Mr & Mrs A J Bradshaw

Derwent House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 24 October 2016 and was unannounced.

Derwent House is a care home for people with learning disabilities or autism spectrum disorder. A maximum of 14 people can use the service. At the time of our visit, 13 people lived in the home.

The home had a registered manager. 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.

Staff understood the importance of gaining people's consent and knew the principles of the Mental Capacity Act. However, one person who lived at the home did not have capacity to make decisions and was having their liberty restricted without a Deprivation of Liberty Safeguard (DoLS) in place. This was rectified after the inspection.

The registered manager had not sent two statutory notifications to the CQC to inform us of an incident and a death at the home. Statutory notifications are sent to the CQC to help us monitor the care people receive and to ensure they are safe.

The providers and the registered manager were well respected and provided good care to people who lived in the home. However there were no formal systems in place to check that delegated responsibilities were carried out, and to ensure the home and other homes in the provider group would continue to meet the regulations.

The deputy manager gave staff good day-to-day support and was well liked by people who lived at the home. People and staff felt management were approachable and supportive.

Staff understood the risks related to people's physical health and well-being, and followed people's individual risk assessments to ensure they minimised any identified risks. Staff understood the local authority's safeguarding policies and procedures and knew when to report concerns about abuse.

There were enough suitably trained staff to support people's needs. Staff recruitment procedures reduced the risk of the provider employing unsuitable staff.

Staff were kind and supportive of people's needs. People enjoyed living at Derwent House and led lives which reflected their interests and preferences.

People received healthcare when needed, and their medicines as prescribed.

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.

There were enough staff to meet people's needs and recruitment practice reduced the risks of employing unsuitable staff. The risks related to people's health and social care were identified and managed well. People received their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was mostly effective.

Staff had received training and support to meet people's needs. They understood the importance of gaining people's consent and the principles of the Mental Capacity Act. However, not all people's capacity had been assessed and one person who lacked capacity had their liberty restricted and did not have a Deprivation of Liberty Safeguard in place. People chose what to eat and enjoyed the meals they helped to prepare. They attended healthcare appointments when required.

Is the service caring?

Good

The service was caring.

People felt staff were kind. Staff had a good understanding of people's needs, and had positive, supportive relationships with people who lived at the home. People's dignity, privacy and human rights were respected by staff. Visitors were welcomed.

Is the service responsive?

Good

The service was responsive.

Staff knew how people wanted their care and support provided and responded well to changing needs. People had active and interesting lives both within and outside of the home. People were supported to give feedback about the service both formally and informally, and people and their relatives felt able to raise concerns.

Is the service well-led?

Requires Improvement

The service was mostly well-led.

People and staff felt the leadership was open and supportive. However there was insufficient oversight by the registered manager to ensure delegated responsibilities were being carried out and the regulations were being met. The deputy manager had a good understanding of their role and provided good day-to-day management.

Derwent House

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.

The inspection took place on 24 October 2016 and was unannounced. One inspector conducted this inspection.

We looked at information received from statutory notifications the provider had sent to us, and contacted commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or the NHS.

During our visit we spoke with six people who lived at the home and three staff. We also spoke with the deputy manager and the registered manager from another of the provider's homes. We reviewed three people's care plans to see how their care and support was planned and delivered and looked at a sample of medicine administration records. We looked at other records related to people's care and how the service operated. This included recruitment records, records of meetings with staff and people who lived at the home, and checks management took to assure themselves that people received a good quality service.

After our visit we spoke by phone to four relatives of people who lived at the home.

Good

Is the service safe?

Our findings

People told us they felt safe at Derwent House. One person said, "We've got CCTV cameras and this helps us to feel safe." Another said, "We've always got the carers here 24/7 so we feel really safe." A relative told us, "Staff keep [person] safe. You won't find me saying anything detrimental - they (the staff) are absolutely amazing."

People were protected from the risks of abuse because staff understood their responsibilities and the actions they should take if they had any concerns about people's safety. We asked staff how they would respond to different safeguarding scenarios. Their responses confirmed they knew how to keep people safe. Staff told us they had been trained to safeguard people, and knew if they had any concerns about people's safety, to go to the person in charge or the registered manager. The deputy manager was aware of their responsibilities to report any safeguarding concerns to the local authority safeguarding team.

