Countrywide Care Homes (2) Limited

Dussindale Park

Inspection report

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Dussindale Park
Dussindale
Norwich
Norfolk
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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

Overall summary

Dussindale Park is a registered care home and provides accommodation and care, including nursing care, for up to 58 people for short or long term care. At the time of our inspection there were 41 people living at the home. The care home is located in a residential suburb of the city of Norwich.

A registered manager was not in post at the time of the inspection. 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. A registered manager was not in post and action was taken to try and fill this vacancy.

At our unannounced inspection on 17July 2014, a breach of a legal requirement was found. After the inspection, the provider wrote to us to say what they would do to

Summary of findings

meet the legal requirement in relation to respecting people's choice about when they wanted to get up. During this inspection of 06 May 2015 we found that the provider had followed their plan which they had told us would be completed by 30 September 2014 and the legal requirement had been met.

People were safe living at the home and staff were knowledgeable about reporting any abuse. People were looked after by enough staff to support them with their individual needs. Pre-employment checks were completed on staff before they were judged to be suitable to look after people at the home. People were satisfied with how they were supported to take their medicines and medicines were safely managed.

People were supported to eat and drink sufficient amounts of food and drink. They were also supported to access a range of health care services and their individual health needs were met.

People's rights in making decisions and suggestions in relation to their support and care were valued and acted on.

People were supported by staff who were trained and supported to do their job, which they enjoyed.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. DoLS applications had been made to the appropriate authorities to ensure that people's rights were protected.

People were treated by kind, respectful and attentive staff. They and their relatives were informally involved in the review of people's individual care plans.

Support and care was provided based on people's individual needs and they were supported to maintain contact with their relatives and the local community. People were invited to take part in a range of hobbies and interests. There was a process so that people's concerns and complaints were listened to and these were acted upon.

The acting manager was supported by a regional director and a quality assurance manager. Staff enjoyed their work and were supported and managed to look after people in a caring and safe way. People and their relatives were able to make suggestions and actions were taken as a result. Quality monitoring procedures were in place and action had been taken where improvements were identified.

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?
The service was safe.

People were given their medicines as prescribed and there were systems in place to ensure that medicines were stored and recorded correctly.

Staff were aware of their roles and responsibilities in reducing people's risks of harm.

Recruitment procedures and numbers of staff made sure that people were looked after by sufficient numbers of suitable staff.

Good

Is the service effective?
The service was effective.

People's rights were protected from unlawful decision making processes.

Staff were supported and trained to do their job.

People's individual health and nutritional needs were met.

Good

Is the service caring?
The service was caring.

Action had been taken to improve how people's decisions about when they wanted to get up were respected. This meant that the provider was now meeting the legal requirement.

People received care that was attentive and their individual needs were met.

People's rights to privacy, dignity and independence were valued.

Good

Is the service responsive?
The service was responsive.

People, and their relatives, were actively involved in reviewing the person's care plan and their care needs.

Visiting external entertainers and the provision of hobbies and interests supported people to take part in a range of activities that were important to them.

There was a procedure in place which was used to respond to people's concerns and complaints.

Good

Is the service well-led?
The service was well-led.

There were effective management arrangements in place whilst there was a vacancy for a registered manager position to be filled.

Management procedures were in place to monitor and review the safety and quality of people's care and support.

Good

Summary of findings

People and staff were involved in the development of the home, with arrangements in place to listen to what they had to say.

Dussindale Park

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 06 May 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we looked at all of the information that we had about the home. This included the action plan the provider sent to us after the last inspection and information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. Before the inspection we received information from a local authority quality assurance manager.

During the inspection we spoke with seven people who used the service, five relatives and a GP. We also spoke with the acting manager, a regional director and a quality assurance manager. In addition, we spoke with two members of care staff, two registered nurses (RGNs), a member of kitchen staff and an activities co-ordinator. We looked at four people's care records and records in relation to the management of the service and the management of staff. We observed people's care to assist us in our understanding of the quality of care people received.

Good

Is the service safe?

Our findings

People told us that they felt safe because they were treated well. A person said, "I feel secure here." Another person said, "The girls (staff) here are brilliant." A relative said, "He [family member] is definitely safe here. I've got no doubts about it." A GP and local authority contracts and placement officer told us that they had no concerns about the safety of people living at the home.

Staff were aware of their roles and responsibilities in relation to protecting people from harm. They gave examples of types of harm and what action they would take in protecting and reporting such incidents. There was a staff disciplinary procedure in place which enabled the management team to address the suitability of staff members in relation to caring for people.

