Althea HealthCare Limited

# The Depperhaugh

**Inspection report**

Chickering Road, Hoxne, Suffolk IP21 5BX
Tel: 01379384236
Website: n/a

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## Ratings

| Overall rating for this service | Requires Improvement |
|---|---|
| Is the service safe? | Requires Improvement |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Requires Improvement |
| Is the service well-led? | Good |

## Overall summary

This inspection took place on 15 July 2015 and was unannounced.

There was a registered manager in place who had registered with the Care Quality Commission in May 2015. 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.

Some areas of the service were not cleaned effectively. The manager had identified some of the issues and explained to us the measures they had taken to improve. However, on the day of our inspection the general cleanliness of the service was not of a good standard.

People told us they felt safe living in the service. Staff understood how to keep people safe and had received training in safeguarding procedures.

There were sufficient staff who had received appropriate training. The recruitment procedures ensured that staff who were employed were suitable to work in the service. Staff received effective support, induction, supervision and training.

# Summary of findings

People were supported to have sufficient to eat and drink. Meals provided offered people choice and mealtimes were a sociable and relaxed experience and people were helped to maintain as much independence as possible.

Care plans contained sufficient information to help staff and guide them to deliver care and support that met people's individual assessed health and care needs. However, people or their relatives were not always actively involved in making decisions about their care. Care plans were not always individualised.

Care files seen indicated that people using the service had access to health care professionals such as doctors, dieticians and opticians. Discussion with care staff demonstrated that they knew and understood the needs of the people they were supporting.

Systems were in place to monitor and evaluate the quality of service being provided and staff spoke highly about the management of the service.

# Summary of findings

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

We always ask the following five questions of services.

**Is the service safe?**

**Requires Improvement**

The service was not consistently safe.

The general cleaning of the service required improvement and insects such as flies were a nuisance in the service.

Staff were knowledgeable in recognising signs of abuse.

Assessments were carried out to identify any risks to people. Where risks had been identified actions were in place to mitigate these.

There were sufficient staff on duty to provide care safely.

Medicines were administered and managed safely.

**Is the service effective?**

**Good**

The service was effective.

People received care and support from staff that were well trained and supported.

Staff had a good knowledge of the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards.

People's nutritional needs were met by staff who had a good understanding of people's dietary needs.

**Is the service caring?**

**Good**

The service was caring.

People and their relatives were positive about how care and support was provided.

Staff were knowledgeable about people's needs and provided care with kindness and patience.

People's privacy and dignity was respected. Friends and relatives were able to visit with no unnecessary restriction.

**Is the service responsive?**

**Requires Improvement**

The service was not consistently responsive.

People were not involved with reviews of their care. Some care records were generic and not personalised.

Care records were updated and reviewed regularly by the service. Where changes in a person's needs were identified the service took appropriate action.

# Summary of findings

**Is the service well-led?**

Good

The service was well-led.

The culture of the service was open. Staff were clear about their responsibility to promote people's independence and well-being.

The service had a registered manager in post. We received positive feedback about the registered manager from people who lived at the home, members of staff, visiting relatives and a visiting professional.

There were quality assurance procedures in place. Where shortfalls were identified action plans were put in place to address these.

# The Depperhaugh

**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 15 July 2015 and was unannounced. It was carried out by an 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. Our expert had experience of caring for a person with dementia.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the visit we spoke with five people who used the service, five relatives, four members of care staff, the cook the registered manager and the operations manager and the area manager. We observed care and support in communal areas. We looked at the care records of three people who used the service, medicine administration records and staff training records, as well as a range of records relating to the running of the service including audits carried out by the manager and provider.

Requires Improvement

# Is the service safe?

## Our findings

None of the waste bins located within the service were fitted with lids. This presented an infection control hazard when they were used for the disposal of soiled material. The general cleanliness of the home required improvement. For example, there was a layer of grime on the electric heater in the downstairs bathroom, some toilet seats were corroded with dirty hinges, and some baths had extensive lime scale with plug holes dirty with hairs. We spoke with the manager about this. They explained to us how they had identified the issues and the actions they were taking to remedy the issues. This included the recruitment of a new cleaner and the immediate purchase of new bins with lids.

