Meridian Healthcare Limited

The Denby at Denby Dale

Inspection report

402 Wakefield Road
Denby Dale
West Yorkshire
HD8 8RP

Date of inspection visit:
12 May 2016
16 May 2016

Date of publication:
30 June 2016

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 inspection of The Denby took place on 12 May 2016 and was unannounced. The inspector also visited the home on 16 May 2016, this visit was announced. We previously inspected the service on 10 August 2015, the service was not in breach of the Health and Social Care Act 2008 regulations at that time.

The Denby provides care for up to a maximum of 47 older people. The home is purpose built and has bedrooms and communal space over three floors. The home stands in its own grounds with a garden seating area. On the days of our inspection 33 people were living at the home.

The service had a registered manager in place. 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 who lived at the home and the relatives we spoke with all said they felt they or their family member was safe living at The Denby. Staff understood their responsibility in keeping people safe from the risk of harm or abuse.

There were risk assessments in each of the care plans we reviewed. Where people's needs had changed, their risk assessment had been updated to reflect this change.

There were systems in place to reduce the risk of employing unsuitable staff. No one we spoke with raised any concerns regarding the number of staff on duty at the home.

Medicines were administered safely by staff who had relevant knowledge and skills.

New staff were supported in their role and there was an on-going programme of training and supervision for staff. Staff had received training in The Mental Capacity Act 2005 (MCA) and understood their role in enabling people to make choices and decisions about their lives.

People had access to food and drink throughout the day and were offered a choice of meals and hot or cold drinks. People we spoke with gave positive feedback about meals provided at the home.

People told us they were well cared for and happy. We found the atmosphere in the home was warm and friendly. Interactions between staff and people who lived at the home were kind and inclusive.

People were able to make choices, for example, where they spent their time and what they had to eat and drink.

Staff respected people's privacy, dignity and independence. Staff knocked on bedroom doors prior to

entering and they told us how they ensured privacy prior to supporting people with personal care.

The home employed an activities co-ordinator and there was a programme of daily activities for people.

People had a care plan which reflected their needs, this was updated and reviewed regularly.

Two relatives we spoke with told us they had raised concerns with the registered manager, they said the matter had been dealt with promptly.

Staff talked proudly of the service they provided for people and said they felt supported by the registered manager and their colleagues. There was a robust system in place to continually assess and monitor the safety and quality of the service provided.

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.

Staff were able to recognise signs of abuse and understood the need to report any concerns.

Peoples care plans contained risk assessments.

There were enough staff on duty to meet people needs.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received induction and on-going training and supervision.

People spoke positively about the meals and were offered a choice of food and drink.

The home had a range of communal areas which people could access as they wished.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring.

Staff respected people's dignity and right to privacy.

People were encouraged to retain their levels of independence.

Is the service responsive?

Good

The service was responsive.

There was a programme of activities for people.

Care plans were person centred and provided details about peoples' care and support needs.

There was an effective complaints system in place.

Is the service well-led?

Good

The service was well led.

Feedback was positive about the management of the home.

The registered provider had a system in place to monitor the quality of service people received.

Regular meetings were held with both people who lived at the home and staff.

The Denby at Denby Dale

Detailed findings

Background to this inspection

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

This inspection took place on 12 May 2016 and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this occasion had experience of working in health and social care. The inspector also visited the home on 16 May 2016. This visit was announced and was to ensure the registered manager would be available to meet with us.

Prior to the inspection we had received some anonymous information of concern that suggested people's care was not being carried out safely or properly. We reviewed all the information we held about the service, we also spoke with the local authority contracting team. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This form enables the provider to submit in advance information about their service to inform the inspection.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spent time in the lounge and dining room areas observing the care and support people received. We spoke with sixteen people who were living in the home and four visiting relatives. We also spoke with the operations manager, registered manager, deputy manager, senior carer and two car assistants and the activity organiser. We reviewed three staff recruitment files, five people's care records and a variety of documents which related to the management of the home.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. Relatives we spoke with also said they felt their family member was safe and well cared for. One relative said, "I know that Dad's safe here and that has taken a great burden off me"

Each member of staff we spoke with was able to tell us what may constitute abuse, for example, physical or financial abuse, neglect or unidentified bruising. Staff said if they had any concerns they would report it straight away to a more senior staff member. A care assistant said, "People are safe, if they weren't, I'd escalate it to (name of registered manager)." The registered manager and deputy manager were also clear in their role in ensuring any concerns were reported to the appropriate authorities and recorded. This showed staff were aware of how to raise concerns about harm or abuse and recognised their responsibilities for safeguarding people who lived at the home.

