Durham Care Homes Limited

Durham 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?	Requires Improvement

Summary of findings

Overall summary

Durham care home is registered to provide care and accommodation for 20 older people some of whom may have dementia. The home has good public transport links to the city centre and is close to local facilities and amenities.

The last inspection of the service was completed in July 2013 and was complaint with all of the regulations we inspected at that time.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People who used the service were protected from abuse and avoidable harm by staff who had been trained to recognise the signs of potential abuse and knew what actions to take if they suspected abuse had occurred. Staff who had been recruited safely were deployed in suitable numbers to meet the assessed needs of the people who used the service. People's medicines were stored safely and administered as prescribed.

People were supported by staff who had been trained to carry out their roles effectively; they had the skills and abilities to communicate with the people who used the service. Consent was gained before care and support was delivered and the principles of the Mental Capacity Act were followed within the service. People were supported to eat a balanced diet of their choosing. When concerns were identified relevant professionals were contacted for their advice and guidance.

People were supported by kind and caring staff who knew their preferences for how care and support should be delivered. We observed staff supporting people with kindness and compassions during our inspection. People's privacy and dignity was respected by staff who understood the need to treat sensitive information confidentially.

People were involved with the initial and on-going planning of their care. Their levels of independence and individual strengths and abilities were recorded. People were encouraged to maintain relationships with important people in their lives and to follow their hobbies and interests. The registered provider had a complaints policy which was made available to people who used the service. When complaints were received they were used to develop the service possible as required.

People who used the service and staff told us the registered manager was approachable and supportive. A quality assurance system was in place to ensure shortfalls in care, treatment and support were identified. However, we saw that accidents and incidents were not collated to enable themes and trends to be identified. People who used the service or their appointed representatives were not asked for there views on

the service and therefore could not be used to improve the service as required.

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.

People were cared for by staff who had been trained to recognise the signs of abuse and how to report this.

Enough staff were provided to meet the needs of the people who used the service.

The registered provider had systems in place to ensure staff were recruited safely and checks were made before they started working at the service.

People's medicines were handled, stored and administered safely by staff who had received training in this aspect of their role.

Is the service effective?

Good

The service was effective.

People were cared for by staff who had received training in how to effectively meet their needs.

Staff were supported to gain further qualifications and experience.

The registered provider had systems in place which protected people who needed support with making decisions.

People were provided with a wholesome and nutritious diet; staff monitored people's weight and dietary wellbeing.

Is the service caring?

Good

The service was caring.

People were cared for by staff who understood their needs.

People were involved in their plan of care and staff respected their dignity and privacy.

Staff assisted people to maintain their independence.

Is the service responsive?

Good

The service was responsive.

The care people received was person centred and staff respected their wishes and choices.

People were provided with a range of activities and could pursue individual hobbies and interests with the support of staff.

People who used the service and others could raise concerns and make complaints if they wished.

Is the service well-led?

Requires Improvement

Not all areas of the service were well-led.

The views of the people who used the service were not regularly sought as to how the service was run.

Other people who had an interest in the welfare of the people who used the service were not always consulted to gain their views as to how the service was run.

The registered manager undertook audits of the service to make sure people lived in a safe, well run service. However, there was no analysis of accidents and incidents to establish trends or patterns so lessons could be learnt.

Durham 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 was planned to check whether the registered 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 13 May 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any on-going concerns. We also looked at the information we hold about the registered provider.

During the inspection we used the Short Observational Framework Tool for Inspection (SOFI). SOFI allows us to spend time observing what is happening in the service and helps us to record how people spend their time and if they have positive experiences. We observed staff interacting with people who used the service and the level of support they provided to people throughout the day, including meal times.

We spoke with eight people who used the service, three care staff, the deputy manager, the cook and the registered manager.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as incident and accident records and 12 medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training record, staff rotas, supervision records for staff, minutes of meetings with staff and people who used the service, safeguarding records, quality assurance audits,

maintenance of equipment records, cleaning schedules and menus. We also undertook a tour of the building.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe and trusted the staff. Comments included, "They let me have a key to my door and that makes me feel safe", "The staff make sure we are safe and keep an eye on us" and "They check who comes into the building." People told us they thought there were enough staff on duty to meet their needs. Comments included, "There always seem to be plenty of staff about", "I never wait long when I press my buzzer" and "If I want any staff they are always there, they are very good."

