments included, "I've never been so happy. The staff treat you so well. Everything you want you can get" and "I don't think I could improve it. The people are lovely, they all are". People, and/or their representatives, were involved in decisions about the care and support they received.

The service remained responsive to people's individual needs. Care and support was personalised to each person which ensured they were able to make choices about their day to day lives. The provider had a complaints procedure which was given to people in a 'service users guide' when they moved in. The registered manager told us no complaints had been received, and that people or their relatives spoke with a member of staff if they had a concern. Written feedback from a relative stated, "If we should have a problem it is always sorted out with your prompt attention".

The service continued to be well led. The service had a registered manager who was also the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us the management within the home was open and approachable. Comments included, "[Manager's name ] is a wonderful person to talk to" and "They seem to have a light but definite touch all the time". The registered manager lived on site and, with the deputy manager, was very involved in the day to day running of the home. They sought the views of people and their representatives to make sure they 'had a voice' in the way the home was run. Written and verbal feedback showed a high level of satisfaction about the quality of the service provided. The registered manager had effective monitoring systems which enabled them to identify good practice and areas for improvement.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

At the last inspection we found that people's rights were not being protected in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. At this inspection we found people's rights were now being protected. The service has therefore moved from Requires Improvement to Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Dennyshill Care Home

## **Detailed findings**

### Background to this inspection

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

This was a comprehensive inspection.

This inspection took place on 21 March 2017 and was unannounced. It was carried out by one inspector. Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other data and enquiries. At the last inspection on 21 September 2015 we found there was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to send us a report that said what action they were going to take to ensure people's legal rights were protected.

During this inspection we spoke with four people who lived at Dennyshill. We spoke with four members of staff including the registered manager and deputy manager, who were available throughout the inspection. After the inspection we spoke with two relatives by telephone.

We looked at a number of records relating to individual care and the running of the home. These included four care and support plans, four staff personal files and records relating to staff training, staff rotas and the quality monitoring of the service.

# Is the service safe?

## Our findings

The service continues to provide safe care. People felt safe living at the home and with the staff who supported them. Some people who lived at Dennyshill were unable to express themselves verbally due to their learning disability, so we observed their experience in communal areas. Everyone looked comfortable and relaxed with the staff who supported them. One person said, "I haven't been so happy as I am now. I love it here. they're so good to you".

There were adequate numbers of staff to keep people safe and make sure their needs were met. The registered manager lived on site and, along with the deputy manager, was surplus to the rota which meant they were always available to provide additional cover if necessary. Throughout the inspection we saw staff meeting people's support needs and socialising with them.

The risks of abuse to people were reduced because there were effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained. In addition staff received training on how to recognise and report any suspicions of abuse. Staff told us they would not hesitate to report any concerns and all were confident that if they raised concerns, action would be taken to make sure people were safe.

Risk assessments had been carried out which contained measures to ensure people received safe care and support while promoting their independence. For example, one person liked to decide the water temperature of their shower. Staff were guided to, "assist them in making this judgement ensuring there is no risk of scalding themselves due to the water temperature". Another person was unable to communicate verbally. Their care plan described the ways in which the person might show distress through their body language and behaviour, which meant staff would recognise if they were in pain or upset. Risk assessments were reviewed monthly, or if people's needs changed, to ensure they remained up to date.

People received their medicines safely. There were systems in place to audit medication practices, both within the home and annually by an external pharmacist. All staff received medicine administration training. Care plans provided clear guidance for staff about how people should be given their medicines and the support they needed. For example, "Able to take medicines independently with a drink. They are aware of the different medication they take and the reasons why they must take them".

# Is the service effective?

## Our findings

At the last inspection we found that people's rights were not being protected in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. There was a breach in regulation and the service was found to require improvement in this domain. At this inspection we found people's rights were now being protected. The service has therefore moved from Requires Improvement to Good in this domain and is no longer in breach of the regulation.

Staff had received training about the Mental Capacity Act 2005 (MCA) and knew how to support people who lacked the capacity to make decisions for themselves. The 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

The service continues to provide effective care and support to people. There was a consistent staff team, some of whom had worked at Dennyshill for many years. This meant they knew people well and had a good understanding of their needs. A relative told us how their family member, who was living with dementia, could be quite fearful or aggressive. They told us that staff knew how to reassure them and recognised "it's the illness" rather than the person.

Records showed staff received the training they required to keep people safe and to meet people's individual needs. This included food and hygiene, health and safety, moving and handling, first aid, safeguarding and dementia. One member of staff told us, "I enjoy the training. It's nice to catch up and make sure my knowledge is kept up to date. Training helps me be a bit more efficient." Staff were encouraged and supported in their continued professional development, and were working towards nationally recognised qualifications in care.

People and their relatives spoke highly of the quality and choice of food. One person told us, "The food is great. There's plenty of it. Lots of choice". A relative said, "My [family member] has the breakfast they want. They've done them fried bread, fried eggs, toast, whatever they want!". People's nutritional needs were assessed, by a speech and language therapist (SALT) where necessary, and guidance followed. People were weighed regularly, which meant any concerns were identified and prompt action taken to minimise any nutritional risks. Care plans provided clear information which allowed staff to provide meals in accordance with people's needs and wishes. For example, one care plan stated, "They find a large meal intimidating so they are given smaller portions and told they can ask for more if they want it".

People and their relatives told us staff arranged for them to see relevant professionals when they required it. Care plans contained records of hospital and other health care appointments, including doctors, dentists and chiropodists.



## Is the service caring?

### Our findings

The home continues to provide a caring service to people. The atmosphere in the home was happy, relaxed and welcoming. People commented, "I've never been so happy. The staff treat you so well, everything you want you can get" and "I don't think I could improve it. The people are lovely, they all are".