The service had good financial safeguards to protect people from the risk of financial abuse. This included procedures where two staff booked money in and out of the home, and checked the remaining balance against receipts. During our visit staff asked people who were going out to activities how much money they wanted for the day. People told them how much they wanted and two staff booked the money out to give to people.

The registered manager had assessed risks to people's individual health and wellbeing. The majority of people who lived at Derwent House had low dependency needs, however for those who had risks relating to their health and social care needs there were detailed risk assessments in place.

One person told us they could not go out of the house independently because they lived with epilepsy. They told us the seizures, "Come out of nowhere and are really scary." They explained that staff were always there to support them when this happened and it made them feel more safe. Staff we spoke with understood the person's needs and what they needed to do if the person had a seizure. Other people told us they had 'no road sense' and they had to have staff to support them when they went out of the home. These risks were documented in their risk assessments.

Records also showed the provider had assessed the risks of evacuating each person in an emergency and had identified actions to support people in evacuating safely. For example, one person had been identified as getting confused easily when practising evacuation. Their care plan indicated the person needed to practice more to help them understand what they needed to do.

People were protected by the provider's recruitment practices. The registered manager checked staff were of good character before they started working at the home. The registered manager obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. Staff confirmed they could not start working at the home until all checks had been received by the provider.

There were enough staff to care for people safely. We had previously been made aware by the provider and registered manager there had been challenges because staff had left the service or were absent because of illness. They told us they had managed to cover staff absences with existing staff instead of using agency staff. This meant people who lived at the home had continuity of care and were supported by staff they knew and trusted. Staff told us there were enough of them on duty to meet people's needs. One member of staff told us there were still problems with night staffing, but the team 'pulled together' to make sure the rota was covered.

The administration of medicines was managed safely and people received the medicines prescribed to them. People who had been assessed as able to administer their own medicines had been offered this option. One person administered their insulin but the other people had chosen staff to administer their medicines.

Medicines were stored in accordance with the legislation and the medicine administration records (MAR) we checked, had mostly been completed correctly. One person had a prescribed cream applied to their body on the morning of our visit but this had not been signed as applied on the MAR. Another person had cream applied twice a day. The person had not lived at the home for long and staff told us this was the instructions they had received from the family on admission. However, the prescription said, 'As and when required'. The deputy manager told us they would check this with the person's GP and ensure the prescription was amended if needed.

Written guidance was available to staff when they considered giving people their prescribed medicines on an 'as required' basis. This reduced the risks of inconsistency in their administration. Staff who administered medicines were trained to do so and their competency checked by management. Medicine records were regularly audited to ensure staff administered medicines safely.

Requires Improvement

Is the service effective?

Our findings

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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 had been trained to understand and work within the principles of the Act. The majority of people who lived at the home had capacity to make all of their decisions. However staff were unclear whether a relatively new person had capacity to understand and retain information to determine which decisions they had capacity to make, and which needed to be made in their best interest. After our visit we found the person's capacity had been assessed at the home by a social worker along with an independent mental capacity advocate (IMCA). The assessment found the person did not have capacity to understand and retain information. This information had not been communicated to staff.

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).

The registered manager had applied for a DoLS for one person who lived at the home. However, we were concerned that a person who had recently moved to the home might also require a DoLS application. This was because the person required continual support from staff, and had a monitor in their room so staff could hear them during the night. After our visit, the provider confirmed the person did not have capacity to make informed decisions and had applied to the local authority for a DoLS assessment.

Staff told us they had received training considered essential to meet people's health and social care needs. This included safeguarding people, moving people safely, and food hygiene. We saw some of their training in operation during our visit. In the afternoon we saw a member of staff support a person to make dinner. Food hygiene was practiced whilst the dinner was being made.

Staff had undertaken further training such as National Vocational Qualifications in health and social care to further develop their practice as social care workers. One member of staff told us they had completed an NVQ level 2 and 3 and had just been 'signed up' to do an external team leading course. The deputy manager told us they had recently completed an NVQ level 5 to support them in their management role, and a new member of staff told us they were about to start an NVQ 2.

Staff had also undertaken training to manage epilepsy and to provide rescue medication for people who were having a seizure. We found there was always one member of staff on shift who could support people if they needed this medication.

A new member of staff told us how they had learned about the home and the needs of people who lived there. They told us the first day was spent familiarising themselves with the policies and procedures. They then worked alongside staff for a few days, and got to know people who lived at the home by talking with them, speaking with staff and reading people's care plans. The staff member told us, "I love it here, it is so different from where I was before. It is more relaxed and welcoming. Everyone is so nice."

