Kahanah Care

Dene Court Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	Good

Summary of findings

Overall summary

We carried out an unannounced focused inspection on 31 August 2017 and 5 September 2017 to look specifically at the safety of the service.

Dene Court is registered to provide accommodation with personal care for up to 28 people who may have needs due to old age, sensory impairment, physical disabilities, dementia, learning disabilities, autism or mental health needs. At the time of this inspection there were 27 people living there, which included two people on a respite stay.

At the inspection of the home carried out on 10 and 13 November 2015 we found breaches of regulations. The service was then rated as 'inadequate' and placed into special measures. The special measures process is designed to ensure there is a timely and coordinated response where we judge the standard of care to be inadequate.

The last inspection took place on 4 April 2016 when we found significant improvements. There were no breaches of legal requirements at that inspection, but we were concerned there had been insufficient time for new management systems to be embedded. Therefore we rated the service as 'requires improvement'.

We carried out this focused inspection to check that improvements had been maintained. We also wanted to ensure people were receiving safe care following anonymous concerns shared with us about the quality and safety of the service. Prior to the inspection the provider had investigated the concerns and provided reassurances that people were not at risk. At this inspection we confirmed this was the case and found the service was safe.

There was a registered manager in post. 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.

The registered manager, and the provider, had worked constructively with the local authority quality assurance and improvement team to improve the quality and safety of the service. A comprehensive service improvement plan had been developed which demonstrated that improvements had been made in a range of areas including care plans and risk assessments, recording, safe staffing levels, environmental safety, quality assurance and the development of an open and transparent culture where people, relatives and staff would feel able to raise any concerns.

The staffing structure at Dene Court provided clear lines of accountability and responsibility. The registered manager was very visible in the home and proactive in observing and monitoring the quality and safety of the care provided. Quality assurance systems were comprehensive and ensured the service met people's needs safely and effectively.

People told us they felt safe living at Dene Court. A relative said, "I'm very grateful my family member is somewhere safe." Staff had the knowledge and skills required to meet people's needs, and sought specialist advice from external health and social care professionals where necessary.

There were sufficient numbers of staff to keep people safe. During the inspection we saw that in addition to supporting people with tasks and daily routines, staff spent time sitting and chatting with people. The registered manager told us they now had a stable staff team, which meant agency staff were no longer needed. People therefore received consistent support from familiar staff who knew them well.

People were protected from the risk of abuse through the provision of policies, procedures, robust recruitment and staff training.

Risks in relation to people's physical and mental health were assessed, monitored and managed well. Risk assessments were comprehensive and reviewed regularly. They provided clear guidance to enable staff to meet people's needs according to their individual needs and preferences, promoting their rights and independence whenever possible. Systems were in place to ensure people received their medicines safely.

The service was proactive in reducing any risks related to social isolation through the provision of activities and social stimulation according to people's individual needs and interests. A relative told us their family member, "used to love to read, although they wouldn't be able to read a whole book any more. They put a bookcase in their room with books on it so they think they've been to the library".

There were systems in place to make sure the premises and equipment were safe. People were cared for in a clean, hygienic environment and staff understood what action to take in order to minimise the risk of cross infection. Emergency plans were in place, for example in the event of a fire. There were effective arrangements in place to manage the premises and equipment, and all relevant checks were up to date.

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 needs were assessed to ensure risks were identified and the risks were safely managed.

There were appropriate staffing levels to safely meet the needs of people who used the service.

There were effective systems in place to ensure people's medicines were managed safely.

There were emergency plans in place so that people would be supported in the event of a fire or other emergency.

Dene Court Residential Care Home

Detailed findings

Background to this inspection

We carried this focussed inspection out to look specifically at the safety of the service, 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.

This inspection took place on 31 August 2017 and 5 September 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we looked at information we had received since the last inspection. This included notifications, concerns and complaints and information from health and social care professionals.

During the inspection we spoke with the registered manager, the provider, four members of staff, three relatives and two health and social care professionals. We talked with five people living with dementia, and observed the care being provided in the communal areas.

We also looked at records the service is required to maintain including four care plan files and daily records, activity records, medicine administration records, staff recruitment files, staff training records, staff rotas, menus, complaints and compliments, maintenance records, and quality assurance checks and audits.

Good

Is the service safe?

Our findings

At our last inspection in 2016 we judged this key question as requires improvement because more time was needed to embed the improvements made following the inspection in 2015. At this inspection we found these improvements had been embedded and sustained.