We asked staff how risk was managed at the home, in particular the risk of people falling. One staff member said, "They (people at the home) are very independent, they do fall. People want their freedom; you can't make them sit down all the time." Another staff member told us people had risk assessments in their care plans, they said, "You can't eliminate all the risks (to people)." One person who lived at The Denby said, "I like it here, they are helping me to get tested to use my (mobility) scooter." During our inspection we saw people moving independently around the home including going outside, where appropriate, we saw staff provided appropriate support to people.

Each of the care plans we reviewed contained risk assessments, for example, moving and handling, falls and skin integrity. We saw a risk assessment for one person had been reviewed and updated to reflect recent changes to their support needs. However, the risk assessments did not detail all the equipment used by some people, for example, where someone required the use of a bath chair to enable them to get in and out of the bath. We spoke about this with the registered manager on the day of our inspection. We also noted one person who had bed rails in place to reduce the risk of them falling out of bed but when we reviewed their care plan, no risk assessment was in place. We fed this back to the registered manager; they said the persons file had recently been updated with the registered provider's new paperwork. They showed us the previous bed rails risk assessment which had been archived in error.

We looked at how accidents and incidents were managed and recorded. The registered manager showed us the registered providers online management system which enabled them to review accidents at the home, including the time, location and person involved. Being able to analyse this level of information enables staff to identify trends and make changes to peoples care and support to reduce future risks.

The home was well maintained. The registered manager told us how they reported any concerns regarding the environment and they told us any concerns were rectified promptly. On the day of our inspection a person told us they had recently reported to staff that the bedroom door was sticking, we saw a contractor visit the home and rectify the fault. We saw evidence external contractors were used to service and maintain equipment, for example the gas safety and the fire detection system. The registered manager told us they

had very recently purchased fire evacuation equipment. They told us how this was to be used and where it was to be sited within the home. A personal emergency evacuation plan (PEEP) was in place for each person who lived at the home. This is a document which details the safety plan, e.g. route, equipment, staff support, for a named individual in the event the premises have to be evacuated. We asked one of the staff we spoke with about the action they would take in the event the fire alarm was activated. They told us regular drills were held and they were able to tell us their role in keeping people safe. This showed the registered provider had a system in place to ensure people and staff knew the action they had to take in the event of needing to evacuate the building.

No one we spoke with raised any concerns regarding staffing at the home. Staff told us they felt there were adequate numbers of staff on duty to meet people's needs. One staff member told us the registered manager helped out on the floor in the event care staff needed extra support.

There were recruitment procedures in place to reduce the risk of employing staff who may not be suitable to work with vulnerable adults. We asked two staff how they had been recruited, they both told us they had attended interviews and the registered manger had obtained references and a Disclosure and Barring Service (DBS) check. We reviewed the recruitment files for three staff and saw application forms had been completed; references and DBS checks had been obtained. Candidates were asked to record the dates of any previous employment on the application form. We noted that the month staff commenced and ceased with previous employers was not routinely recorded. Having this level of detail ensures any potential gaps in candidate's employment are identified and can then be explored.

People told us they received their medicines on time. Staff who had responsibility for administering peoples medicines told us they had completed training. One staff member who had recently commenced employment told the registered manager had also observed them administering peoples medicines to ensure they were completing this task safely. This meant people received their medicines from staff who had the appropriate knowledge and skills.

