

Greendown Trust







Dyneley House

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?		Outstanding	
Is the service well-led?		Good	

Overall summary

This was an unannounced inspection which took place on 14 January 2015.

Dyneley House is a Residential Care Home and provides beds for up to 24 older people. It is owned by Greendown Trust and is a registered charity.

There was a registered manager in post. 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.

People who used the service were happy living at the home; they told us they felt safe and well cared for.

The service provided a high number of staff to support people on an individual basis. The service had robust recruitment systems in place and encouraged people who used the service to be involved. Medication was administered safely.

Summary of findings

The principles of the Mental Capacity Act (2005) were being adhered to; people were supported appropriately when decisions needed to be made on their behalf.

People had access to appropriate health care professionals as needed. We found clear records following GP visits and were able to see the outcome of the visit was recorded in the person's care plan.

People told us they enjoyed the food in the home and were supported to have a balanced diet. We saw people with snacks and drinks throughout the day.

Staff were well supported and we saw evidence of regular supervision. All staff had received an annual appraisal in the last 12 months. Staff told us they had access to a variety of training options.

People were well cared for, we saw staff knew people well and people were treated with kindness.

Staff were able to give us detailed knowledge of the people who they were supporting.

The service offered a range of support to people to ensure their religious needs were met.

We saw people's needs were assessed prior to them moving into the service, they were given detailed information about the service's values and ethos.

Care plans were reviewed on a monthly basis, staff ensured people and their loved ones were fully involved with this. When family members were unable to attend

the member of staff consulted them over the telephone. We saw when people made requests at their review these were followed up by the service and where practical were met. For example, one person was supported to move to another room with a better view, this was requested at a review and the person told us they were much happier in the new room and they enjoyed the view.

People valued the activities on offer and we saw people were having fun and joined in with a quiz on the day of our inspection. People's preferences were recorded and discussed at their review. The service offered individual and group activities and employed an activities co-ordinator. They also paid for external people to come into the home and all of the people we spoke with enjoyed this. Trips were provided each month.

The complaints policy was easily accessible for people and their loved ones; however, the service had not received any formal complaints since the last inspection. The service had a residents meeting which some people attended.

The registered manager had been in post for 27 years and spoke with pride about the service. She told us the service had a stable staff team most of whom had been there a long time. She felt that well supported staff provided better care for people living there.

Systems were in place to monitor the quality and safety of the service and the service had relevant policies and procedures which staff had signed up to.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There was a clear safeguarding policy in place and people who used the service and staff told us they knew how to report concerns.

People who used the service told us they felt safe. The service had high levels of staff on duty, they provided an extra three staff between 12.30pm and 3.30pm. This afforded staff time to spend with people on a one to one basis.

Recruitment processes were thorough and when care staff were recruited people who used the service were involved.

Medication was administered safely and people received their medication on time. People were supported to make decisions about their medication and were supported to take positive risks if this was their choice.

Good



Is the service effective?

The service was effective.

Staff knew about and were appropriately used the Mental Capacity Act (2005) legislation. Relevant people were consulted in relation to best interest decision making. No one who lived at the service was subject to a DoLS authorisation; however, the registered manager demonstrated an awareness of how to implement these if required.

Care plans were detailed and contained detailed information about the person's beliefs, likes and dislikes. The 'my life before you knew me' document enabled staff to have a full picture of the person who they were supporting.

People told us they enjoyed the food.

Staff were well supported and had effective supervision and a detailed annual appraisal. The staff team had worked for the service for a long time and were able to provide consistent support.

Good



Is the service caring?

The service was caring.

People were treated with kindness and compassion.

People had detailed care plans which were individual. People and their loved ones were involved in the development and review of their care plans.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed before they moved into the service. Care plans were individualised and detailed.

Outstanding



Summary of findings

People had their religious needs met.

Activities were meaningful and people had the choice of group activities, one to one time with members of staff and trips out of the home happened every month. People valued the activities which were run by people from outside of the home, especially the reminiscence sessions.

The complaints policy was accessible to everyone who used the service and those who visited them.

Is the service well-led?

The service was well-led.

People spoke positively about the response of the staff team and the registered manager.

The service had systems in place to audit and monitor the quality and safety of the service.

Staff meetings took place and staff were kept up to date with key changes to legislation affecting the care they provided for people.

Good



Dyneley 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.

This inspection took place on 14 January 2015 and was unannounced. At the time of our inspection there were 21 people living at the home and very few people were living with dementia.

The inspection team consisted of two inspectors and an expert by experience, who had experience of working with people living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before this inspection we reviewed all the information we held about the home, we contacted the commissioners of the service. We did not ask the provider to send us a provider information return.

During the inspection we spoke with nine people who used the service, and two people who were visiting people who lived at the service. We looked at four care plans, and four medication records of people who used the service. We spoke with four members of staff and the registered manager, and we looked at five staff files.

We spent time looking at documents and records that related to people's care and the management of the home such as training records and policies and procedures. We spent time observing care in communal areas of the home, and some people who used the service showed us their bedrooms. We also observed lunch in the dining room.