Flies were a problem in the service. We noticed, where a person was eating their main meal but had their dessert left next to them a number of flies landed on the dessert. One person who was nursed in bed and had limited movement was being annoyed by flies. This was an infection control problem as well as distressing to some people living in the service.

People we spoke with told us they felt safe living in the home. One person said, "Safe, I feel safe enough and the carers are very good, if you call them in the night they come and if busy they are very honest and helpful and say if you sit there I will get someone – you cannot be treated better than that." Another person told us, "I am very comfortable and I am safe." Relatives also felt their relations were safe. One relative told us, "I have never seen anything to give me a hint of worry regarding staff."

Staff had received training in protecting people from the risk of abuse. Staff we spoke with had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the process for reporting concerns and escalating them to external agencies if needed. The manager demonstrated an understanding of how incidents of abuse should be reported and investigated.

Risks to individuals were recognised, assessed and guidance was available to staff to inform them how to manage the risks. For example, where a person had been assessed as at high risk of developing pressure ulcers, actions had been put in place to reduce the risk, such as regular turning when in bed. Records showed that these actions had been carried out. Another example was where a person needed support and equipment to move from one place to another there

were risk assessments in place guiding staff how to do this safely. We observed staff putting this into practice and saw they used the equipment safely and in line with the risk assessments.

We saw that the manager completed audits on analysis of any pressure ulcers and falls in order to assess if there were any trends that needed to be addressed. The manager told us that reports of accidents and incidents were monitored by the provider to assess if there were any trends in order to identify and make improvements to the support people received.

Most people expressed satisfaction with level of staffing in the home. One person told us, "It is acceptable as far as I am concerned in the day at night they are as quick as lightening. I would give it nine out of ten." However, one relative told us, "Occasionally there is not enough staff on the ground floor……last week there was only one carer downstairs in the afternoon." Staff we spoke with said that generally there were sufficient staff but sometimes the mornings may be, "a bit hectic". The manager explained to us how staffing levels were assessed and told us that extra staff could be brought in if the need arose.

Staff files we looked at showed that effective recruitment procedures were in place to ensure that staff were suitable to work in this type of environment. All relevant pre-employment checks were carried out. These included obtaining two references and carrying out Disclosure and Barring Service checks.

People relied on staff to administer their medicines to them and we saw this was being done safely. There were suitable arrangements in place for the safe storage, receipt and administration of people's medicines. Staff received training in the safe handling and administration of medicines and had their competency assessed by the manager. The manager was carrying out regular audits of medicines and we saw that when issues were identified they took the appropriate action to address them.

Good

# Is the service effective?

## Our findings

People told us staff supported them appropriately with their care. One person said, “Staff are very good on the whole and I have no problems.” Another said, “They are kind and if I ask them to do anything they do it.” Relatives also commented positively on the care staff with one saying,

“The staff are always extremely professional and they also put the patient’s interests first with care and consideration.”

People received care and support from staff that had the knowledge and skills to support them effectively. Staff we spoke with told us the training was good. One staff member told us that they had recently started a national qualification in care and that the provider was supporting them with this. Staff received training in relevant subjects such manual handling, first aid and dementia care. The manager maintained a spread sheet which identified what training staff had undertaken and when refresher training was due.

Staff told us they received regular supervision sessions which were supportive and where they could discuss any areas of concern they may have and any development needs. New staff received a planned induction into the service which included a period of shadowing an experienced member of care staff.

The manager displayed a good understanding of the Mental Capacity Act 2005 and associated

Deprivation of Liberty Safeguarding (DoLS). We saw they had made appropriate applications to the local authority where it was felt people may be having restrictions placed upon them. Staff also had an understanding of this and how it applied in practice. DoLS protects the rights of people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed.

Care plans contained details of people’s ability to consent and any mental health needs. Where people had appointed a person to act on their behalf with a power of attorney this was recorded. Where a person may display distressed behaviour which presented a risk to others this behaviour was described and the approach required to de-escalate the behaviour in a safe manner was described, for example, using clear unambiguous language. Referrals had been made to the community mental health team where appropriate.

People were supported to eat and drink enough to help keep them healthy. People told us they enjoyed the food. We observed the lunch time meal the meal looked appetising and nutritious and was served on warmed plates. People we spoke told us they enjoyed the food. One person said, “The food is lovely”. One relative told us, “The food is lovely and [relative] has put on weight.”

