Mariposa Care Limited

Derwent Care Home

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

Derwent Care Home is registered to provide accommodation for personal and nursing care to a maximum of 45 people. At the time of inspection 37 people were living at the home. Care is provided to older people, including some people who live with dementia. Nursing care is not provided.

At the last inspection in August 2015 we had rated the service as Good. At this inspection we found the service remained good and met each of the fundamental standards we inspected.

People told us they were well looked after and they appeared content and relaxed with the staff who supported them. Relatives told us they were very satisfied with the service provided by Derwent Care Home staff. Staff knew the people they were supporting well and there were enough staff on duty to provide individual care to people. Detailed records accurately reflected the care provided by staff.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. When new staff were appointed, thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed. Systems were in place for people to receive their medicines in a safe way.

Appropriate training was provided. However, we have made a recommendation that staff should receive practical training for practical elements of training courses such as moving and assisting and fire training. Staff were supervised and supported. People received a varied and balanced diet to meet their nutritional needs.

People were expected and encouraged to make choices about aspects of their daily lives. 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 environment was well designed to help people who lived with dementia to be aware of their surroundings and to remain involved.

A complaints procedure was available. People told us they would feel confident to speak to staff about any concerns if they needed to. The provider undertook a range of audits to check on the quality of care provided.

People had the opportunity to give their views about the service. There was regular consultation with people and/ or family members and their views were used to improve the service. People had access to an advocate if required.

People, relatives and staff told us the management team were approachable. Communication was effective to ensure staff and relatives were kept up to date about any changes in people's care and support needs and the running of the service.

Further information is in the detailed findings below.

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.

However, we have made a recommendation that staff should receive practical training where there are practical elements to a course.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

Derwent Care Home

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 checked 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 comprehensive inspection took place on 26 September 2017 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 a service for older people.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authorities who contracted people's care.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

During the inspection we spoke with 13 people who lived at Derwent Care Home, three relatives, the registered manager, four support workers including one senior support worker, one activities co-ordinator and one member of catering staff. We looked around the kitchen. We reviewed a range of records about people's care and how the home was managed. We looked at care records for five people, recruitment, training and induction records for four staff, four people's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service and relatives, the maintenance book, maintenance contracts and quality assurance audits the registered manager had completed.

Good

Is the service safe?

Our findings

People who used the service and relatives all spoke highly of the staff and expressed the view that they and their relatives were safe at the home. One person commented, "I am quite safe here." Another person commented, "The staff are around when I need them." One relative told us, "There have been no problems around safety." Another relative commented, "[Name] is safe and well looked after, the staff are lovely."

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the registered manager. They were aware of the provider's whistle blowing procedure and knew how to report any worries they had. They told us, and records confirmed they had completed safeguarding training. They were able to tell us about different types of abuse and were aware of potential warning signs. One support worker told us, "If I had any concerns I'd report it to the senior or registered manager straight away."

We considered there were sufficient staff to meet people's needs. During the inspection staff were not rushed and responded promptly and patiently to people's requests for support. There were 37 people who were living at the home. Staffing rosters and observations showed during the day they were supported by seven support workers including one senior support worker. These numbers did not include the registered manager or deputy manager who were also on duty during the day and operated an on-call arrangement to staff overnight. Overnight staffing levels included six support workers including two senior support workers.

Risks to people's safety had been identified and actions taken to reduce or manage hazards. Risk assessments were recorded in people's care records. The documents were individualised and provided staff with a clear description of any identified risk and specific guidance on how people should be supported in relation to the identified risk. For example from falls, choking or pressure area care. Where an accident or incident did take place these were reviewed by the registered manager to ensure that any learning was carried forward.

There were appropriate emergency evacuation procedures in place, regular fire drills had been completed and all fire extinguishers had been regularly serviced. An up to date fire risk assessment was in place for the building. All lifting equipment within the home was in good condition and had been regularly tested and serviced. All electrical equipment had been tested to ensure its effective operation. Arrangements were in place for the on-going maintenance of the building and a maintenance person was employed.