We saw systems were in place for the receipt, storage and administration of medicines. A monitored dosage system (MDS) was used for the majority of medicines while others were supplied in boxes or bottles. We checked five individual boxed medicines and found the stock tallied with the number of recorded administrations. We also checked one medicine which was stored in the controlled drugs cupboard. The stock tallied and each entry was completed and checked by two staff. A staff member told us the controlled drugs stock was checked weekly to ensure that all the stock was accounted for. The staff member also showed us a document where staff recorded the date of application, location and removal of transdermal patches. A transdermal patch is a medicated adhesive patch that is placed on the skin to deliver a specific dose of medication through the skin and into the bloodstream. They said this document ensured staff rotated where the patch was applied to reduce the risk of skin irritation.

Good

Is the service effective?

Our findings

We asked how new staff were supported in their role. One member of staff who had recently commenced employment at the home told us they had shadowed a more experienced member of staff for a number of shifts. One of the staff files we reviewed was for a staff member who had commenced employment in 2015 with no previous care work experience. Their induction included the Common Induction Standards. This is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that all workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. This shows new staff were supported in their role.

Staff told us the majority of training was via the registered provider's online training course which included infection prevention and control, health and safety, fire safety and dementia care. They said they had also received training in both the theory and practical aspects of moving and handling. One staff also explained district nurses provided some training for staff, for example, pressure area care We saw certificates in staff files which evidenced the training staff had completed and the registered manager showed us a matrix which provided an overview of staff employed at the home, the training they had completed and when staff needed to refresh their skills.

Staff told us they received supervision with their manager every three to six months. One staff member told us they received regular supervision with the registered manager and they felt able to ask for extra support if they needed it. The registered manager told us the documentation for staff supervision had recently changed to encourage open discussion and two way feedback of performance. Supervision monitors staff performance and development needs, ensuring they have the skills and competencies to meet people's needs.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS) as described in MCA schedule A1 together with any conditions on authorisations to deprive a person of their liberty set by the supervisory body as part of the authorisation. The registered manager told us there was no-one living at the home who was subject to, or required a DoLS authorisation.

We saw evidence in the three staff files we reviewed staff had received training in mental capacity. All the staff we spoke with were clear about people's right to make their own choices and decisions. Staff were able to tell us how they enabled people to make choices and during our inspection we heard staff asking people for their consent, for example, before serving food or adjusting clothing. Staff used phrases such as 'would

you like me to put this here for you?' Each of the care plans we reviewed recorded the person was able to communicate their needs and was able to make choices relating to their daily needs.

People spoke positively about the meals at the home. Comments included, "You can have what you want for breakfast" and, "The homemade soups are excellent." When we asked one person about the meals they said, "It's very good." A relative said, "They changed the menu two weeks ago after we commented about it, It's much better now."

A number of the bedrooms we looked at contained a kettle with tea and coffee making facilities. We saw drinks were available in all the lounge areas and water dispensers were accessible to people. The was a designated café on the lower floor for people to use as they wished and communal dining rooms to both the ground and first floor. We heard staff offering people a choice of where to have lunch, either in their bedroom or in the dining area.

Over the two days of the inspection we observed breakfast and lunch. People were offered a choice of meal and both hot and cold drinks, including beer or wine. Condiments were on all the tables and we heard staff offer to support people to use them, we also saw staff take condiments on trays to people who chose to eat in their bedrooms.

One person who lived at the home required staff to maintain a record of their dietary intake. We looked at a random selection of these records and saw staff had recorded the breakfast, lunch and evening meals the person had eaten. There was no section available on the document for staff to record any snacks the person may have eaten during the day, for example, cakes or biscuits with their mid-morning drinks. We raised with the registered manager on the day of the inspection, the operations manager informed us there was another document available for staff to use which enabled this detail to be recorded and they assured us this would be implemented promptly. This meant an accurate record of this person dietary intake had not been maintained.

We saw from people's records they had access to external healthcare professionals, for example, the G.P, district nurse, optician and podiatrist. During our inspection we spoke with a visiting healthcare professional. They told us the staff referred people to them in a timely manner and acted on any instructions given to them.

There were bedrooms and communal areas to all three floors. There was a choice of seating areas to each floor and the home had a dedicated room for hairdressing and beauty treatments. There was a coffee lounge and a small gym equipped with walking/step machines exercise. People had access to the garden from the lounge and dining area to the ground floor and some of the bedrooms to the ground floor had direct access to the garden also. During the inspection we saw people going in and out to the garden as they wished.

