Cumbria County Council

Dentholme

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 was an unannounced inspection that took place on 11 December 2018. The service was last inspected in May 2016 where there were no breaches in regulation seen and the home was rated as Good. We found at this inspection that the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Dentholme 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 care home can accommodate up to thirty eight people across four units, each of which have separate adapted facilities. This home specialises in providing care to people living with dementia. There were eighteen people in residence when we visited. People living in the service are older adults. The home does not provide nursing care.

The home had a suitably qualified and experienced registered manager who had a background in social care and in management. 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 staff team understood how to protect vulnerable adults from harm and abuse. Staff had received suitable training about how to identify any issues and report them promptly. Risk management plans supported people well. Good arrangements were in place to ensure that new members of staff had been appropriately vetted and that they were the right kind of people to work with vulnerable adults. Accident and incident management was of a good standard.

The registered manager kept staffing rosters under review as people's needs changed. We judged that the service employed enough care staff by day and night to meet people's needs. There were suitable numbers of ancillary staff employed in the home.

Staff were appropriately inducted, trained and developed to give the best support possible. We met team members who understood people's needs and who had suitable training and experience in their roles.

Medicines were suitably managed in the service with people having reviews of their medicines on a regular basis. People in the home saw their GP and health specialists whenever necessary. The staff team had good working relationships with local GP surgeries and with community nursing services.

Good assessments of need were in place, and the staff team reviewed the delivery of care for effectiveness. They worked with health and social care professionals to ensure that assessment and review of support needed was suitable and up to date.

People told us they were satisfied with the food provided and we saw suitably prepared meals being served. Simple nutritional planning was in place and special diets catered for appropriately. The registered manager continued to look at arrangements around mealtimes to ensure people had the right kind of support.

We have made a recommendation about the arrangements around supporting people at mealtimes.

The provider had updated and refurbished the building to a good standard in the past. It had suitable adaptations and equipment in place. The house was warm, clean and comfortable on the day we visited.

People were aware of the plans to close the service in 2019 when a new residential home was ready to open. Plans were in place to reassess people's needs and wishes with the support of families and social workers.

The staff team were aware of their responsibilities under the Mental Capacity Act 2005. 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.

People who lived in the home told us that the staff were caring. We also observed kind and patient support being provided. Staff supported people in a respectful way. They made sure that confidentiality, privacy and dignity were maintained.

Risk assessments and care plans provided detailed guidance for staff in the home. One or two plans needed a little updating so that staff would continue to give care in a planned way.

We have made a recommendation about the need to update care plans prior to people moving to the new home.

Staff could access specialists if people needed communication tools like sign language or braille. There was some signage for people living with dementia.

Staff encouraged people to follow their own interests and hobbies. We saw evidence of regular activities and entertainments in the home.

The service had a comprehensive quality monitoring system in place. People and their families were asked their views in a number of different ways. Quality assurance was used to support future planning.

We had evidence to show that the registered manager and the operations manager were able to deal with concerns or complaints appropriately.

Records were well organised, easy to access and stored securely. Staff had started to archive files in preparation for the move to the new home.

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 remains good.	Good
Is the service effective? The service remains good.	Good
Is the service caring? The service remains good.	Good
Is the service responsive? The service remains good.	Good
Is the service well-led? The service remains good.	Good

Dentholme

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 inspection took place on 11 December 2018 and was unannounced. The inspection was carried out by an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using services or caring for a person who uses services. The team were experienced in the care of someone who is living with dementia or who is an older adult.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. This was received in a timely manner and in good detail. We also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We also spoke with social workers, health care practitioners and commissioners of care during our regular contact with them. We planned the inspection using this information.

The team met all of the eighteen people in the home on the day and spoke in some depth with ten of them. The team spent time talking with people, the staff and with visitors. We also spent time in shared areas observing the life of the home. We spoke with eight relatives and friends who were visiting the home. We met a visiting health care professional on the day of the inspection.

