

Hazelgate Ltd

The Dene Lodge - Minehead

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 Dene Lodge provides accommodation with personal care for up to 33 people. The home provides a service for older people and within the home there is a unit (The Exmoor unit) which cares for five people who are living with dementia.

At the last inspection in November 2015, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good

People remained safe at the home. People were supported by adequate numbers of staff who had the skills and knowledge to meet their needs. There were policies and procedures in place which minimised the risks of abuse to people. Where concerns had been raised the registered manager had worked in partnership with relevant organisations to make sure people were safe. One person who lived at the home said "I feel safer here than I did in my own home." Some people who were living with dementia were unable to tell us whether they felt safe. However, people looked relaxed and comfortable in their surroundings.

People continued to receive effective care and support because staff had the skills and knowledge to meet their needs. When required, staff assisted people to access health and social care professionals to ensure they received the care and treatment they needed. 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. Staff were kind and respectful when they interacted with people. One person who lived at the home said "This is my home and [name of registered manager] and the staff are more like my family. It is wonderful; excellent." Systems were in place to make sure people's wishes and preferences during their final days and following death were understood and respected.

The home continued to be responsive to people's needs and preferences. People were assessed before they made the decision to move to the home. This helped to ensure the home was able to meet a person's needs and preferences. Care plans contained important information about a person's social history which helped staff to get to know people. People were able to make choices about their day to day lives and there were plenty of opportunities for social stimulation.

The home continued to be well-led. The registered manager had managed the home for many years and was well respected by the people who lived in the home, staff and people's relatives. A person who lived at the home said "She's amazing. One of a kind. So caring and committed." 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. There were systems in place to monitor the quality of the service provided and to seek people's views.

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 ●

The service remains good

Is the service caring?

Good ●

The service remains caring

Is the service responsive?

Good ●

The service remains good

Is the service well-led?

Good ●

The service remains good

The Dene Lodge - Minehead

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 October 2017 and was unannounced. It was carried out by two adult social care inspectors.

We carried out this inspection sooner than planned because we had received allegations of abuse. We followed this up during our inspection and no concerns were noted by us or raised by the people who lived at the home or the staff team. The concerns were referred to the local authority safeguarding team who take the lead role in investigating safeguarding concerns. The registered manager has been cooperating with the investigation which has not yet concluded.

Before the inspection, the provider completed 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. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law. At our last inspection of the service in November 2015 we did not identify any concerns with the care provided to people.

At the time of this inspection there were 27 people living at the home. Some people were living with dementia and not all were able to tell us about their experiences of life at the home. We therefore used our observations of care and our discussions with staff to help form our judgements. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with 13 people who lived at the home, six members of staff and two visitors. The registered manager was available throughout our inspection.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care records of four people who lived at the home. We also looked at records relating to the management and administration of people's medicines, staff recruitment and training, health and safety and quality assurance.

Is the service safe?

Our findings

The service continued to provide safe care. People told us they felt safe living at the home. One person said "I feel safer here than I did in my own home." Another person told us "No worries whatsoever." Some people were living with dementia and were not able to tell us whether they felt safe. Through our observations we saw people looked content and comfortable in their surroundings and when staff interacted with them.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. The registered manager ensured there were sufficient staff deployed to meet the physical, social and emotional needs of the people who lived at the home.

There were recruitment procedures in place which helped to minimise the risks of abuse to the people who lived at the home. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Staff knew how to recognise and report abuse. All staff spoken with said they had received training in safeguarding vulnerable adults and knew how to report any concerns. Staff told us they were confident that any concerns raised would be fully investigated to make sure people were safe. One member of staff said "I've never seen anything concerning here. If I did I would definitely report it." Another member of staff told us "The residents are very frail people. I would report it straight away if I thought somebody was being mistreated. It would be dealt with." Where allegations or concerns had been brought to the registered manager's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

Care plans contained risks assessments which outlined measures in place to enable people to maintain their independence with minimum risk to themselves and others. These included risks relating to people's moving and handling needs and environmental risks. From these assessments a plan of care had been developed to minimise risks and these were understood and followed by staff. For example some people required walking aids to enable them to mobilise safely. Staff quickly interacted and reminded people to use their walking aids when they got up to walk. One person went out independently. They had been provided with a mobile telephone which had important numbers, including the police and the home's telephone number, so they could quickly call for help if needed.

There were procedures for the safe management and administration of people's medicines and these were understood and followed by staff. Medicines were managed and administered by staff who had received training and regular checks of their skills and competencies. Medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. All medicines were securely stored. We checked a sample of stock balances for medicines which required additional secure storage and these corresponded with the records maintained.

To ensure the environment for people was kept safe specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. There were risk assessments in place relating to health and safety and fire safety. Regular health and safety checks and any maintenance required was carried out by the provider's maintenance person who regularly visited the home. The service had a range of health and safety policies and procedures to keep people safe.