Medicines were given as prescribed. We observed part of a medicines round. We saw staff who were responsible for administering medicines checked people's medicines on the medicine administration records (MARs) and medicine labels to ensure people were receiving the correct medicine. They explained to people what medicine they were taking and why. People were offered a drink to take with their tablets and the staff remained with the person to ensure they had swallowed their medicines. All medicines were appropriately stored and secured. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed.

Staff personnel files showed that a robust recruitment system was in place. This helped to ensure only suitable people were employed to care for vulnerable adults. Staff confirmed that checks had been carried out before they began to work with people.

Good

Is the service effective?

Our findings

People were supported by skilled, knowledgeable and suitably supported staff. There was an on-going training programme in place to make sure staff had the skills and knowledge to support people. The staff training records showed staff were kept up-to-date with safe working practices and they had opportunities for other training to understand people's care and support needs. One staff member told us, "We do e-learning training." Another staff member told us, "There are lots of opportunities for training." A third person told us, "There's lots of training, I've done a management qualification." Other comments included, "I've just finished a National Vocational Qualification (NVQ) at level 3 in team leadership."

Staff were trained to carry out their role. Records showed fire drills and instructions were regularly carried out. However, staff told us they no longer received face to face, practical training for moving and assisting and fire training. They told us the courses were completed on the computer by e- learning. We discussed with the registered manager that staff should receive practical training in these areas to ensure they understood the practical elements. They told us that this would be addressed and future training would be face to face for these topics rather than by e learning.

We recommended that staff should receive face to face training where there was a practical element to a course to ensure staff understanding and that they were suitably prepared for their role.

Records showed that staff received induction, supervision and appraisal. This allowed new staff to be supported into their role, as well as for existing staff to continually develop their skills. One staff member told us, "There are opportunities for progression. Staff can train up to be a senior working alongside other senior staff members." Staff we spoke with told us they could access day to day as well as formal supervision and advice and were encouraged to maintain and develop their skills. One member of staff told us, "I receive regular supervision."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff were aware of the deprivation of liberty safeguards and they knew the processes to follow if they considered a person's normal freedoms and rights were being significantly restricted. We found as a result, that 12 people were currently subject to such restrictions and eight people were being considered by the local authority to assess if they met the criteria.

The service worked within the principles of the MCA and trained staff to understand the implications for their

practice. Consent was obtained from people in relation to different aspects of their care, with clear records confirming how the person had demonstrated their understanding. Mental capacity assessments had been carried out, leading to decisions being made in people's best interests.

People were supported to access community health services to have their healthcare needs met. Their care records showed they had input from a different health professionals. For example, the GP, district nurse and the speech and language therapy team (SALT). People also had access to dental treatment and optical services. Relatives told us they were kept informed about their family member's health and the care they received. One relative commented, "They let me know as soon as I come in how [Name] is."

People enjoyed a varied diet. They were offered regular drinks and snacks throughout the day in addition to the main meal. One person told us, "The food is lovely, you get plenty to eat and good choices." Another person commented, "The dinners are excellent, every meal is good." A third person said, "If you don't like what is on the menu, you can choose something else, I like egg and chips." Other comments included, "The meals are very good, I never need to ask for anything else", "There is plenty to eat" and "The food is very good." A relative told us, "I'm always offered drinks or asked to join [Name] for lunch."

Referrals were made to relevant health care professionals, such as, GPs, dieticians and speech and language therapists for advice and guidance to help identify the cause if a person had poor nutritional intake. People's care records included nutrition care plans to ensure these needs were met. They identified requirements such as the need for a modified diet. Risk assessments were in place to identify if the individual was at risk of choking.

Communication was effective within the home. People's needs were discussed and communicated at staff handover sessions when all staff changed duty, at the beginning and end of each shift. There was also a handover record that provided information about people, as well as the daily care entries in people's individual records. This was so staff were aware of risks and the current state of health and well-being of people. Relatives were kept informed by the staff about their family member's health and the care they received. One relative told us, "Staff keep me informed if there are any issues with [Name]. They told me immediately about a problem with [Name]'s foot."