We read six care files in depth. We also looked at a further four care plans and looked at daily notes related to all these care plans. We looked at charts and other records of things like food and fluids taken. We saw moving and handling plans and risk assessments for other interventions. We also looked at records of medicines and checked on some of the stored medicines kept in the home.

We met the registered manager, three supervisors and eight care staff. We also met two kitchen staff and two of the housekeeping team. We talked with them in small groups or individually. We looked at four staff

files which included recruitment, induction, training and development records. We checked on the details of the supervision and appraisal notes on these files. We also saw some evidence to show that matters of a disciplinary nature were suitably managed. We saw rosters for the four weeks prior to our visit.

We had access to records relating to maintenance and to health and safety. We checked on food and fire safety records and we had discussions about some of the registered provider's policies and procedures. We saw records related to quality monitoring.

We walked around all areas of the home and checked on infection control measures, health and safety, catering and housekeeping arrangements.

We received information related to staffing issues and quality audits during and after the inspection. We also had contact with the operations manager some time before the inspection in relation to a staffing issue and to the plans for future activities.

Good

Is the service safe?

Our findings

At our last visit to this service we rated the outcome safe as Good. At this inspection we found evidence to support a continued rating of good for 'safe'. We spoke with people who told us they felt safe and secure in the home and that they were confident that the staff team kept them from being harmed and abused. One person said," I feel quite safe here" and we met relatives who confirmed that they felt their relative was safe in the home.

Some people who used the service were not always able to explain how safe they felt because they were living with dementia or a related disorder. We sat with people in the specialist unit and we saw that they were relaxed in the home and with the staff. People living with dementia were treated with patience and understanding and one person told us, "I am fine...these lasses are very good".

Staff were trained in understanding harm and abuse, individual rights and in how to protect vulnerable adults. Safeguarding matters were discussed in supervision and in team meetings. Staff told us they were encouraged to speak up about any concerns. They told us they could talk to the senior staff and any visiting officer of the County Council. The registered manager understood how to make safeguarding referrals, if necessary. We noted one relatively minor issue that might have been treated as safeguarding. The registered manager agreed to discuss the matter with her senior team to clarify when to inform social workers and CQC. Another issue related to safeguarding had been dealt with in a prompt and appropriate way.

We saw rosters for the four weeks prior to our inspection and spoke with people, their relatives and staff who told us there was sufficient staff to meet people's needs. We did speak with relatives who questioned the staffing but we judged that the registered manager was aware of the person's needs and suitable support was in place and future needs were being taken into account. We judged that the home had enough care staff on duty by day and night to meet people's needs. For example, there was two staff caring for five people on the specialist unit, with back-up from another member of staff, if necessary. Suitable levels of catering and housekeeping staff were on duty every day.

There was a low turnover of staff with no new staff for more than a year. Previous recruitment followed the council guidelines. Staff confirmed that background checks were made prior to having any contact with vulnerable people. We looked at personnel records and these were in order. We had evidence to show that the registered manager and her operations manager dealt with matters of discipline and competence in a fair and equitable manner which ensured appropriate care and services were delivered to vulnerable people.

Detailed risk assessments and risk management plans were in place. Staff could talk about how to manage risks to individuals. The registered manager analysed any on-going incidents or accidents and would risk assess things like falls or recurrent illnesses. She told us that a 'lessons learned' approach was taken in the home and that she would discuss any incidents with her line manager and appropriate changes would be made if necessary.

We checked on medicines kept on behalf of people in the home. We judged that medicines were kept secure and appropriately managed. Staff were appropriately trained and their competence checked. The staff made sure that visiting GPs and pharmacists reviewed the medicines given to people so that medication was optimised. Staff used simple behavioural techniques and this lessened the need for sedative medicines. Controlled drugs were correctly managed.