We observed the cook had good relationships with people living at the home and there was laughing and chatting between them. One person, who we were told had a poor appetite, had their meal served on a smaller plate so that it looked appetising and they were being encouraged to eat. Special equipment such as raised plates were available to people who required it. The dining room had a calm atmosphere with staff encouraging and assisting people to eat.

Staff and the cook were knowledgeable about people’s nutritional needs. The cook described to us how the service used ingredients to fortify meals when this was required such as fortifying porridge with extra cream. Care plans contained information about people’s nutritional needs. However, we noted that where people required their fluid intake monitored this was not always carried out effectively. We asked the manager about this and they showed us a system in place to address this. They told us that it had occurred because care staff did not always put fluid intake onto the computer record system immediately and therefore they had implemented a system of paper records which were more accessible to staff.

People were supported to maintain good health and had access to health care services. One person told us, “I went to the opticians and one of the carers took me.” Staff kept daily records so that they could monitor changes in people’s health. Any changes in a person’s condition were discussed at staff handover so that staff coming on duty were aware of any changes. A visiting GP told us that the service made appropriate and timely referrals to them. They told us that the home supported a good continuity of care with the psychiatric team, speech and language therapist, dietician, optician and dentist.

Good

# Is the service effective?

The layout and design of the service allowed people to choose how they spent their day with areas where people could sit and read away from where other people were watching the television. However, the general decoration of the premises appeared tired and did not support people living with dementia. For example colour schemes in both the downstairs and upstairs corridors were dark and did not assist people with orientation. The carpet in both the downstairs and upstairs corridors was worn and dark the downstairs being repaired with duct tape in places. The manager told us that there were plans in place to replace the downstairs carpet but not the upstairs. They also told us that some individual rooms had been re-decorated and there were plans in place to re-decorate others as they became vacant.

Externally the home had recently completed the renovation of a walled garden. The manager told us that the gardener was in the process of putting in raised beds so that people could enjoy gardening. However, access to the garden on the day of our inspection was restricted for people living with dementia or who used a wheel chair. This was because it was not secure and although there was a ramp out to the garden from the home at one end of the building a ramp was not in place at the door from the dining room.

Good

# Is the service caring?

## Our findings

People told us that staff were caring and treated them with kindness when providing their day to day care. One person said, “The staff are good and I go to the them if I have a problem but I have nothing to complain about.” A relative told us, “They treat [relative] with the greatest of respect and make me feel part of the family.” Another relative said, “The staff are always extremely professional and they also put the patients interests first with care and consideration.”

Our observations supported what people told us. We saw staff were kind and patient when they were supporting people. We observed a member of care staff supporting a person who was becoming distressed. The staff member immediately broke off the task they were engaged in and went to reassure them. They spent time reassuring the person. Only when the person had settled did they move on. In another example, we observed staff supporting a person to use a hoist and they took their time and gave the person reassurance throughout the procedure.

Staff we spoke with knew the needs and preferences of the people they supported. A visiting professional told us staff knew the needs of people and were able to give updates on any changes. We saw there were details about people’s likes and dislikes in their care plans although detailed life histories were not always fully completed. These gave staff information on each person’s life and what they had achieved and supported them to engage in meaningful conversation with people.

Where people did not have capacity to make decisions the service involved advocacy services. On the day of our inspection we spoke with a solicitor visiting in a professional capacity.

People told us that they had the privacy they required. They told us they could go to their room when they wanted privacy and we observed staff knocking before entering people’s rooms. The layout of the service allowed people private space to speak with visitors.

People were supported to have friends and relatives visit. One person told us that they had Sunday lunch with their relative each week. The cook told us how at Christmas relatives had been invited to Christmas dinner and they had had 25 visitors for dinner.

People and their relatives told us that staff treated them with respect. A relative said, “They treat [relative] with the greatest of respect and make me feel part of the family.” We observed staff bending down when speaking to a people in wheelchairs in order to make eye contact. People chose whether to keep their room doors open or whether they closed them for privacy.

Requires Improvement

# Is the service responsive?

## Our findings

Care plans showed that an assessment of people's needs had been carried out before they moved into the service. The manager told us that this was to ensure that the service could meet the person's needs. Some of the people we spoke with were able to recall this assessment. However, nobody we spoke with could recall being regularly involved in the reviews of their care plan. Records did not demonstrate that people or their relatives if appropriate had been involved with reviews of their care.