Staff were able to describe the registered provider's policies and procedures for the reporting of any abuse they may witness or become aware of. They told us, "I would go straight to the manager", "I would report it straight away, we have to protect people in our care" and "I would go to the manager." Staff also knew they could report any abuse to outside agencies, they told us "If the manager didn't do anything about it I would go to social services or the CQC." Records we saw showed staff had received training in how to protect people from abuse, how to report abuse and the different types of abuse they may come across, this included sexual, physical, emotional and financial. Staff were able to tell us the signs when someone might be the victim of abuse, they said, "A person might become withdrawn or quiet", "They might lash out due to being frightened or there might be unexplained marks or bruises."

Staff were aware of the importance of respecting people's individuality and human rights, they told us "We aren't here to judge the residents, it's up to them what they do" and "Everyone's an individual and we have to respect that, we can't restrain people or get them to things they don't want to do."

People's care files contained risk assessment which had been carried out to identify areas of daily living which could be a risk to them. This included falls, nutrition, pressure area care and behaviours which put the person or others at risk of harm. From the assessments care plans had been written, which instructed staff on how to support people and lessen the risk by providing support or monitoring.

The registered provider had developed emergency plans for the staff to follow if the building was flooded or the gas and electric supply were disconnected. All the people who used the service had an evacuation plan in place, which described how they were to be supported to leave the building in the event of an emergency. This took into account the person's level of mobility and understanding.

Staff knew they had responsibility to keep people safe and report any concerns to the registered manager. They told us, "I would go straight to the manager and I know they would take it seriously", "If we don't protect the resident who will, we are here for them." Staff also knew they would be protected by the registered provider's whistleblowing policy, they said "I know it would all be kept confidential and I would be protected because I've read the whistleblowing policy."

All accidents were recorded and further medical attention sought when needed, for example attending the local A&E department or calling out the emergency services. The falls management team had been involved with one of the people who used the service, due to a large amount of falls. However, the registered manager did not have systems in place which analysed accidents or identified trends or patterns, so action

could be taken to address any issues.

Staff were provided in enough numbers to meet the needs of the people who used the service. Staff told us, "We are ok at the minute as there are only 19 people and they are all ok, but we'd struggle if the numbers went up or someone was ill." They told us they never felt as though they neglected anyone due to the staffing levels and they could quite comfortably meet people's needs. We saw staff had time to spend with the people who used the service playing games and talking.

The registered provider had systems in place which checked staff suitability to work with vulnerable adults. This included taking references from previous employers, completing application forms which covered gaps in employment and experience and undertaking checks with the Disclosure and Barring services (DBS). It is recommended that when a conviction shows on a DBS check the registered manager has a robust system in place which shows the discussions undertaken with the prospective employee and the rationale for the decisions made concerning the suitability of their employment.

We saw people's medicines were handled safely and staff had received training in this area of practice. There was a good audit trail of what medicines had been given, or refused and a record of all medicines sent back to the pharmacy. The service had recently undergone an inspection by the City Health Care Partnership (CHCP) pharmacist and some recommendations had been made. The registered manager told us they were working towards implanting the recommendations and were changing some of the systems to make them safer. Some people had medicines prescribed to be taken on an as required basis (PRN). We saw protocols had been written which instructed the staff on what to look out for and when to administer this medicine.

Good

Is the service effective?

Our findings

People told us they were happy with the food provided. Comments included, "The food here is marvellous", "You always get plenty of choice", "You can have what you want really" and "My favourite is the Sunday roast." They told us they thought the staff had the right skills to meet their needs. Comments included, "The staff know what they are doing, they look after me really well", "I don't need much help but when they do help me they are really good" and "You can see they know what they are doing, they are really good with the poorly ones." People who used the service told us they could access health care professionals when they were ill. Comments included, "They will call the doctor when I'm ill" and "If get ill they make sure I see the doctor, and they take me to the hospital if I need to go for an appointment."

Staff told us they received training which was appropriate for their roles and equipped them to meet the needs of the people who used the service. The staff told us, "I really like the training, it's interesting", "We get the chance to do our NVQs and go on all sorts of courses" and "The training is really good and it gets updated every year." The registered provider had identified skills which they thought the staff should have to meet the needs of the people who used the service, this included, health and safety, safe moving and handling, safeguarding adults from abuse, fire, infection control and first aid. The registered manager had systems in place which showed when staff's training needed updating. Staff had regular supervision where their training needs and working practises were discussed. The registered manager had an induction pack in place and we saw evidence this had been completed by newly recruited staff.

Information was recorded about the wellbeing of the people who used the service and this showed what care had been provided that day. This included how people's needs had been met and whether there was any contact with health care professionals. This information was passed on to other staff when the shift changed so oncoming staff were aware of what had happened and could monitor people if needed. People's care plans showed how staff were to communicate with people, this included speaking slowly, not shouting, explaining things simply or rephrasing and use of sign language to clarify points, for example, thumbs up or head nodding.