Good infection control measures were in place. We noted a problem in one area of the home and the registered manager said that this would be deep cleaned as soon as possible. Staff had ready access to gloves, aprons and other equipment. Laundry systems were effective in reducing risk of cross contamination. Good hygiene and cleaning programmes were in place and closely monitored.

We walked around the building and found it to be safe and secure. The service had a good contingency plan in place for any potential emergency.

Good

Is the service effective?

Our findings

At our last visit to this service we rated the outcome effective as Good. At this inspection we found evidence to support a continued rating of good for effective. We looked at assessments for people on admission and as part of the on-going care. All aspects of a person's needs and preferences were considered, without discriminating against them. Some people in the home had come to the service straight from hospital for a short period of rehabilitation and detailed assessments were done by health care professionals and the County Council rehabilitation team. General risk assessments for the building and activities in the building were also in place.

Assistive technology was used to allow staff to monitor people, whilst protecting their privacy. Where people were at risk of falls, chair monitors and pressure mats were in place. Good risk management plans were in place. Staff told us that, where people were unable to use the call bell system, they were extra vigilant to ensure people were closely monitored.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that these were in order and up to date. New authorisations were being sought where people's needs had changed.

Signed consent forms were in place as were Do Not Attempt Cardio Pulmonary Resuscitation forms. People had been consulted and advised and asked for both formal and informal consent, where appropriate. We observed staff asking people and giving them options about their lives. We spoke with relatives and people in the home who confirmed that consent was always sought. One person said, "I am asked all the time". A relative confirmed that staff always asked permission for any interventions, "The staff ask and are very good at finding out what [our relative] wants". We learned that people had been informed of the County Council plans to close the home and move to a newly built home.

We looked at staff training in the record of training that the provider deemed to be mandatory. We saw that the registered manager continued to send staff on relevant training. This included training on safeguarding, equality and diversity, the ageing process, health and safety and person-centred thinking. Several members of staff had completed recent refresher training on caring for people living with dementia. Staff had received induction, supervision, appraisal and training. Some staff members were finding the prospect of moving to a new service somewhat difficult and the registered manager was giving people support through supervision

and further training. All the supervisors had updated their training and qualifications to ensure they were fully trained prior to this move.

We went into the kitchen, checked on food stores and spoke with the catering staff. They knew how to fortify foods for people who had lost weight and how to support people who needed soft foods or things like a diabetic or vegetarian diet. The menu was varied and nutritious. The advice of dieticians and other professionals was followed and simple nutritional planning in place for people who had dietary needs. We noted that a little more work on helping a person to lose weight would be beneficial and the supervisors were encouraging this person to join a slimming group in the community.

The lead inspector and the expert by experience sat in two different units at lunchtime and gave the registered manager feedback on issues that they observed. Many of the people in the home really enjoyed the food provided and told us, "The food is lovely" and "The food is great" and "There is plenty of it and a lot of choice".

We saw a lot of kind and dignified support to eat being given to frailer people and those living with dementia. A relative told us, "The staff help [our relative] to eat and the food is great, we help...sometimes if we are here". We judged however that some people needed a little more help with things like cutting up food. Not all staff had noticed that some people struggled a little with practical help.The registered manager took this on board and was planning to observe meal times on all four units and do further training in-house.

We recommend that arrangements around mealtimes continue to be reviewed to ensure people continue to receive appropriate support when eating.

People saw their GP, opticians, chiropodists, consultants and external specialist nurses when appropriate. The registered manager talked to us about some of the delays in getting support for people living with complex health needs and how she was working with other professionals to ensure people continued to receive appropriate support. We were informed that everyone in the home would have the full support of social workers and health care specialists before the new home opened.