Care records were maintained on a computer with some records being printed out. Staff had access to a number of computer stations in the service where they were able to update records. Some of the care plans we viewed on the computer system were generic containing standard phrases which were generated in answer to standard questions. This meant that in some cases people's care plans were not personalised and contained contradictions. For example one care plan stated that a person 'exhibited no memory problems' but in another place recorded '[person] sometimes forgets who is visiting and why.'

The service regularly reviewed and updated care plans as people's needs changed. Action was taken to ensure these needs were met. For example the service had worked with a sector specific charity to provide one to one support for a person when their needs had increased. The manager was liaising with social services and the local hospital to obtain a special chair for a person who found a conventional chair increasing uncomfortable. This would enable the person to access different areas of the service and participate in activities.

Staff we spoke we spoke with demonstrated a good knowledge of people's needs. They told us that staff handovers were thorough and updated them with any changes to a person's condition of needs. However, they also told us they did not get time to read individual care plans. This meant that they may not be up to date with a person's needs when their needs changed and the actions put in place to meet these needs. This was particularly important if they had been off for a period of time or the changes were such that they were not discussed at a daily handover meeting.

People were given choices as to how they lived their daily life. A relative told us, "I read the folder every day and they let [relative] lie in if they have had a bad night." The layout of the service meant people could sit and enjoy the company of others or find a quieter area in which to sit. We observed some people in a communal lounge watching television and another sitting in a quieter area reading the paper.

When asked about activities organised by the service one person told us, "No I don't go along, I prefer to do things on my own or one to one with staff." The manager had recently employed an activities co-ordinator. They told us how they organised group activities such as painting, music and games. They also told us how they were developing more one to one activities. They described to us a particular activity that a person had enjoyed when they were younger and how they were going to support them with this in the future. The service was also about to complete the renovation of a walled garden with raised beds to enable people to grow flowers and vegetables. The service was working towards providing people with support to carry on hobbies and interests.

The manager told us that residents and relatives meetings had not been well attended. They told us how they addressed this by changing the timing of the meeting and offering cheese and wine. The last meeting had shown an improved attendance and the manager was planning to build on this and involve people and their relatives with the running of the service.

People knew how to share their experiences or raise a concern or complaint. One person told us, "The staff are good and I go to them if I have a problem but I have had nothing to complain about." The provider's complaints procedure was displayed in the service. We saw that it contained information on who to complain to and gave timescales for responses.

Good

# Is the service well-led?

## Our findings

The manager for The Depperhaugh had been registered with the CQC since May 2015. Everybody we spoke with was positive about the change of manager. A relative commented, "The manager I am very pleased with her – she is new and has got an activity person and there are events and they are getting things decorated now. Staff were equally as positive with one member of staff saying, "The manager is a breath of fresh air." A visiting GP was also positive about the manager telling us that they had noted an improvement in the care of people with challenging behaviour and that the social side of the home had improved since the new manager had started.

The manager was visible in the home and people were aware of who they were. There was open communication between people, their relatives and staff. We observed that people approached the manager and staff with any queries or problems and felt comfortable speaking with them.

The staff team felt supported by the management. A relative told us, "Management is crucial and the moral amongst the staff has gone up." Staff told us that when they received feedback from the management team either at one to one supervisions or at staff meetings this was done in an open, honest and constructive way. They gave examples of how the rota had changed and extra equipment purchased in response to suggestions from staff.

Staff were clear about the culture of the service. Staff told us how important it was to develop and promote people's well-being. They told us how they encouraged people to be independent and promoted people's rights. They were particularly proud of their achievements with a person who when they moved into the service had been unable to walk but was now able to walk with minimal assistance.

There were procedures to monitor and evaluate the quality of the care and support provided. Regular internal audits or checks were completed. They included regular audits on health and safety, water temperatures, safeguarding issues, fire safety, slips trips and falls, care plans. These audits were monitored by the provider to identify any trends.

Where audits were carried out either by the manager or the provider action plans were developed with time scales for completion. For example a care plan audit had identified that a nutrition assessment had not completed with the appropriate update this was brought up at the next staff meeting where it was discussed and used as a learning opportunity. The manager had also identified the cleaning issues in the service and these were being addressed.