Good

Is the service caring?

Our findings

People who lived at the home consistently told us they were well cared for and happy. One person said, "This is my third respite stay here, they (staff) are very, very good, I look forward to coming." Another person said, "It's a lovely place, yes, I'm very happy here." A relative told us, "We have no concerns for her, she is very happy here. I've told my family that if I ever need residential care, I want to come here." Without exception when asked if they were happy at work the staff responded positively. One of the staff we spoke with said, "I'd put my mum in here."

The atmosphere in the home was warm, friendly and professional. We observed staff interactions with people were appropriate while remaining kind, friendly and inclusive. We observed staff talking to each other and encouraging people to join in the conversations and people were encouraged to talk about their lives, local issues and the local area to join in conversations. Seating in the lounges was arranged to allow conversations between people and we observed people engaging in conversations and moving around and between the different seating to speak with other people.

People either chose where they wanted to sit or, if they needed staff support, we heard staff ask them which lounge or seat they would like to sit in. People also told us they were free to sit and spend time where ever they chose. We also heard staff asking people in the lounges which television station they would like to watch and the channel or the radio station to meet individual requests.

Staff clearly knew people well. When we spoke to staff they spoke about people with respect and a good knowledge of people's likes and preferences. This showed people received care and support from people who knew them well.

People's privacy, dignity and independence was respected. People told us they could go to their rooms as and when they chose. Staff respected people's right to privacy We saw staff knock on doors prior to entering. We also observed one staff member enter a person's room when they did not respond to the knock on the door. We heard the staff say the person's name, telling them who they were and asking if it was alright for them to enter their bedroom. Staff were also able to give us examples of how they respected people's dignity and privacy. Staff said they ensured doors and curtains were closed prior to supporting people with personal care. Two staff also explained how, if people were safe to use the bath independently, they would wait outside the bathroom door and so the person had privacy and then go back in when the person required support.

We saw staff encouraging people to be independent and peoples care plans recorded the tasks they were able to do for themselves and where they needed staff assistance. For example, one care plan recorded the person could shave themselves but required a member of staff to support them to shower. One staff member told us helping people retain their independence was, 'better for their dignity'.

Each care plan contained a section where people could comment and sign the document. While some of these sections referred to peoples comments and / or had been signed by the person, not all of them had

been. This meant we could not clearly evidence people had been involved in the development and review of their care plans.

People care records were stored in a locked unit on each floor. This prevents unauthorised access to people's records. However, while we were sat in the foyer we noted when office staff used the alcove at the side of the office to speak with people or visitors to the home we were able to hear the conversation. We brought this to the attention of the registered manager to enable them to take appropriate action for the future.

Good

Is the service responsive?

Our findings

People told us staff encouraged them to partake in activities including using the gym. One person said, "I go to the gym. I try to do 20 minutes a day." Another person said, "There's always plenty to do, Hair and make-up yesterday, art activities and I enjoyed the skittles today." A relative said, "Mum loved the owls visit, we brought the grandchildren." The home newsletter dated April 2016 recorded a variety of activities which had taken place recently, this included St Patricks day celebrations, outside entertainers and a clothes party. A full programme of daily activities was displayed in the foyer and during the inspection we saw people playing an organised game of skittles.

The activities co-ordinator showed us their records, these recorded the times and locations of activities attended by each resident. They also noted when they had spent time on a one-to-one basis with people as well as people's attendance at advertised daily group sessions. The activities co-ordinator told us, "The records help me to monitor which residents are not attending activities sessions. Some want to stay in their rooms so I will do one-to-one sessions with them. It's important that they do not get isolated. I'm planning to introduce more memory related activities as well as a gardening session." Enabling people to take part in meaningful and enjoyable activities is a key part of 'living well' in older age.

The registered manager told us prior to a new person moving into the home they completed a pre-admission assessment at either their chosen location. They explained this then enabled staff to begin to develop the persons care plan. Having this information before someone moves into a care home provides staff with the knowledge to support the person and help them to adjust to their new surroundings.