Is the service effective?

Our findings

The service continued to be effective. People received care and support from staff who had the skills and knowledge to meet their needs. Newly appointed staff completed an induction programme which gave them the skills to care for people safely. A recently appointed member of staff said "The induction was good. I also did shadow shifts so I could get to know the residents." After completing the home's induction programme, staff completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home.

People had access to healthcare professionals including doctors, community nurses, speech and language therapists, opticians and chiropodists. The registered manager told us they had excellent links and support from health care professionals. One person who lived at the home told us "[Name of registered manager] is excellent. If you feel off colour the doctor arrives pretty quickly."

People told us they were able to make decisions about their day to day lives and were never forced to do something they didn't want to do. One person told us "I can please myself what I do. It's up to me. I do what I want." Another person said "I am a fairly early bird so I get up about 7am. That seems to fit in. You can do what you like here." Some people were living with dementia and were not able to tell us about their experiences. However, we observed staff checking if people were happy doing what they were doing or sitting where they were sitting.

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. Staff knew how to support people who lacked the capacity to make decisions for themselves. Staff told us if someone was not able to make a decision they would consult with their families and professionals to make sure any decision made was in their best interests. This showed staff understood the principles of the MCA.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). 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). Assessments about people's capacity to consent to living at the home had been completed and DoLS applications had been completed for people who were unable to consent to this and for those who required constant monitoring by staff.

People told us they were happy with the food provided and that they were offered plenty to eat and drink. One person told us "The food is good and there's plenty of it." Another person said "I've no complaints about the food. You have choices for every meal. I am sure I have put on weight since I moved here." People

in the Exmoor unit were unable to tell us about their experiences however we observed people being offered regular drinks and snacks throughout the day. We saw lunch being served and enjoyed by all.

People had their nutritional needs assessed to make sure they received meals that met their needs and preferences. We met with one person who required a soft diet as they had been assessed as being at high risk of choking. During lunch we saw the person was provided with a meal which was attractively presented and prepared to the correct consistency. People's weights were monitored and regularly audited by the registered manager. This meant prompt action could be taken where concerns had been identified.

Although not purpose built, care and attention had been taken to provide an environment which was homely and accessible. Grab rails and raised toilet seats enabled people to maintain a level of independence. Furnishings and fixtures were domestic in style which helped to promote a homely environment. The Exmoor Unit had been designed and decorated based on best practice for people who were living with dementia. For example carpets were plain in colour, handrails had been painted with a contrasting colour so that people could easily see them and the lights in people's bedrooms and en-suites were automatically activated when the person entered the room. Clear signage helped people to orientate themselves.

Is the service caring?

Our findings

The service continued to be caring. People were cared for by staff who were kind and caring. One person said "This is my home and [name of registered manager] and the staff are more like my family. It is wonderful; excellent." Another person told us "This is an excellent home. The staff are always quite excellent. They are excellent at just having a chat and will always find time for you." We spent time on the Exmoor unit observing how staff interacted with the people who lived there. Interactions were kind and respectful and people responded positively when staff interacted with them. One person enjoyed friendly banter with a member of staff which resulted in lots of laughter. The person told us "He's kind; ever so kind. You can't fault him. They [the staff] are all very friendly. I don't want anything to change. I like it here." A visitor said "The care here is lovely and I am really happy for my [relative]. [Name of registered manager] is top notch. So are all the staff. We have been very happy."

People were supported to keep in touch with family and friends. They told us their visitors were always made to feel welcome. One person said "My [relative] comes regularly. We can sit, drink tea and have a natter. They like coming here." A frequent visitor arrived to take their relative out. They were greeted by the registered manager in a very relaxed and warm manner.

Staff morale was good and there was a happy and relaxed atmosphere in the home. One member of staff told us "I think our residents get really good care here. All the staff are kind and patient." Another member of staff said "It's a wonderful place to work and we get to spend time chatting to residents and take them out." People had been able to form friendships with other people at the home. In the main communal lounge and dining room we saw people sat together and chatted happily. This all helped to create a happy and friendly atmosphere.

People's privacy and dignity was respected and people were able to spend time alone in their bedrooms if they wished to. We saw this to be the case when we visited. Staff offered people assistance with personal care in a discreet manner. Each person had their own bedroom. Bedrooms were very individual and personalised with people's belongings, such as small items of furniture, photographs and ornaments to help people to feel at home. Staff knocked on doors and waited for a response before entering. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality.

Staff were able to provide care to people who were nearing the end of their life. Care plans outlined how and where people would like to be cared for when they became very unwell. Information about people's preferences during their final days and following death had been clearly recorded in their plan of care. The registered manager ensured the involvement of health care professionals when a person was nearing the end of their lives so they remained comfortable and pain free.