Is the service safe?

Our findings

Since the last inspection the Care Quality Commission (CQC) had not received any safeguarding notifications. We checked this with the registered manager who confirmed this was correct. However, she went on to tell us about a safeguarding incident which had taken place last week. The registered manager had investigated the incident, and had put a protection plan in place; this had been agreed by all involved. The registered manager had completed the Leeds Safeguarding decision support tool to ensure she had taken all necessary steps to minimise the risk.

We saw the service had safeguarding and whistle blowing policies in place, which, provided staff with detailed guidance. We spoke with four members of care staff and they were all clear about how to safeguard people who used the service. They were able to tell us about; the different types of abuse, what signs they would look for and how they would raise concerns. Staff told us they would be confident to do so. All of the staff we spoke with had completed safeguarding training, and the training records we saw confirmed this.

We spoke with nine people who lived at the service and they all told us they felt safe. One person told us, "I feel very safe and well protected. I often have to call staff in the night using my buzzer, but they never keep me waiting. I know they will always come straight away. If they're already dealing with someone else, they'll come and let me know that they'll be there in a minute and they never let me down. I feel very lucky. I couldn't be in a better place."

During the inspection we saw high numbers of staff were available to support people. The design of the staff rota meant three additional members of staff were available between 12.30pm until 3.30pm each day. The registered manager told us this was to ensure people who used the service were supported to enjoy their main meal and to have time for one to one or group activities, and trips. The registered manager had completed a dependency tool in December 2014, this showed the service was providing more hours than required.

We found medications were administered safely. Team leaders and senior care staff were trained to administer medicines. The medication trolley was tidy and the medication was ordered in a systematic way which meant it was easy to follow. The service used dosette boxes, these

were prefilled by the pharmacy and had a picture of the person who the medication was for on the front. There was an information chart for each person taking medication, this included; a picture of the person, their GP contact details, information about any known allergies and a list of all medication. There was a picture of the medication and a description of what the medication looked like. We saw records of medication booked in and a book containing details of all the medication which had been disposed of.

The medication trolley was locked and secured to the wall. The controlled drugs cupboard was secure and all of the medication in there was correct and signed in and out by two members of staff. We saw medication was correctly stored in the fridge which was locked. The temperature of the space where the medication trolley was stored and the fridge temperature had been recorded daily, and were within the recommended range.

As some of the people who used the service were Christian Scientists, we saw discussions had taken place on a one to one basis about their beliefs in relation to taking prescribed medication. The way medication was administered took into account the beliefs and values of people who lived at the service. People who used the service were supported to make their own decisions, in relation to medication, and we saw the relevant risk assessments were in place.

A thorough recruitment and selection process was in place that ensured staff recruited had the right skills and experience to support the people who used the service. We looked at recruitment in three staff files; they all contained relevant information; including a Disclosure and Barring Service (DBS) check and appropriate references, to ensure that these staff were safe to work with vulnerable adults. The DBS checks help employers make safer recruitment decisions. The registered manager informed us people who lived at the service were involved in the recruitment process for care staff. She told us candidates spent time with people who used the service as part of the selection process. The registered manager gained the person's views on the candidate. This was done informally but the registered manager told us the feedback helped her to decide whether the person would be suitable for the role.

Accidents and incidents had been recorded in line with the service's policy and procedures. There were comments

Is the service safe?

about any action which had been taken to manage the risk of the situation re-occurring. We saw individual risk assessments in place to minimise the risk of avoidable harm to people who used the service.

We saw people had personal emergency evacuation plans so staff were aware of the level of support people living at the service required should the building need to be evacuated in an emergency.

The environment was well maintained and had a very homely atmosphere. However, the walls were decorated in a magnolia colour and the bedroom doors were a pale

beech wood colour and we thought this could have made it difficult for people to identify which part of the building they were in, and where their own bedroom was. There were no differentiating colours or memory boxes to help people to find their way around and no signage on the toilet doors. The service is not a specialist service for people living with dementia, but some of the people using the service had dementia. We raised this with the registered manager and she told us that people using the service had not experienced any problems finding their way around the building and people used the number on the bedroom door to locate their bedroom.

Is the service effective?

Our findings

The Mental Capacity Act (2005) provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. The registered manager and care staff demonstrated a good understanding of this legislation. We saw mental capacity assessments in people's care plan and these were reviewed by care staff on a monthly basis.

Where people were unable to make decisions for themselves, we saw documentation which showed the service had completed a mental capacity assessment, and had consulted all the relevant people when making decisions in the person's best interests. We saw one person who used the service had a best interest decision recorded in relation to the use of bed rails; we could see the person's had been consulted about this decision.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. No one who lived at the service was subject to a DoLS authorisation; however, the registered manager demonstrated an awareness of how to implement these if required.

We saw in care plans that people had regular visits from health professionals for vision, hearing and chiropody. We found records of visits by the GP with information about the outcome of the visit.