No staff had undertaken the Care Certificate. This was because no staff who worked at the home were new to working in the care sector. The Care Certificate is expected to help new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care.

People received food and drink which met their needs. People told us they liked the food and the choice of food available, with one person saying, "I love the food here." During the day we saw people have their breakfast and lunch, they decided what they wanted to eat at those times. We saw people were supported to make their own drinks or snacks, or were provided with these when they could not make them for themselves.

People received support to maintain their health and wellbeing. They told us if they needed to see a healthcare professional, staff would support them to arrange this. People told us they had been to see the optician and a mobile chiropodist came to see them every six weeks. One person told us they had seen a dental hygienist the previous week. They told us if they visited their GP staff would come with them to support them.

A relative told us their relation had a number of health issues. They told us staff were very proactive in making sure the GP undertook a home visit because of their concerns about the person. This resulted in the person being admitted to hospital. They said, "It's a good job they pushed for the GP to come out because [person] was very poorly."

Good

Is the service caring?

Our findings

People told us staff were caring towards them. They used words such as 'very good' and 'brilliant' to describe the staff who supported them. One person said, "Staff are always there when you need them."

The relatives we spoke with told us their relations were happy at the home. One relative told us the home was, "fabulous" and there was a, "lovely atmosphere." All the relatives we spoke with told us how well their relations had settled at Derwent House, and how they now saw Derwent House as their home. They told us that whilst their relations enjoyed visiting their family homes, they were always happy to go back to Derwent House. One relative said, "We couldn't be more pleased, the whole place is run like a family home." Another said, "It's a lovely place, they treat him (relation) like a son, I've no problems with it".

During our visit we saw people and staff enjoyed each other's company, had fun together and were supportive of each other. For example, in the afternoon people and staff sat around a table in the dining room drawing and colouring in pictures for their forthcoming Halloween party. They chatted and laughed with each other. At another time in the day we saw one person become sad and upset. Staff saw the person was upset and gave them lots of support to make them feel better. The person gave the staff member a big hug which showed they appreciated the care they received.

Staff told us they loved working at the home. One member of staff told us "I like being able to go home and believe I have made a difference."

Staff understood people's individual needs. They knew from talking with people, and from looking at people's care plans what people's preferences were, and their personal histories. During our visit we saw people were involved in planning their care and support, and in making day to day decisions. One person showed us their care file and the information they had written in the file about themselves and how they wanted to be supported. We saw staff followed this.

Friends and relations were welcomed visitors. Relatives told us there was never a problem with them "popping in" and visiting any time they wanted. One relative told us they took their dog with them when they visited, who was welcomed not only by their relation, but by other people who lived in the home.

People had the privacy they needed. People could have locks on their bedroom doors if they wished, and people chose whether they wanted to sit and talk with other people in the communal areas or spend time on their own in the privacy of their own bedroom.

Staff treated people with dignity and respect. Throughout our visit we saw staff being attentive to people's needs, and they listened and respected people's opinions and views.

Good

Is the service responsive?

Our findings

Prior to being admitted to the home, people's needs were assessed to ensure the service could meet and be responsive to their needs. We looked at the records of a person who had recently moved in. We found the provider had met with the person and their representatives to gain as much information as they could before the person came to live at the home. This information was then written into initial care plans which provided staff with information about how to support them to ensure they were responsive to the person's needs. Relatives confirmed they too had been involved in initial care planning for their relation.

Staff knew the people they supported well. Through talking with people and their families, staff had got to know what people liked and did not like, their personal histories, and how they wanted to be supported. Detailed care plans, written from the perspective of the person, ensured all staff who worked in the home knew the person's wants and needs to provide a personalised service to the individual. Staff told us care plans were reviewed every six months or sooner if a person's wants or needs changed significantly.

People were encouraged to be as independent as they could be. One person who could independently go into the community told us, "We can do what we want, when we want. We always tell them where we are going in case there's a fire (so they know we are not in the building)." Another person told us some people who lived in the home used the visiting hairdresser, but because they were, "independent" they were able to use the barber in their community.