The home had received numerous compliments from the relatives of people who had lived at the home or passed away at the home. One comment included "We never had to doubt for one moment the level of care given to [relative] over the four years they were with you. That has given us a great deal of peace of mind

knowing they were so well looked after." And "A special thank you for [their] end of life care and for the way you kept in touch with us."

Is the service responsive?

Our findings

The home continued to provide a responsive service. People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. Throughout our visit we observed people moving freely around the home deciding where they wanted to be and what they wanted to do.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met.

Each person had a care and support plan based on their assessed needs. The care plans provided clear guidance for staff on how to support people's individual needs. People contributed to the assessment and planning of their care, as far as they were able to. Where people were unable to express a preference, the staff consulted with their close relatives to gain further information on people's tastes and preferences. Each person had a 'This is me' document which detailed information about their social history, previous interests/hobbies and the important people in their lives. This helped staff to get to know the person and what was important to them.

Staff recorded information about people during the day and at night. The daily records we read contained information about the person's well-being and the tasks staff had performed. This information helped to review the effectiveness of a plan of care which meant people received care and support which was responsive to their needs and preferences.

People had opportunities for social stimulation and to enjoy activities which were based on their interests. When we arrived we observed people in the main part of the house engaging in a variety of activities. These included scrabble, dominoes, word search and reading newspapers. One person particularly liked trains. We observed the person enjoying their train set. A member of staff told us "[Name of person] loves trains. Everyone was involved in making a base for the train set. We had it as a home project and everyone painted something." In the Exmoor unit we observed staff engaging with people on an individual bases. One person was enjoying some colouring; another was reading a gardening book. Another person was singing and cuddling their doll. The atmosphere was relaxed which benefitted the people who lived there.

There were organised social events and outside entertainers regularly visited the home. A member of staff told us people were supported to go into town for coffee and shopping and they often visited a local park. The member of staff said "One lady likes to go shopping. They think they still have to do the family shop so we go and buy iced buns to bring back and share with the 'family' [the people who lived at the home]. It means a lot to [name of person.]

People were provided with information about how to make a complaint and they felt confident about raising concerns. One person said "I am very happy with everything. If I wasn't then [name of registered manager] would be straight on the case." Another person said "I can always raise any issues. Nothing is ever

a problem and everything is done when I want it to be done." The service had not received any formal complaints in the last year. In their completed provider information return (PIR) the registered manager said "The home is open and transparent with all residents and family about how to raise a concern or complaint. They are given a copy of the policy before they move in so they are clear about who to talk to and how the complaint or concern will be dealt with. Due to being a small home we feel residents and their relatives feel at ease and are able to discuss any issues with all our staff or management."

Is the service well-led?

Our findings

The service continued to be well-led. The registered manager had managed the home for many years. 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 was very visible and well known to the people who lived at the home, the staff team and people's visitors. All spoke very highly of the registered manager. A member of staff said "[name of registered manager] is so approachable. She's brilliant. I've never had a boss like her. She's always on the floor and always mucks in and covers shifts." A visitor described the registered manager as "Top notch." People knew the registered manager's name and they smiled and chatted when the registered manager approached them. One person who lived at the home said "She's amazing. One of a kind. So caring and committed."

The registered manager told us "I am very happy in my role at The Dene Lodge and that is transmitted to all my residents and relatives whom I have many meetings with. Keeping our residents safe and caring for them in their twilight years gives me a great feeling of satisfaction and achievement."

People were cared for by staff who were well supported and kept up to date with current developments. Each member of staff had regular one to one supervisions where they were able to discuss their performance and highlight any training needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. There were also meetings for staff where a variety of issues could be discussed. There was a handover meeting at the end of each shift where staff passed on information about each person's health and welfare that day. This ensured all staff were kept up to date with people's care needs.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. Where shortfalls in the service had been identified action had been taken to improve practice. The findings of a recent contract review by the Local Authority had been positive.

The views of the people who lived at the home were sought on a daily basis and satisfaction surveys were sent to people's relatives/ representatives to see their views on the quality of the service provided. The results of a recent survey had shown a high level of satisfaction with all aspects of the service provided. In response to the question; If you could change anything what would it be? A relative had responded "Not so much change anything but ensure you continue to maintain the current high standards and the lovely homely, family feel. Also the staff friendliness and their commitment to the residents and the cleanliness."

The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone 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. Records showed that where incidents had occurred these were treated as opportunities to learn and improve.

The registered manager kept their knowledge and skills up to date by research, training and taking part in local initiatives. They were members of the RCPA (the registered care provider association) which enabled registered manager's to share ideas and knowledge to make sure people were receiving a service in line with current good practice guidelines.

To the best of our knowledge the service has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.