We asked one of the relatives if they had been involved in the care plan for their relative, they said, "We work together with (registered manager) to make life better for mum."

The registered manager told us they were in the process of updating peoples care plans to a new format. They said three care plans were being transferred to the new documentation each week.
Each of the care plans we reviewed contained a variety of care plans including, mobility, eating and drinking, personal care and sleep. All the care plans were written in a person centred way and recorded the level of support people needed. For example, one care plan recorded where the person preferred to eat their meals and recorded they needed a plate guard to enable them to be more independent. Another care plan noted the person liked to 'retire early and watch TV in bed'. Care plans were reviewed and updated at regular intervals. We noted one of the care plans had recently been updated to reflect changes in the care and support the person required. This showed care planning took account of people's changing care needs.

We asked people if they had raised a complaint about the service they received, one relative said, "I had a question about mum's medication, (registered manager) dealt with it immediately." Another relative told us, "(Registered manager) is very approachable and takes any concerns seriously."

We asked the registered manager how complaints were managed. They told us people could log complaints with the staff at the home or directly with the registered provider should they choose to do so. They

explained that any complaints received at the home were logged onto the registered provider's online management system. The operations manager told us, the system then sent an electronic alert to them to notify them of the complaint. We asked the registered manager if there had been any complaints received at the home since our last inspection. They said there had just been two verbal concerns raised. We looked at the complaints log and saw evidence the complaints had been recorded and investigated. This showed people were aware of how to complain.

Good

Is the service well-led?

Our findings

The registered manager had been employed at the home since it's registration with CQC in November 2014. The registered manager was professional throughout the inspection, knowledgeable about people who lived at the home and the staff who worked there.

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. Prior to the inspection we saw evidence the registered provider submitted these notifications in a timely manner. During our inspection we did not identify any issues which the registered provider had failed to notify us about.

There is a requirement for the registered provider to display ratings of their most recent inspection. We saw the registered provider had due regard for the duty of candour, there was a link to our most recent inspection report on their website and the rating was on display both on the website and within the home.

Staff we spoke with all talked proudly of the service they provided for people. They told us they felt supported by the registered manager and their colleagues. One of the staff told us the operations manager visited the home at least monthly but they felt confident they could contact them in between their visits if needed.

The registered manager told us the organisation had the Investors in People award. This is a national standard which recognises organisations commitment to their workforce. They said they had worked hard to ensure the home was part of the local community, this included hosting a local community group who visited the home monthly to enable people to engage in activities at the home and being involved in an upcoming 1940's themed event.

The registered manager completed a series of audits on a regular basis, this included audits to be done monthly and quarterly. We saw evidence of completed audits, including daily walk around audits, medicines and care plans. The registered manager told us they completed a monthly record on the registered provider's online management system. They logged all incidents, pressure sores and peoples weights. The operations manager told us they analysed the inputted data and this enabled them to pick up on potential themes and trends and helped them to target the support they provided to the home.

The operations manager told us they visited the home at least monthly, a report was then compiled and sent to the registered manager. They said any issues which required attention were followed up at their next visit. We reviewed a recent report completed by the operations manager. We saw this included information pertaining to a range of subjects, including care related matters, service user feedback, staffing and medicines. We saw sections of the report were highlighted yellow, they told us this was to enable the registered manager to easily see the issues which need their attention. They said these matters were then followed up at the following visit to ensure they had been addressed.

The registered manager told us they walked around the home on a daily basis, this enabled them to chat to people who lived at the home, ensure people looked well cared for, observe staff practices and ensure the environment met the require standard.

These examples demonstrated there was a quality assurance and governance system in place to drive continuous improvement.

We asked the registered manager how they obtained feedback from people who lived at the home. They said people all had telephones in their bedrooms and if people wanted to let her know about something, they telephoned directly to tell them. We saw minutes from resident and relatives meeting held earlier in the month and we saw a notice on display informing people of the date of the next residents and relatives meeting.

Staff told us regular meetings were held. We reviewed minutes of staff meetings from November and December 2015 and January and March 2016. Topics addressed included staffing, medicines, recording and cleaning. Meetings are an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and support for people who live at the home.