We had received notifications and these showed us appropriate action had been taken to keep people safe as much as possible.

People's risks to their health and safety were assessed and measures were in place to minimise these. A relative told us that members of staff had followed guidance from a speech and language therapist to reduce their family member's risk of choking. They said, "My mum is not allowed to have a straw or lid (on their cup). Staff do follow this and they also know how much thickener (a thickening agent) to add to mum's drinks." Another relative told us that members of staff stayed with their family member whilst they were eating so that they were kept safe from the risk of choking. Other measures taken included the provision of pressure-relieving equipment to reduce the risk of pressure ulcers developing. In addition, people were provided with bed rails and bed rail protectors to protect them from the risk of harm when they were in bed. Equipment, which included alarm mats, was also provided to monitor the safety of people who were at risk of falling.

People said that there were enough members of staff to meet their individual needs. A relative and GP also said that, when they had visited, there were always enough staff on duty. A member of staff said, "I feel we have enough staff now." A registered general nurse (RGN) told us that there had been an increase of number of staff. This was from evening to the early hours of the following morning, ('twilight' shift) and this additional number of staff had been beneficial in responding to people's needs during this busy time.

The home was busy but we saw that people were being looked after by patient and unhurried members of staff. This included when they supported people to take their medicines, with eating and drinking and escorting a person to go shopping. We also saw that there were enough staff available to respond, without delay, to an emergency situation.

Measures were in place to cover staff absences, which included the use of agency staff. An agency registered nurse told us that they had previously and recently worked at the home. They demonstrated that they were aware of their roles and responsibilities in supporting permanent members of staff to meet people's needs.

People were protected because there were recruitment systems in place. Members of staff described their experiences of applying for their job and the required checks they were subjected to before they were employed to work in the home. Staff recruitment files confirmed that these checks had been carried out before the prospective employee was assessed to be suitable to look after people who lived at the home.

People told us that they were satisfied with how they were supported to take their prescribed medicines. A relative said, "They give [family member] their tablets. They (staff) bring them (medicines) round quite regularly. They always ask [family member] if he needs any pain killers." Another relative told us that their family member was always asked if they wanted any medicine for pain-relief. A GP told us that nursing staff advised them, in advance, to prescribe 'just in case' (anticipatory) medicines for people who were being cared for during the end stage of their lives. This was so that people's changed health care needs would be managed, without delay, with the use of already available prescribed medicine.

Medicines were stored safely and the records demonstrated that people were given their medicines as prescribed. RGNs were responsible for the management of people's medicines. The staff training records contained evidence that the RGNs had attended medicines training.

Good

Is the service safe?

An RGN demonstrated to us their knowledge about the prescribed times of when people must take certain types of medicines and for them to be safe from the possible side effects.

Good

Is the service effective?

Our findings

People said that they had confidence in the staff's ability to meet their needs. People told us that they were satisfied with how staff supported them with their moving and handling needs by means of a hoist. A person said, "Staff know what they are doing with it (hoist)." A relative told us, "I would say the staff have the training to look after him [family member]." Another relative said, "I do believe the staff have the training to look after mum." A GP told us that the quality of people's care at the end stage of their life had improved and considered this was due to the improved training of staff.

Members of staff told us that they had the training to do their job. A member of staff said, "I do get the training to feel comfortable and confident." Staff said that they had attended training which included providing people with hobbies and interests, moving and handling, safeguarding people, fire safety and MCA and DoLS. Staff training records confirmed this was the case.

The acting manager said that they had experienced, "The most supportive network of any company." Other staff members told us that they had one-to-one meetings with another staff member. This was when they were able to discuss items in relation to their work performance and training needs. Staff told us that they enjoyed their work. A member of staff said, "I love my job. I really do." Another member of staff said, "I get a great sense of satisfaction helping people. I go home every night feeling that I have achieved something. Just to make people smile and happier."

Systems were in place to assess people's mental capacity to make decisions about their care. Where people were assessed not to have mental capacity, their care was carried out in their best interest. This included supporting people with their prescribed medicines and support with their personal hygiene. Staff told us what they would do if a person was unwilling to give their permission in relation to being supported with their medicines or personal care. They had a good understanding about how to manage such situations. In addition, DoLS applications had been submitted to the supervisory body to consider. Staff were aware of using the least restrictive options for depriving people of their liberty. This included the use of aids and adaptations to enable people to be as independent as possible and to ensure that they had no unlawful restrictions imposed on them.