Dentholme was built in the 1970s and refurbished to a good standard in the 1990s. People lived in small group settings and everyone had a single bedroom. People made good use of the lounge and dining areas. Some parts of the building looked a little tired but the staff team were making sure that people were still safe and comfortable in their home. Cumbria County Council had looked at the home and others in the Copeland area and made the decision to move to a new home. The new purpose-built home would be ready for people in the late spring of 2019 and people in the home, their families and the staff team were preparing to make this move. Staff told us they were looking forward to moving to the new home where as one team member said, "We will have plenty of room in the new home. Our bedrooms are small so it will be really good."

Good

Is the service caring?

Our findings

When we spoke with people and their relatives we had very positive responses about how caring the team were. People told us, "I am happy here...the staff are very good. I have no complaints". Another person said, "The girls are great ,you couldn't ask for better". Visiting relatives were positive about the caring nature of the home. One relative said, "It's been brilliant, the staff have been wonderful" and another visitor said, "The girls are marvellous, we can't fault them. We haven't got one complaint about the care, it's great".

Staff were patient and good at explaining any interventions to people. People responded warmly to staff and were relaxed with any interventions we witnessed. People knew staff well and the staff understood individual needs and preferences. Staff could talk about people's preferences and routines and explained how they supported people living with dementia who became upset or disorientated. There was a lot of good humour in the home. We judged that despite feeling a little anxious about the impending closure the staff were good at reassuring and encouraging people when they discussed the changes to come. One person told us, "I love these lassies and I like to tease them. I am pleased we will still have our staff when we move".

We did note two instances where staff could have paid a little more attention to the finer details of support needed by relatively independent people. The staff were caring but needed a little more guidance. The registered manager showed us how the senior team helped staff to look reflectively at their practice and agreed to look at these issues. Supervision, training and team meeting minutes gave us evidence to show that respect, dignity, compassion and empathy were discussed and promoted in the team.

Staff displayed appropriate values when talking about people in the home. They told us how they would support people with differing cultural preferences. The staff team spoke about people with warmth and affection. Care files were written clearly and without judgmental or prejudiced statements. We observed genuine acceptance and caring.

People could be helped to access independent advocates where necessary. Where appropriate relatives acted as advocates on their behalf. A relative told us, "The staff keep me informed and I feel at home here when I visit".

People were supported to make choices and to follow their own preferred lifestyles. Care plans and daily notes showed that people were encouraged to be as independent as possible. Staff supported people to be as independent as possible. One person told us, "I do more or less what I want and what I can manage...".

Good

Is the service responsive?

Our findings

Full assessment of care and support needs had been completed for people in the home. Detailed joint assessments had been done with health care practitioners for people who had come to the home for short periods of rehabilitation. We saw that assessments of the needs of people living with dementia were in depth to ensure the staff could meet their needs. We also saw that where needs changed the staff would ask for health and social care professionals to help them with understanding the changed needs. On the day of the inspection the registered manager was ensuring that multi-agency assessments would happen for some people who needed more specialised assessment and support.

All the care files we read covered physical, psychological, emotional and social needs. Some people told us they had been involved in the planning. Where people had impairments due to living with dementia we saw good records of decision making on their behalf. These 'best interest' reviews showed a measured approach to helping people with difficult decisions about care.

Most of the care assessments and plans were comprehensive, person centred and up to date. The care plans had a lot of detail about needs and preferences. Some staff said they had not read the care plans in depth because they were "quite long". Other members of the team gave us evidence to show they knew individuals needs very well. One support worker showed us where she had added suggested changes to the care plans when peoples' needs and wishes had changed. She said, "I just need to give these to the supervisor and we will change the plan". However we did see two care plans that needed to be updated because risks and needs had changed recently and these were not being addressed through care planning. This left some staff feeling a little confused about the approach to take. We saw that these changes were being worked on with care plans having quality monitoring notes showing updates were needed,

We recommend that all care plans be reviewed in depth prior to a move to the new home.