Staff encouraged people to develop life skills. One person was encouraged to tidy their room and use the hoover, this person was able to make their own hot drinks and breakfast. Another person was seen preparing vegetables and working with a member of staff to make the main meal of Shepherd's Pie for people. Where possible, people were supported to contribute to daily living tasks such as cleaning, using the laundry and cooking.

People enjoyed a range of activities within and external to the home. A relative told us their relation was "anti-social" when they first came to Derwent House. They told us the person had "changed totally" and was far more able to communicate and enjoy people's company. One person told us they went to work during the week, and had achieved a level two certificate in customer care.

Other people went to different daily activities and clubs dependent on their interests and wishes. On the day of our visit two people told us they would soon be rehearsing for a Christmas show that one of the clubs was producing. They were excited about a forthcoming Halloween party in the home. One person said, "We're going to do apple bobbing and dress-up." We were told people also went swimming, to the cinema, and ate out at pubs.

People and their relatives told us they would feel able to complain about the service if they were not happy with any aspect of care and support provided. However, they also told us they had not needed to complain. Relatives told us staff were in regular communication if there were any issues. They also felt that if they had concerns they could go to the deputy or the registered manager and these would be resolved.

People who lived at the home were regularly provided with opportunities to tell staff about what they liked and did not like about the home. 'Resident' meetings were held to give people opportunities to share their views. For example, a meeting was held because one person had become concerned that, too many people used the kitchen at the same time, and were not noticing the signs to tell them the floor was wet. They were concerned these were both a hazard. The meeting was used to highlight these concerns and make sure people remained safe.

Requires Improvement

Is the service well-led?

Our findings

The provider of Derwent House is a husband and wife partnership and family business. The registered manager of the home is one of the partners in the business, and the other partner provides business and administration support. One relative told us the providers had set up a "fantastic venture to care for others."

The registered manager had not met their legal requirements in sending us statutory notifications of two incidents which had happened since our last visit. This meant they had breached Regulation 18 and 21 of the Registration Regulations 2009. It is important the CQC is notified of these incidents as this information helps us to monitor services to keep people safe.

We spoke with the registered manager for Keswick House who was part of the family business, and who also provided additional support to Derwent House. They explained they would usually send the notifications to the CQC and DoLS applications to the local authority but had failed to do so on these occasions. From our discussion we found there was no clear demarcation of responsibilities, and no provider oversight to check these responsibilities had been carried out.

We were told the registered manager seldom worked at Derwent House. They usually worked in the neighbouring home, Keswick House. Keswick House also had a registered manager who worked at the home full time. It was not clear why the registered manager was registered to manage Derwent House when they spent the majority of the time in Keswick House where there was a registered manager in place.

During our inspections of the other homes in the provider group we had commented on the lack of formal systems to ensure quality and safety was maintained. The provider gave us assurances that these would be put into place. We have not seen any changes since this was first raised with the provider in July 2016.

The registered manager was supported by a deputy manager who managed the day-to-day care and support provided by staff. People, relatives and staff spoke well of the providers and deputy manager. They told us they felt able talk to the providers and the deputy manager if they had any issues and the management team would listen and respond. One person told us the deputy manager was, "lovely" and they felt able to go to them when people "wound them up".

The registered manager was on leave at the time of our visit. The deputy had a clear understanding of their responsibilities. They told us they were provided with good formal and informal support from the registered manager. They also attended a recently introduced monthly 'seniors' meeting with the registered managers from the providers other homes so they could learn from each other.

At a recent inspection of Keswick House we were told the provider was moving towards having dedicated staff that worked in each home as opposed to staff working across both homes. This was to improve continuity of care to people who lived in each home. The deputy manager of Derwent House told us, this had been implemented and approximately 90 per cent of the shifts were now covered by the same staff.

Staff felt they worked well as a team. One member of staff said, " We work well alongside each other and communicate well with each other. We go to [deputy] if there is an issue, but if it is bigger we go to [the registered manager]." Another member of staff who recently started work for the organisation told us they felt the organisation supported staff. They told us that whilst they had not had a formal individual meeting since starting work at the home, they had received "loads of support."

There were weekly audits to ensure quality and safety was maintained. For example, each week the deputy manager checked staff had undertaken all their duties to keep people safe. This included checking money, fire systems, medicines, health and safety issues, cleaning, and written reports.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 Registration Regulations 2009 Notification of death of a person who uses services The registered manager did not inform us of the death of a person in July 2016.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered manager did not notify us of a referral to the safeguarding team in 2015.