The home was bright and airy. It was being refurbished and most of the home had been decorated. The environment was designed to ensure it was stimulating and therapeutic for the benefit of people who lived there. We saw there was a wealth of visual and sensory stimulation to help maintain the involvement and orientation of people with dementia. For example, there was a tuck shop and a 'village' tea room had been created. The communal areas and hallways had decorations and pictures of interest, there were displays and themed areas around the home to stimulate and remind people as they sat or walked around. There was appropriate signage around the building to help maintain people's orientation. Lavatories and bathrooms had pictures and signs for people to identify the room to help maintain their independence.

Good

Is the service caring?

Our findings

People and staff were happy in the home. We witnessed many examples of staff providing support with compassion and kindness. Staff spent time chatting easily, laughing, and joking with people. Everyone we spoke with complimented and praised the staff who supported them. One person commented, "The staff are very kind." Another person told us, "I'm well looked after." A third person commented, "I love it here, the staff are great. I'm over the moon to be here." Other people's comments included, "The girls [staff] are lovely, they really are", "I couldn't fault any staff, it gives me peace of mind being here", "It's an excellent home, the staff are all great", "Caring staff" and "I am very happy here, the staff are very caring." One relative said, "I'm so happy with the care [Name] receives." Another relative told us, "It's absolutely fantastic here, [Name] has gained weight, made friends and enjoys dancing to the music, we're so happy." A third relative said, "Nothing is a problem to the staff."

We spoke with some people who were staying at the home for respite care and two of the people had chosen to remain at the home permanently. One relative commented, "[Name] has chosen to stay permanently and has been told they can have the same room, with its lovely view over the countryside."

During the inspection there was a happy, relaxed and pleasant atmosphere in the home. Care was provided in a flexible way to meet people's individual preferences. People told us they made their own choices over their daily lifestyle. For instance, people had the opportunity to have a lie-in. They told us they could go to bed when they wanted and staff respected their wishes. Care plans included details about peoples' choices. For example, '[Name] chooses their own meal from a daily menu.' Staff used their knowledge of people's preferences to offer them a small number of options at a time. Staff used pictures and signs to help some people make choices and express their views. Information was available in this format to help the person make choices with regard to activities, outings and food.

Staff took time to listen and observe people's verbal communication. Care plans described in detail how the person communicated and when they may show signs of distress, so staff were able to provide appropriate support and guidance to the person to reassure them. For example, one care plan stated, '[Name] can tell you when they are feeling unwell and what the issue is.' Guidance was available which documented how people communicated, when they may no longer be able to express their wishes and needs verbally. For example, how they may show they were in pain if they were unable to tell staff verbally that they were in pain or distressed.

Staff treated people with dignity and respect. We observed good practice throughout the inspection. Staff members knocked before entering people's rooms, including when doors were open. They were discreet when speaking to people about their care and treatment. People looked clean, tidy and well presented. Care plans documented people's preferences for personal care. For example, '[Name] prefers a female carer.' Records were held securely and staff were aware of the need to handle information confidentially.

We observed the lunch time meal in the different dining rooms of the home. The atmosphere was calm and staff supported people to ensure they received a pleasurable dining experience. People sat at tables that

were well set with flowers, menus, tablecloths, condiments and napkins. Specialist cutlery and equipment was available to help maintain people's independence to eat. The meal looked appetising and well presented and portion sizes were good. People were offered juice and tea and coffee.

There was information displayed in the home about advocacy services and how to contact them. The registered manager told us people had the involvement of an advocate, where there was no relative involvement. Advocates can represent the views for people who are not able to express their wishes.

Records showed the relevant people were involved in decisions about a person's end of life care choices when they could no longer make the decision for themselves. People's care plans detailed the 'do not attempt cardio pulmonary resuscitation' (DNACPR) directive that was in place for some people. This was to ensure up to date healthcare information was available to inform staff of the person's wishes at this important time to ensure their final wishes could be met.

Good

Is the service responsive?

Our findings

People confirmed they had a choice about getting involved in activities. One person told us, "I enjoy going out on trips." Another person commented, "I go out for coffee." A third person who was helping setting tables told us, "I like to help and keep busy." Other comments included, "I went on a trip to the garden centre and bought a plant", "I get a newspaper and share it with [Name]" and "I love my room, it's my little home."