Our expert by experience looked at activities and entertainments. We saw that people had newspapers, books and televisions in their rooms and that entertainments and activities were organised to meet the differing needs of people in the home. There were TV's, music centres and DVD players, along with games and puzzles in each sitting room. One person told us, " I still like to dance...I am going to have a party in my room in the new place. We had some dancers in the home and I really enjoyed that and I joined in". We also noted that a number of people had joined adult education classes in the home and told us how much they had enjoyed this. There were good interactions with local schools and other community groups including local churches.

No one in the home at the time of our visit used specialist forms of communication like British Sign Language or Braille. The registered manager told us that they would assess the need prior to admission and could access training from local specialists if necessary. When we observed staff working with people living with dementia we saw staff pre-empting needs, giving people cues and listening to them with patience and insight. The home had appropriate signage to help people who might become disorientated.

The County Council had a comprehensive complaints and concerns policy and we had evidence to show that the senior management team could all be involved in investigations if necessary. One person told us, "I can complain if I want but don't have anything to worry me..."

Staff were trained in anti-discriminatory practice and we saw that they were aware of people's needs and preferences. Staff made no difference to the way they treated people or the choices they offered them. We saw that people were treated very much as individuals. Religious and cultural preferences were respected and followed.

The staff told us that they supported people at the end of life whenever possible. We had evidence to show that the team worked with the community nurses and the local GPs to ensure people had the right kind of support. We also learned from talking with staff, that the team were aware of the emotional and psychological needs of families. We met family members who had been made aware of their relatives needs at this time and we heard staff talking to this family with compassion and empathy.

Good

Is the service well-led?

Our findings

Dentholme is owned and operated by Cumbria County Council operating as Cumbria Care. The home is subject to all the governance arrangements and policies and procedures of the council. We saw evidence to show that the service operated appropriately under these arrangements. The county manager, operations manager and members of the quality team visited on a regular basis.

The home had a suitably qualified and experienced registered manager. Staff and people in the home judged that the registered manager created an open culture where they were valued and respected. One person told us, "I can go to the manager or the supervisors and they listen to me". The registered manager was aware of up to date good practice in the care of older adults and the care of people living with dementia. Staff had also had input with the rehabilitation team to make sure they could support the short stay people who came to them from hospital. The inspection team judged that positive values were present in the service and that the senior management team ensured they provided a caring service that valued people.

Senior officers of the council had visited the home and met with people and their families because there were plans to close the home and move people to a new build home. The staff we spoke with told us that the team work was good and many of them were enthusiastic about the future. There had been a meeting to discuss the move and relatives and people were awaiting updates to this information. Some staff were quite apprehensive and were keen to learn what the changes would mean for people and for themselves. We also met family members who reflected this apprehension and were keen to have more information. One person said to us, "We are all sure we will know more in the new year. I trust [The County Council and the management team] to get things right for us".

There were regular residents' meetings and people and their families were sent surveys. We saw that social workers were being called on to review people's needs in the light of the changes. We noted that people were consulted during our visit and we met assertive people who were used to giving their views. People living with dementia were given options and the senior team helped staff to do this in a way that met people's abilities and needs.

Cumbria Care had a tried and tested quality monitoring system. We saw internal audits of all aspects of the service and we also saw that members of their external quality monitoring team had visited and checked on the quality of care and services. We saw that this ensured that medicines administration, personal care delivery and recording of care practice were all audited and checked. We also saw evidence of good monitoring of food and fire safety, personal money and staffing matters.

Records were well maintained and easy to access. Documents were being prepared for archiving prior to the move. All paperwork was locked away and electronic records were password protected. Policies and procedures were readily available for staff to use.

Providers of health and social care are required to inform the Care Quality Commission [CQC] of important

events that happen in the service. The registered manager of the home had informed us of significant events in a timely way and continued to work with the senior team to ensure they kept us informed appropriately. This allowed us to monitor the service and check that appropriate action had been taken. The service displayed the home's rating from our last inspection and a copy of the report was available at the entrance to the home.