All staff we met with and observed were exceptionally kind and caring in their interactions with people and spoke with great affection when they told us about the people they supported. A relative told us, "The girls are just so good with my [family member]. They put up with their funny ways with a smile on their faces and try and do the very, very best for them that they can". The registered manager said staff sat and chatted with people, did puzzles and played games with them, "It's never too much bother for the staff to talk to them. They like to spend time with people, and that's what our residents prefer doing. They like the interaction".

People told us staff treated them with dignity and respect, and we saw this was promoted in their care plans, for example, "[Person's name] takes pride in their appearance and likes to shave daily." People were able to make choices about how they wanted their care to be provided and where they spent their time. During the inspection some people were enjoying socialising together in the kitchen, others were watching TV in the lounge and other people were in their rooms. A relative told us, "It's very relaxed. They don't have to do anything they don't want to. They [staff] are so individual in the way they treat people". Staff described how they promoted people's right to choose. One member of staff said, "It can be difficult for people if they feel their choice has been taken away. It helps them to feel involved to know they have a choice". They told us they spent time working out people's likes and dislikes, documenting them where necessary so the information could be shared across the staff team.

People or their representatives were involved in decisions about their care. There were regular reviews where people could express their views and make changes to their care plans. Relatives said staff kept them well informed about any incidents or changes in a person's needs, and that they also felt well supported by the staff. One relative told us, "They keep me informed every step of the way". Written feedback from another relative stated, "Whenever we come and visit we are welcomed as if we are family. We bring our little dog to visit my relative and they too are very welcome".

## Is the service responsive?

### Our findings

The service continues to be responsive. People received care and support which was responsive to their needs and respected their individuality. Written feedback from a relative stated, "The staff always go the extra mile for my [family member]. Their happiness is paramount to all and if they show any sort of sadness the staff know and act upon it".

At the last inspection in September 2015 many people living at Dennyshill had been unable to make decisions about their care and support and relied on others to make decisions in their 'best interests'. Since then the service had begun to support more people who did have the capacity to make these decisions for themselves. Staff told us this had led to changes in the way the service supported people. People now "loved to be in the kitchen all day socialising with each other and interacting". One member of staff said, "It's improved our service. It means we have a different perspective and it's done us good. For example, we now have people with the capacity to make decisions about what food they want to eat".

Each person had their needs assessed before they moved into Dennyshill. The person and/or their representatives were invited to visit to make sure the home was able to meet their needs and expectations. Care plans were developed which were personalised to each individual. They contained the information and guidance staff needed to provide care that met people's needs and respected their wishes. The care plans were reviewed annually with people and their families, or if their needs changed.

People were able to take part in a variety of activities according to their individual interests. One person's care plan stated, "[Person's name] likes to be helpful and will peel vegetables while supervised by staff". Another person, who loved gardening, had been on trips to the garden centre and planted all the daffodils which were out in the garden at the time of the inspection. Other people told us they didn't want to go out and were quite happy socialising in the home. A relative said, "They encourage the socialising without pushing them. My [family member] used to be quite insular".

The provider had a complaints procedure which was given to people in a 'service users guide' when they moved in. The registered manager told us no complaints had been received, and that people or their relatives spoke with a member of staff if they had a concern. This was confirmed in written feedback from a relative which stated, "The registered manager and staff have always made our relative and their family welcome into the home. We are always looked after very well and it is a very warm and friendly place to be. If we should have a problem it is always sorted out with your prompt attention".

# Is the service well-led?

## Our findings

The service continues to be well led. The registered manager, who was also the provider, lived on site. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Since the last inspection the deputy manager, who was completing a management qualification, had begun to take a more active role. This included staff supervision and appraisal, and completing care plans and risk assessments.

People and their relatives were very complimentary about the registered manager. Comments included, "[Manager's name] is a wonderful person to talk to", "They seem to have a light but definite touch all the time" and "I think it must be the best care home in Devon. It's absolutely marvellous!"

The registered manager told us they were proud of the home and the support they provided to people. They said, "I'm proud of the fact that I keep my staff. I'm proud that we get a lot of praise from families and residents. This is a happy home". Since the last inspection they had focussed on improving the environment, "...doing up rooms as they become available and putting new carpets in some communal areas. It's made a big difference". They had also purchased equipment to allow them to continue to meet the physical care needs of people living at the home, including profiling beds, pressure relieving mattresses, hoists and an electric stand aid. Digital sit-on scales meant that people's weight could continue to be monitored if they were unable to stand.

The registered manager was very visible in the home and spent time most mornings delivering care. This enabled them to work alongside other staff to monitor practice and address any shortfalls. They told us, "I'm surplus to the [regular staffing levels]. Myself and [deputy manager] are really hands on and know what's going on".

Staff told us they were well supported, and received regular documented supervision and appraisals. Comments included, "We are very lucky. [Manager's name] is a good boss. They don't expect us to do anything they wouldn't do themselves" and "It's a nice family orientated place. We work as a team here and help each other out".

There were effective quality assurance systems in place. There were regular audits of the property and care practices. Annual satisfaction surveys were sent to people's representatives and health and social care professionals to seek their views on a range of issues including the environment, quality of care, and sufficient privacy and courtesy during visits. People living at the home expressed their views directly to staff or through their representatives. Written and verbal feedback showed a high level of satisfaction about the quality of the service provided. A relative had commented, "[Family member] was so happy and contented living at Dennyshill, which was all down to the exceptional care given to them by each and every one of you".

The provider met their statutory requirements to inform the relevant authorities of notifiable incidents. They

promoted an ethos of honesty, learned from any mistakes and admitted when things went wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.