People said that they enjoyed their food and had a range of menu options to choose from. One person said, "We have a menu every day for dinner and tea." Another person said, "I enjoyed my dinner." A relative said, "I must say the food is really lovely. I have a meal and eat it with him [family member]."

We saw that people were supported and encouraged to eat and drink. A person said, "If you can't feed yourself, someone will come and (help) feed you." A relative told us that they visited most days and had seen that people were given enough food and drink. They said, "I've never seen at any time that anyone has not had sufficient amount (of food) on their plate."

Members of kitchen staff had written information to enable them to cater for people's individual dietary needs. These included diets for people with diabetes and people who had difficulties with chewing and swallowing. Vegetarian and alternative options were also available. People and their relatives confirmed that special diets were provided to meet their or their family member's health and nutritional needs. Due to their health needs, some of the people were unable to eat a 'normal' diet and, therefore, were supported with their nutrition and hydration by means of artificial means. Their care records demonstrated that staff had followed health care professionals' guidance in supporting people with their specialised nutrition.

People were satisfied with how their health needs were met and that they had access to a range of health care professionals. These included GPs, nutritionists and speech and language therapists. A person said, "I get to see my GP." A relative said, "They (staff) phone me up as mum needed to see a GP." Another relative said, "If there is any sign of infection, the doctors (GPs) are called straight away (by staff). There's no messing." A GP told us that, if any person needed to be seen (by a GP), the staff made referrals without any delay.

People's health conditions were assessed and effectively managed. These included the management of diabetes and the healing of a pressure ulcer, which the person had acquired before moving into the home.

Good

Is the service caring?

Our findings

At our unannounced inspection on 17July 2014, a breach of a legal requirement was found. After the inspection, the provider wrote to us to say what they would do to meet the legal requirement in relation to respecting people's choice about when they wanted to get up. We found that the provider had followed their plan which they had told us would be completed by 30 September 2014 and the legal requirement had been met. At our unannounced comprehensive inspection on 06 May 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirement of the regulation. People told us that they were allowed to get up (and also go to bed) at the time when they wanted to. A person said, "They (staff) get me up and I can go to bed at any time. There's no problem." Another person said, "I'm comfortable in bed. I like being in bed. They (staff) let me stay."

A person said, "This is good as it can get. The whole package and staff treat you like friends. We had a good laugh (together) this morning." Another person said, "If you ask for anything, they (staff) do it for you." A relative said, "The girls (staff) are brilliant. I hear them when they are helping [family member's name]. There's non-stop chat and they cheer him up." Another relative said, "They (staff) give mum a hug or squeeze her hand." A GP described the staff as being kind and compassionate.

Staff had received 'thank you' cards from people and relatives. One of these cards read, "We would like to say a huge thank you for all your gentle and compassionate care for [name of family member]." During our observations we saw that members of staff treated people in an attentive and caring way. This included when they were supported to take their medicines and when they were not feeling well.

A relative said that they were going to make an appointment to discuss their family member's care plan with the acting manager. Other relatives told us that they were involved in the formal assessment of their family members' needs before they were admitted to the home. A person told us that they were satisfied that their daughter was involved in making decisions on their behalf. Following admission to the home, people and their relatives were informally involved in making decisions about the person's care.

The premises maximised people's privacy and dignity. Bedrooms were for single use only and communal toilet and bathing facilities were provided with lockable doors. We saw that people were supported with their personal care behind locked doors. One person told us, however, that, "Sometimes staff knock on my door." We saw that staff knocked on people's doors, but this was not consistently carried out. We saw that some staff entered people's rooms without knocking before entering, which meant that their privacy was not always valued. In addition, staff failed to ask the person for permission before entering their private room.

Information about general advocacy services was available for people in their rooms and in the entrance to the home. A relative told us that there were aware of where this information was held. The acting manager advised us that advocacy services were not being used but said they were aware of the advocacy services that were available for older people, if this independent support was need.

People's confidential information was kept secure and stored in offices that were locked when they were not in use.

Good

Is the service responsive?

Our findings

We saw people were involved in the day-to-day decision making process, which included decisions about what they would like to eat, drink and where they wanted to sit. People's choices about smoking were also respected. People's relatives said that the staff involved them in discussions about their family members' care, although they told us this was more on an informal or 'need-to-know' basis. A relative said, "They (staff) tell me about him [family member] and what his care needs are."