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 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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager showed us three applications had been submitted to the authorising supervisory body and they were awaiting the

outcome of these. They explained they were in the process of assessing the capacity of more of the people who used the service, so more applications may be made soon. We saw best interest meetings had been held and those who had been designated as the decision maker for the person had been consulted, along with other health care professionals.

People were provided with a varied and wholesome diet. Their likes and dislikes had been recorded in their care plans and the cook was aware of people's preferences. The meal on the day of the inspection looked well-presented. There was choice of food at all meal times. Staff monitored people's food intake and involved health care professionals when needed, this included dieticians and speech and language therapists. Drinks and snacks were provided throughout the day of the inspection.

People were supported to access health care professionals when needed and community nurses visited the service on a daily basis. One visiting nurse told us, "The staff here are very good, they undertake the monitoring I want them to do and will pass on information. They are well trained and help us all they can."

There were plenty of signs around the building telling people where the toilets and bathrooms were. People's doors had pictures on and the numbers were clearly displayed.

Good

Is the service caring?

Our findings

People who used the service told us they thought the staff were kind and caring. Comments included, "The staff are wonderful, they will go that extra mile", "I think the staff are marvellous, they are really kind and caring" and "I like all the staff, they are kind and caring and we all get on really well, there isn't a bad one amongst them."

We saw staff had a good rapport with the people who used the service. Staff told us they enjoyed their job and found their relationships with the people who used the service provided them with a lot of job satisfaction. Staff told us, "I love coming to work, the residents are so nice, I treat them like my own family", "I love my job and really enjoy talking to the residents, they are lovely", "I would recommend this home to anyone, all the residents are really nice and we all get on really well" and "I genuinely feel privileged to be caring for these residents we owe them so much." We heard a lot of laughter and good humoured banter around the service and people and staff obviously enjoyed each other's company. Staff understood the needs of the people who used the service and could describe these to us.

Staff understood the importance of respecting people's diversity. They told us, "We are here to care for people and not to judge them, they do what they want really and we help them if we can" and "They are all different and you have to respect that." The staff had been provided with training in equality and diversity and the registered provider had policies and procedures in place which reminded the staff of the importance of this.

We saw staff explaining to people what tasks they were undertaking and how they would like them to help them. For example, one person was having difficulty getting out of their chair, so the staff quietly and reassuringly explained to the person what they should do and they would help them. It took sometime but they achieved this and staff encouraged and supported the person throughout sensitively and calmly.

People's care plans indicated who acted on their behalf if this was appropriate and who should be contacted in an emergency. The registered manager told us they could signpost people to contact advocacy services if the person needed independent advice but no one was using them at the time of the inspection.

Staff understood the importance of keeping people's personal information safe and knew they should only share information with those people who were authorised to see it. Care plans were kept locked away and staff only accessed these when they needed to.

Staff could describe to us how they would uphold someone dignity, they said, "We always knock on people's doors and wait to be asked in", "I always make sure they are covered over if I'm doing any personal care for someone" and "I wouldn't like it if my grandma was left naked on her bed so I make sure all the doors and curtains are closed and they are covered over." Staff also respected people's privacy and their choice to be alone. They told us, "Sometimes people want to be on their own and that's fine, we have to respect that and give them space" and "If they want to be in their room that's fine, it's their home not mine, they should be able to do as they want."

Good

Is the service responsive?

Our findings

People who used the service told us the activities provided were good and there was plenty of choice. Comments included, "We get to see entertainers who come in", "They take us out to the seaside and the theatre" and "We get to do some games and bit of bingo now and again." They told us they knew they had right to complain and who these should be directed to. Comments included, I know I can make a complaint if I want to, but I don't have any", "I tell [registered manager's name] if I have concerns and she will sort it out" and "If I have any complaints I would see the manager or the staff."

All of the people who used the service had a care plan which was updated on regular basis. This described the person and their likes and dislikes, it also described how the person wished to care for and how staff should best meet their needs. Assessments had been undertaken which identified areas of care the staff should closely monitor, this included tissue viability, mobility, nutrition and behaviours which might challenge the service and put the person or others at risk. The care plans showed people or their representative, where appropriate, had been involved with its formulation.

People's care plans showed their hobbies and interests and what they liked to do, this included, knitting, dancing, playing games, reading and listening to music. The staff told they tried to facilitate people's interests as much as possible. They said, "We make time to play games with people and to take them out shopping, or on trips" and "I like to sit and talk with people, they enjoy it and you get to know lots about them and their past." We observed staff undertaking a game of skittles and net ball with the people who used the service. During these activities staff made sure all those in the lounge had an opportunity to participate. The activity stimulated a lot of conversation and laughter and everybody seemed to enjoy themselves.

Staff we spoke with were aware of the need to include those people who preferred to spend time in their rooms. They told us, "I always make sure I pop my head in and see if they are ok or if they want anything, you just have to make sure they're ok." They went on to say, "There are some residents who spend all day in their rooms, and that's their choice, but I make sure they are ok and ask if they want to come to the lounge."

Staff understood the importance of respecting people choices, they told us, "We always give residents the choice. That included clothes, meals and things like that." Staff also understood that more formal measures had to be taken if people could not make informed decisions. One member of staff said, "We consult with their relative if they can't make decisions for themselves. I know the manager does assessments and this shows if the residents can make decisions for themselves and then we get their relatives involved."

The registered provider had a complaints procedure which was displayed in the entrance to the service. This was also provided in the 'Service user guide' given to all new admissions. This told people they could raise concerns with the registered manager or a member of staff and this would be investigated and a response provided in a timely way. The complaints procedure also informed people they could contact the Local Government Ombudsman or the local authority if they were not happy with the way the registered manager had conducted the investigation.

Staff told us they tried to resolve people's concerns immediately if possible, for example, concerns about missing clothing or meals, but they would pass anything more serious to the registered manager to investigate.

We saw a record was kept of all complaints received, these recorded what the complaint was, how it had been investigated and whether the complainant was satisfied with the outcome.

Requires Improvement

Is the service well-led?

Our findings

People who used the service told us they found the registered manager approachable. Comments included, "I think [manager's name] is nice, I would have no problems going to her for advice" and "I go and see her if I have problems and she listens to me and sorts it out." They told us the registered manager asked them for their views about how the serve was run. Comments included, "She comes to see if I'm ok and asks if there's anything I would like to change", "She asks me about the food and if I like it here" and "She comes round and sees everybody not just me" and "I know she asked us about the food and the menu was changed." They could not remember attending any meetings or completing any surveys.

Staff we spoke with told us they found the registered manager approachable and could go to her for advice. They told us, "I think [registered manager's name] is great, she listens to you and tries to sort things out", "I know I can go to her for advice or discuss things and it will be kept confidential" and "She is really approachable and friendly, I don't have problem with her." Staff also told us, "[Registered manager's name] helps us with the residents and comes out onto the floor if we are stuck or busy, she doesn't just sit in her office." Observations made during the inspection showed staff could approach the manager for advice and discuss the needs of the people who used the service. There were good open discussions and staff were supported in their role by both the registered manager and the deputy manager. The registered manager showed a good knowledge of the needs of the people who used the service and this helped to ensure they got the care and attention they needed.

Staff meetings had been held and minutes seen showed staff could discuss openly issues or problems with the registered manager. The minutes also showed information had been passed to the staff regarding working practises and any changes in policies and procedures. This made sure people who used the service were supported by staff who had up to date information.

Staff understood they had a responsibility to keep people safe and to ensure they received the best care possible. This was achieved through training, good quality information about people's needs and good management support. Staff knew they were accountable for their actions and knew they needed to communicate people's needs effectively; including any changes in these to the senior staff so swift action could be taken to address any issues. Staff told us, "We need to make sure we tell the manager what's going on, if someone's ill or if they've had a fall, so they can call a doctor or an ambulance."

People who used the service were supported to access the local facilities, this included shops, clubs, pubs, restaurant and local parks. The registered manager also had good links with the health care professionals who visited the service and people's GPs. One visiting district nurse told us, "They [the staff] are really good at providing the information and monitoring we need and for calling us out if there are any problems."

There was a registered manager in post, they understood the need to inform the CQC of any untoward incidents which happened at the service so we could assess the ongoing risk and compliance of the service. They also understood how the regulated activity of the service impacted on and prescribed the scope of the service that was offered.

Some audits had been undertaken by the registered manager, these included the environment, health and safety, care plans, infection control and staff training. There had been no formal audit of the accidents and incidents which occurred at the service to establish patterns or trends. This meant people's safety could be compromised. It is recommended the registered provider develops a system of analysing and auditing falls and incidents based on good practice guidelines and current research.

There had been no formal consultation with the people who used the service or those who had an interest in their welfare, including health care professionals and relatives for over 12 months. This meant the views of people who used the service and other stakeholders views had not been captured to enable the registered provider to improve the service provided. It is recommended the registered provider develops a method of collating people's views to make improvements to the service based on current good practise and research.

All records were stored securely and were well maintained. All equipment was serviced at the intervals that were recommended by the manufactures' and regular water tests had been undertaken for legionella. The fire alarm system had been tested and fire drills had been undertaken regularly.