The registered manager told us there were good links with the local community. Some people went out independently into the local community. They visited the local shops, other people were supported by staff. Two activities co-ordinators were employed and activities and entertainment were available over seven days of the week. A monthly newsletter advertised the activities and outings that were available each month. These included dominoes, pamper sessions, quizzes, board games, bingo, tea dances, coffee mornings, animals visiting, weekly church service and seasonal entertainment.

People were supported to continue or revive their previous hobbies and interests. For example, arts and crafts, baking, knitting, attending local church services and gardening. The activities co-ordinator told us, "I like people to make tarts as there is more activity rolling out the pastry and filing the tarts. We've bought a small oven so people can smell the baking rather than it going to the kitchen." There were opportunities to go out on trips and these included to the Metro Centre, visiting garden centres, theatre trips and to the coast and countryside. The hairdresser also visited weekly. A vintage tea room was available for people to spend time with relatives and there were plans to build a conservatory and to create an old fashioned sweet shop.

There was a very good standard of record keeping to help staff provide person centred care to people. Before people used the service they received information about the home and an initial assessment was completed to ensure the service could meet the person's needs.

Care plans were in place that were detailed and provided information to staff about how the person needed to be supported and what they could do to maintain their independence. People's care records were kept under review. Monthly evaluations were undertaken by care staff and care plans were updated following any change in a person's needs. A daily record was available for each person. It was individual and in sufficient detail to record their daily routine and progress in order to monitor their health and well-being. This was necessary to make sure staff had information that was accurate so people could be supported in line with their current needs and preferences.

People's care records were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. Examples in people records included, '[Name] likes their plate heated', 'I like to go to bed about 10:00pm', [Name] likes fruit juice and has very sweet tooth' and '[Name] prefers to wear skirts to dresses or trousers.' Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Written information was available that showed people of importance in a person's life. Staff told us people were supported to keep in touch and spend time with

family members and friends. A relative of one person told us, "I used to take [Name] home with me on Saturday night, but they would rather stay at the home, they're happier and more settled." Another relative commented, "I can visit any time and take [Name] out for a trip or meal." The activities organiser told us they had recently supported a person at a family wedding.

People using the service and their relatives told us knew how to complain to if they needed to and expressed confidence that issues would be resolved. Most said they would speak to the registered manager or a senior member of staff if they had any concerns. A copy of the complaints procedure was clearly available in the hallway and information was given to each person about how they could complain. A record of complaints was maintained and seven complaints had been received and resolved since the last inspection.

People and their relatives were kept involved and consulted about the running of the service. A monthly meeting took place with people who used the service and minutes were available of meetings for people who were unable to attend.

Good

Is the service well-led?

Our findings

A registered manager was in place. They had registered with the Care Quality Commission in 2010. 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 understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities and independent investigations were carried out. We saw that incidents had been investigated and resolved internally and information had been shared with other agencies for example safeguarding.

The registered manager assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. The registered manager and staff were open to working with us in a co-operative and transparent way.

The atmosphere in the home was open and friendly. The registered manager was enthusiastic and had introduced ideas to promote the well-being of people who used the service. Staff and people we spoke with were positive about their management and had respect for them. They told us the service was well led. They said they could speak to the registered manager if they had any issues or concerns. One staff member told us, "The registered manager is very approachable." Another staff member commented, "The registered manager is supportive."

Staff told us and meeting minutes showed staff meetings took place. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Staff told us meeting minutes were made available for staff who were unable to attend meetings.

The registered manager was supported by a management team in the home that was experienced, knowledgeable and familiar with the needs of the people the service supported. They told us they were well supported by the provider's management team. They had regular contact with head office, ensuring there was on-going communication about the running of the home. Regular meetings were held where the management were appraised of and discussed the operation and development of the home.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who lived in the home. The audits consisted of a wide range of weekly, monthly, quarterly and annual checks. They included the environment, medicines, health and safety, accidents and incidents, complaints, personnel documentation and care documentation. Audits identified actions that needed to be taken. Audits were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required.

The registered manager told us the provider monitored the quality of service provision through information

collected from comments, compliments, complaints and survey questionnaires that were sent out annually to people who used the service.