The registered manager told us some people who lived at the service were practicing Christian Scientists. She explained their beliefs meant they may choose to refuse treatment from a GP or other medical interventions including taking prescribed medication. Where this was the case we saw records which showed all decisions had been documented in line with the person's views and beliefs. One person's decision to refuse treatment and their reasons had been recorded clearly. We saw staff had supported the person to see a GP to ensure they had all the relevant information to make their own decision.

During our inspection we observed lunch. The dining room tables were nicely set with cloth napkins, cutlery and crockery, some people who lived at the service had a daily

newspaper placed over their seat. Three people chose to eat in the lounge and were supported to do so and we saw staff taking trays of food to people who were eating in their own rooms.

We saw people were given choices of food which had been home cooked by the chef. One person who lived at the service told us, "We choose what we will have for lunch the day before. There's always a choice. It's always very tasty. I really like the food here. They bring a trolley round with hot drinks and biscuits in the morning and the afternoon, but we also get water and orange juice in jugs in our rooms."

People were supported to enjoy a balanced diet and we saw people enjoyed the food, some people had second helpings. Whilst observing lunch one person said to a member of staff, "Well, I've not had that before, that was new." The staff member asked if the person had enjoyed it, and they replied, "Very much, I'll definitely be having that again."

We saw people's bedrooms were personalised with photographs and mementos. Some people had brought furniture from their own home. In one person's en-suite bathroom we saw a sign to promote their independence; this person was living with dementia.

The registered manager told us the service placed a high value on supporting staff, and believed staff would provide better care to people if they felt supported and looked after. We looked at three staff files; they all contained a supervision agreement which was signed and dated by the member of staff and the supervisor. We saw supervision discussions covered the following areas; individual development needs, guidance on policies and procedures within the service, discussions about the support needs of people who used the service and any individual issues the member of staff needed to discuss. We saw each member of staff had received an individual appraisal within the last 12 months.

The service offered training for induction, on going mandatory training and any additional training that staff might discuss during supervision. A member of staff told us training was undertaken both on a face to face basis and on line (e- learning). We saw different providers were used by the service depending on the area of skill and availability of funding to support the training need.

The registered manager told us the service encouraged care staff to undertake national vocational qualifications.

Is the service effective?

We looked at training files and saw up to date training plans in the front of each file, this documented training undertaken and required dates for updates. Certificates for all courses undertaken were filed in the order in which they had been completed.

Is the service caring?

Our findings

During our inspection we saw staff treated people with kindness and compassion. During lunch we observed a person started to cough. A member of staff came and asked if they would like a drink of squash from the glass which was next to them. The person indicated they wanted water, this was brought immediately, and the member of staff stayed with the person whilst they recovered.

Staff had been trained in how to respect people's privacy, dignity and confidentiality and understood how to put this into practice. We saw people who used the service looked relaxed and at ease with staff. One person told us, "I call staff in the night often, as I can't get up to the loo. I buzz them and they come quickly. They don't make me feel embarrassed. They're sensitive and pull curtains and shut the door, but they stay there to make sure I'm safe."

One person who used the service had some memory loss and attempted to join us in the conservatory. We spoke to the person and explained what we were doing. A member of care staff came and gently encouraged the person to go into the main lounge to join in the quiz. We saw the member of staff supported the person in a calm manner and was unhurried. The person responded well to the staff member and we saw she joined in with the quiz.

We saw the registered manager respected people's privacy and was aware of their preferences. The registered manager knocked on people's doors and waited for a response before going in, she asked for permission to bring visitors in. On one occasion she entered someone's bedroom, with their permission, and could see the person was not dressed as she knew they would like to be to

receive visitors, so she said she would go back later. She told us the person liked to dress smartly when seeing people and would have been embarrassed to have visitors when dressed in more comfortable lounge wear.

People who used the service were involved in the development of their care plans. In each care plan we looked at we saw a list of potential visitors who might come to the service and whether the person had given permission to allow the visitor to see them in their room. We saw one person had given consent to people visiting the service but said they would like staff to tell them people were here before bringing them to their room.

When we spoke with staff we found they had detailed knowledge of the people they supported. We spoke with a member of staff about what it meant to be a key worker for someone who lived at the service; they explained they had gradually got to know the person and what their preferences were. The staff member said, "I tidy [name of person's] bedroom, we go through the care plan together, [name of person] likes TV, gets a newspaper on some days and enjoys a glass of sherry."

We asked staff how they learnt about the needs of people living in the home, and in particular about their religious beliefs. A member of staff told us they had time during their induction period to talk with people, read their care plans and life stories, and the registered manager provided information about Christian Scientists to make sure they understood what people's beliefs were. The staff member told us they would always ask people what they wanted to do as each person was different and would always read the care plan.



Is the service responsive?

Our findings

People who used the service told us they felt confident staff would respond quickly to their needs. One person said, “I can enjoy life here. They [staff] are very good, so helpful. Nothing is too much bother. They [staff] do what they say they will do, they're not rushing around with no time to help.”

We looked at four people's care plans and could see they had all had their needs assessed prior to moving into the service, this ensured the service was confident they could provide the support the person needed. The care plans included an ