

Hill Care 3 Limited

Deangate 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

About the service

Deangate Care Home is a residential care home providing personal care to 44 people. The service can support up to 46 people over two floors. One of the units specialises in providing care to people living with dementia.

People's experience of using this service and what we found

People and their relatives were positive about the service and the care provided. People told us they thought the food was good.

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. Sufficient staff were available to meet people's needs and we saw staff responding promptly to requests for assistance. Support was given in an unhurried manner. People received their medicines as prescribed and systems were in place to ensure these were administered according to best practice guidelines. Incidents and accidents were investigated and actions were taken to prevent recurrence. Premises were clean and staff followed infection control and prevention procedures.

People's needs were assessed and care was planned and delivered to meet legislation and best practice guidance. Care was delivered by staff who were trained and knowledgeable about people's care needs. People were provided with a varied menu and staff encouraged and supported them to eat and drink. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind, caring and compassionate. The home was welcoming and friendly and it was clear people and staff had formed good relationships. People and relatives were involved in decision making. Staff respected people's privacy and dignity.

Staff were responsive to people's needs and wishes and knew people well. People were offered choices about what they wanted to eat and what activities they wished to take part in. People's views were sought and action taken to improve the service from these.

The registered manager was proactive and people and staff knew them well.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 30 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 remained safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service remained effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service remained caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service remained responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service remained well-led.

Details are in our well-led findings below.

Deangate Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team comprised one inspector and one assistant inspector.

Service and service type

Deangate Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service, including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who use the service and four of their relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, two senior care assistants, two carers, two domestic/laundry staff and a cook. We also spoke with a visiting health professional.

We reviewed a range of records. This included four people's care records in full and parts of four other people's care records. We looked at five staff files in relation to recruitment, staff supervision and appraisal. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained good.

This meant people were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Staff ensured information about risks to people was shared at handover, however we found that staff were unaware of a risk relating to a person's diet. We brought this to the attention of the registered manager who ensured immediate action was taken to alleviate this risk.
- External contractors undertook regular servicing and checks of premises and equipment. We found that the service had not undertaken recommendations following one of these checks. We brought this to the attention of the registered manager who took immediate action to complete these recommendations.
- Risks to people's safety were assessed and action taken to mitigate those risks. Records showed how staff considered the least restrictive option when doing so. Risks were reviewed regularly to ensure people were supported to have as much control and independence as possible.
- A pre-admission assessment was completed which identified and recorded key areas of managing risks to people safely.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise the signs of abuse and protect people from the risk of abuse.
- Staff knew about the whistleblowing process and there was evidence this had been used and investigations and action taken as a result.
- The registered manager had reported abuse to local authority safeguarding as required.

Staffing and recruitment

- People's needs were met in an unhurried manner and staff said staffing levels were generally good.
- The registered manager used a dependency assessment tool to consider how many staff were deployed. Staff experience was considered when producing the staffing rota.
- Personnel files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles.

Using medicines safely

- Medicines systems were well-organised and people were receiving their medicines when they should.
- Safe protocols for the receipt, storage, administration and disposal of medicines. Regular checks were undertaken.
- Staff administering medicines were trained, received regular updates and were very knowledgeable.

Preventing and controlling infection

- All staff had been trained on infection control; this was refreshed and was up to date.
- Staff had good access to personal protective equipment, including disposable gloves and aprons, which we observed were used appropriately throughout our inspection.
- The home was clean, tidy and generally odour-free. A relative said, "Always find it clean and the room is spotless, [my relative] is always nicely dressed."

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored. Each incident was reviewed by the registered manager and actions taken, where appropriate to mitigate future risks. From these actions falls incidents had substantially reduced over the last three months.
- Analysis was used to identify themes and trends, which the registered manager used to inform their management of the home.
- Actions plans were produced and tracked to ensure lessons learnt were embedded throughout the home.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans contained detailed information about people's care and support needs. People and relatives told us they were involved in discussing and planning their care.
- Management recognised the importance of ensuring people's care and support was delivered in line with current good practice guidelines. They had sought support from the local authority to facilitate this. A programme of reviewing and amending people's care plans was underway with a schedule to complete in the next couple of months.
- Assessments of people's needs were comprehensive and outcomes were identified.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training. All staff, regardless of their role, received the same training. Staff were supported to complete the Care Certificate. The Care Certificate is an identified set of standards that health and care professionals adhere to in their working life.
- Staff told us they were well supported by the registered manager and that they received regular supervisions and appraisals.
- Staff were knowledgeable and supported people in line with best practice, which helped lead to good outcomes for people.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us the food was good.
- People were offered a good choice of food. At meal times staff showed people two choices on small plates so people could see the food and make a choice about what they wanted to eat.
- Staff offered snacks and drinks throughout the day. Staff encouraged and supported people to eat and drink.
- Where people needed support to eat they received this from staff in a patient and unrushed manner.
- People at risk of malnutrition were monitored and referrals made to professionals when required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service had processes for referring people to other services, where needed.

- People's records showed communication with health professionals was effective and timely.
- Feedback from health professionals confirmed the staff took action when required.

Adapting service, design, decoration to meet people's needs

- The service was undertaking a programme of refurbishment and people had been involved in choosing the decoration.
- People's support needs were reflected in the adaptations and environment. Sensory items, such as pegs and washing lines, were on the walls of corridors and dementia-friendly signage aided people's orientation around the home.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met and found that they were.

- People's consent to care was accurately recorded. Where people were unable to consent the appropriate permission was sought.
- We observed and staff told us how people were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives provided consistently positive feedback about the staff and service. Comments included: "Think they're doing a marvellous job", "Staff are very pleasant", and "[Name of person] thinks the world of the staff and they think the world of [person]".
- Staff spoke about people with kindness and compassion and all staff took time to stop and chat with people throughout their work.
- We observed warm and positive relationships between people and staff. Staff always spoke to people at eye level and there was good use of gentle touch to acknowledge and encourage people.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives, where appropriate, told us they had been involved in making decisions about their care and support needs.
- Staff supported people to make these decisions. Care plans accurately recorded these discussions and how they had been conducted to support people's involvement as much as possible.

Respecting and promoting people's privacy, dignity and independence

- Staff had genuine concern for people and were keen to ensure their rights were upheld and people were not discriminated against.
- People's right to privacy and confidentiality was respected. For example, staff knocked on people's doors and waited for a response.
- Staff preserved people's dignity at all times, for example, describing how they supported people when being hoisted or when they had been incontinent.
- People were encouraged to be independent, for example, people were able to use the café area to make themselves a hot drink when they wished.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care and support plans were personalised and detailed how people should be supported with each task.
- Staff were knowledgeable about people's likes and dislikes, for example, gently suggesting to them to enable them to choose their favourite food or snack.
- People's needs were identified and these included those related to protected equality characteristics.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded, flagged and staff were aware of these.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were varied and included trips out. During our inspection the activities co-ordinator encouraged people to sit in the garden and offered milkshakes and white wine spritzers, conversation revolved around what food people would like to see on the menu.
- Relatives were able to visit people throughout the home and the café area was used by relatives to make drinks.
- A relative described how they were bringing pictures from home and preferred to hang these themselves, which was supported. Another relative had brought a variety of treats which they left with the cook to keep fresh.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place. There had been two complaints in the last 12 months.
- Where people had raised concerns the registered manager checked they were satisfied with the outcome, and records showed they were.

End of life care and support

- People were supported and encouraged to make decisions about their preferences for end of life care.

- Where people had chosen not to do so this was recorded and reviews took place regularly. In the event of a sudden death people's religious preferences and funeral arrangements were recorded where they had these in place. Feedback from a health professional recently involved with a palliative patient felt they had "received exceptional care from staff who were attentive and looked after the patient with dignity and respect".
- There was no one receiving end of life care at the time of our inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A programme of regular audits took place, however these checks had not identified a concern we found about maintenance of lifting equipment. This was brought to the attention of the registered manager who took immediate action and reassured us they had put systems in place to ensure this omission would not occur again.
- The registered manager undertook a daily walk-round of the home; they had plans to formalise the types of areas which would be checked.
- The registered manager was clear about their roles and responsibilities; they well-supported by an experienced deputy manager.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People, relatives and staff told us the service was well-led. People and staff confirmed they knew the registered manager. Staff told us, "The new manager is a big asset to the home, [they] have made improvements."
- The registered manager was clear about their vision for the home and used the home improvement plan to plan and drive forward improvements to support good outcomes for people.
- The registered manager had submitted notifications as required by duty of candour legislation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had an open-door policy and people, relatives and staff confirmed this.
- Regular meetings took place for people, relatives and staff. Minutes from these were available in a large font format for people and relatives.
- The registered manager was clear that supporting people was a team effort and spoke about how they encourage and supported staff to do this.
- Staff spoke about how the registered manager had supported them at work to support their personal lives.

Continuous learning and improving care

- Regular surveys were completed to gain the views of people, relatives, staff and visiting professionals. Some feedback from these had been used to improve the quality of care and support.
- The registered manager explained how the cook was to start collecting dining experience feedback from people to continuously improve in this area.
- Designated staff dignity champions supported staff to improve.

Working in partnership with others

- Staff worked well as a team, a staff member said, "We're like a family."
- The home had worked closely with the local authority to improve aspects of the home, particularly care plans.
- The home worked with organisations, such as Age UK, and a local 'dial-a-ride' service to support people's social needs. This also supported isolated people in the community to access social groups.
- Students from local colleges also supported the home.