People told us they felt safe living at Dene Court. During the inspection there was a calm and relaxed atmosphere in the home, and we saw staff interacted with people in a friendly and respectful way. Relatives confirmed that their family members were safe at Dene Court. Comments included, "I think it's lovely. They are ever so kind there", "I'm very grateful my family member is somewhere safe" and, "The staff are very kind, all the time. I go in sometimes when my family member is having a meal in the dining room. I notice how patient the staff are with some very difficult people".

Since the last inspection in April 2016 there had been changes in the management of the service. The registered manager had been registered with the Care Quality Commission to manage the service since 3 February 2017 and a new deputy manager had just been appointed. The registered manager, and the provider, had worked constructively with the local authority quality assurance and improvement team to improve the quality and safety of the service. We were shown the service improvement plan which detailed the actions required, their urgency, and progress made. This was comprehensive and demonstrated that improvements had been made in a range of areas including care plans and risk assessments, recording, safe staffing levels, environmental safety, quality assurance and the development of an open and transparent culture where people, relatives and staff would feel able to raise any concerns. The registered manager told us, "It was about acknowledging there were things to be done and getting on with it". A member of staff said, "I think a lot of the changes have been for the better, like the girls making sure the care plans are up to date, a keyworker system so we get to know the residents a lot better and the seniors overseeing the care staff. It works very well".

The registered manager was available throughout our inspection. They were very visible in the home which enabled them to observe staff practice and monitor the safety of the support provided. Every morning, from 8am until 10am the deputy manager was on the floor to supervise staff, check that food and fluid charts had been completed and that commodes had been cleaned. The registered manager told us, "This has to be kept up. If not, I want to know why". A revised staffing structure meant care staff received regular recorded supervision and support from their team leader, who fed back any issues or concerns to the registered manager. There were quality assurance systems in place to monitor care and plan on going improvements. This included audits and checks to monitor the safety and quality of care, looking at areas such as medication, falls, accidents and incidents, and care plans.

People were protected by staff who understood what to do if they suspected anyone was at risk of harm or abuse. All staff undertook training in how to recognise and report abuse, and the induction for new staff ensured that they knew how to report abuse, neglect or bad practice and understood the policy on whistleblowing. Staff said they would have no hesitation in reporting any concerns and were confident that action would be taken to protect people. The registered manager told us they frequently contacted the local

authority safeguarding team for advice about how to safeguard vulnerable people at the service.

Any risk of abuse to people was reduced because there were suitable recruitment processes for new staff. This included carrying out checks to make sure staff were safe to work with vulnerable adults. New staff were not allowed to start work until satisfactory checks and employment references had been obtained. However, the records of some staff, who had been employed at the service for several years, contained a disclaimer by the provider to say this documentation had gone missing. The registered manager told us they would take action to have the checks redone to ensure the safety of people at the service.

Staff and relatives told us there were sufficient numbers of staff on duty to keep people safe. One member of staff said, "There are enough staff. I have no concerns. That's the first time I've really been able to say that". A relative commented, "I like it because it's quite small and there are more staff available". The registered manager told us they now had a stable staff team, which meant agency staff were no longer needed. People therefore received consistent support from familiar staff who knew them well. Staff were visible throughout the inspection. We saw, in addition to supporting people with tasks and daily routines, staff also spent time sitting with people, chatting and providing company and conversation.

The provider used a dependency tool to assess the needs of the people living at the service. This allowed them to calculate the numbers of staff required to keep people safe and make sure their needs were met. People's individual dependency levels were reviewed monthly to ensure the accuracy of the information. The tool had enabled the registered manager to identify people whose needs were now too great to be met safely in a residential setting. They had contacted health and social care professionals to request a review of people's support needs with a view to finding a more appropriate placement.

Records showed staff received the training they required to keep people safe and to meet people's individual needs. New staff completed a comprehensive induction which included safeguarding, fire safety, security of the premises, emergency first aid, health and safety and infection control. A rolling programme of mandatory training helped staff to maintain their skills and knowledge. Training which enabled staff to understand and meet the specific needs of the people at Dene Court was more detailed, delivered over a 12 week period with the support of an on-line tutor. This included mental health and dementia, challenging behaviour and end of life care.

Risks in relation to people's health, safety and well-being were assessed, monitored and managed well. Health and social care professionals were involved as required, contributing to the development of guidelines to help staff minimise risks and promote people's rights and independence whenever possible. Relatives told us staff had a good understanding of the needs of their family members who were living with dementia. One relative told us, "My family member has lost the capacity to be able to think. They can get very bored and be very difficult. They can be awkward to deal with and staff deal with it really well". One person frequently experienced episodes of extreme distress and agitation and had been prescribed medication on an 'as required' basis to calm them. The care plan advised, "The following steps are to be tried before any medication is administered. Staff to ask [person's name] if they can sit with them. Sit with them. Hold their hand, speak calmly, use a reassuring voice, and look them in the eye. Remember [person's name] is not going to feel better in a few minutes, it may take time. Try to engage them a topic they may find interesting. Try activities, read a book. Staff are to reassure [person's name] that they are wanted. That we (Dene Court) love them". During the inspection we saw staff sitting and engaging with the person who was laughing and smiling. A member of staff told us, "Sometimes I can sit next to [the person] and sing, offer reassurance and eye contact. Nine times out of 10 this works. The medications are the last resort. We don't like doing it, it's sedation, but we are more afraid that they are going to harm themselves when they are so distressed".

Risk assessments had been completed in relation to people's diet, skin and mobility. When risks had been identified plans were in place to manage and reduce the risks. A health professional told us the service had been "pretty hot" on regularly weighing and completing malnutrition risk assessments for a person at risk of being malnourished. All people moving into Dene Court had a risk assessment to determine whether the person had swallowing difficulties and was at risk of choking. A referral was then made to the speech and language therapist (SALT) if required and a plan developed detailing the support the person needed to eat and drink safely. The SALT team had delivered training to all staff at the home to ensure they understood how food and fluids needed to be prepared and served to people, and how to respond to any risks. Staff documented people's food and fluid intake, and the food and fluid charts were discussed every morning at the staff handover which meant any concerns could be quickly identified and addressed. The registered manager had reinforced the importance of documenting food and fluid intake in order to keep people safe. They regularly reviewed the food and fluid charts and had taken decisive action when they had not been completed correctly to minimise the risk of recurrence.

People were assessed in relation to their risk of falling, and prevention plans put in place when risks had been identified. The registered manager undertook a regular audit of any falls in the home and made referrals to other agencies such as GP's or occupational therapists when required. One person, living with dementia, liked to spend the day walking around the home. They were at high risk of falls, especially towards the end of the day when they became tired. Their care plan stated, "The aim is to have free movement around the home and outside in a safe environment'. Staff were aware of the importance of checking the person had the right footwear, removing trip hazards and monitoring their whereabouts. Despite this the person continued to fall, and the service had referred them to the GP for further assessment.

The service was proactive in reducing any potential risks related to a lack of social activities and stimulation, which meant people were occupied and engaging positively with each other and with staff. A relative told us, "The staff encourage [family member]. They are quite new in their [dementia] journey. They used to love to read, although they wouldn't be able to read a whole book any more. They put a bookcase in their room with books on it so they think they've been to the library". Activities and social events were arranged every afternoon, either in communal areas or on a one to one basis if required. An activities audit was being introduced to look at who attended each activity and how much each person enjoyed it. This would inform future planning and minimise the risk of social isolation.

Any potential risks related to the environment were managed well. People were protected from the spread of infections. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people. There was a comprehensive cleaning programme and cleaning chemicals were stored securely. A relative commented, "The hygiene standard is very high". There were effective arrangements in place to manage the premises and equipment, and all relevant checks were up to date. People's needs were considered in the event of an emergency situation such as a fire, for example their mobility and the number of staff they would need to support them to exit the building safely. During a recent period of hot weather, temperatures were recorded frequently throughout the home and a 'cool room' designated where people could go to cool down if required.

Medicines were stored and administered safely. Medicines were administered by senior staff who were appropriately trained. Medicines, in both tablet and liquid form, were supplied in a 'pod' system, with the individual 'pods' marked with the person's name, date of birth, the date, the time of day and individual drug details with a picture of the tablet. Staff checked the pod against the person's medicines administration record (MAR), and documented once the medicines had been given. They told us the system was very easy to use and minimised the risk of any medicines errors. The records we looked at contained no unexplained

gaps. We observed a senior staff member administering people's lunch time medicines. They had the time needed to administer medicines safely, and were knowledgeable about each person's needs and medical condition. For example they thickened the fluid one person needed to swallow their tablets as they were at risk of choking, and ensured another person was fully awake and focused before giving them tablets to swallow. People were asked if they needed any medicines that had been prescribed for them on a 'when required' basis, for example pain relief.