Relatives told us that members of staff knew their family member's as individuals. A relative said, "Staff have got used to him now. They now know what he wants and what he needs. They know his communication needs as they go on (interpret) his (facial) expressions." Another relative said, "They (staff) do generally know mum well."

People's risk assessments and care plans were kept under review and changes were made when these were needed. These included changes in people's health needs and increased risks of choking and falling.

People were supported to maintain contact with their family members and received their guests in the communal spaces and also in their rooms. A relative said, "I'm up here every day." Another relative said, "I could visit early morning or at night, if I wanted to. Relatives have the code to the front door to let ourselves in."

People's care records failed to provide information about people's life histories to find out what people liked to do before they moved into the home. However, people took part in hobbies and interests which included spending time with their relatives, reading and being entertained by external visitors. A person said, "I never get bored. And when it's nice weather we can go out in the garden. The entertainment is really good." They told us that they were looking forward to watching and listening to an 'Elvis' impersonator, who was due to visit the home the day after the inspection.

Photographs were on display which showed people holding and stroking animals and reptiles. A relative said, "She [family member] didn't like the snake, so she didn't touch that. But she did stroke a 'skinny pig', which is a guinea pig without hair." Another relative, "He [family member] is always being asked to join in (the activities). He won't join in as he wouldn't any way. He prefers it to be just him and me." Plans were in place for people to be supported with planting of gardening seeds.

There was a complaints procedure available on entry to the home. People knew who to speak to if they were unhappy about something. A person said, "I would speak to the nurse." A relative said, "I would go to the (acting) manager or ask to see someone else. I have no problems with that." Another relative told us that when they had raised a concern, this was resolved and they were satisfied with how their complaint had been dealt with.

Good

Is the service well-led?

Our findings

A registered manager was not in post and there had been no registered manager since 14 August 2014. A regional director advised us that the recruitment of a permanent manager was on-going. An acting manager was in the day-to-day running of the home, until the permanent manager vacancy had been filled. The acting manager advised us that people who were living at the home had been invited to be part of the recruitment process for a new manager.

People, visitors and relatives knew who the acting manager was and her name. Relatives and members of staff told us that they found her to be approachable and accessible. We saw her walking around the home, alone and with a quality assurance manager, to monitor how staff were working and how people were being looked after. A relative said, "[Acting manager's name] is very approachable and a brilliant nurse." The acting manager was supported by a regional director and a quality assurance manager, who both told us that they had increased their visits to the home, since the former permanent manager had resigned. Reports of the quality manager's visits confirmed this was the case.

Staff said that they had not welcomed the changes in the management of the home. A staff member said, "It is stressful because of the changes of managers." Another staff member said, "There's no stability of management. It has a knock-on effect with staff morale." However, we found that staff enjoyed their work, felt supported and people were looked after. Members of staff described and demonstrated the principles of good care. A member of staff said, "I like to talk to people. It's about being affectionate, caring and being here when they (people) need you." They also demonstrated their understanding of people and valuing people's choice, privacy and dignity.

Members of staff told us that links to local schools and colleges were in place and this included school children visiting the home as part of their work experience. A regional director told us that it was their aim to forge stronger links with the local educational establishments.

People's views about their care were obtained during visits by a quality assurance manager and they and their relatives had been invited to meetings, during which they were enabled to make suggestions and comments. Actions were taken in response to attendees' comments and to their satisfaction. This included, for instance, improving the cleaning of cutlery after it was used for medicinal purposes.

Staff meetings were held during which staff were enabled to make suggestions. A staff member said, "We are always listened to and, if we can action them, it will be done." They gave an example of where their suggestion to improve the patio area had been acted on. We saw a garden table had been provided, which was suitable for people in a wheelchair to use. Also, in response to suggestions made by RGNs, there had been an introduction of a 'twilight' shift for additional staff to work.

The quality assurance manager's visits reviewed the standard and quality of people's care needs and the safety of the premises.

Records of accidents and incidents were maintained; action was taken in response to a monthly analysis of falls. This included updating people's risk assessments and equipment was provided to monitor their safety.

Audits on medicines were carried out and action was taken in response to the findings. This included ensuring that people's eye drops were dated when opened and for RGNs to write up a care plan for the management of a person's pain. Other audits included those for people's care records and the need for these to contain information in respect of people's individual life histories.

Staff were aware of the whistle-blowing policy and said that they had no reservations in reporting any incidents of poor care practice. A staff member said, "Anything that I would be concerned about, I would report it."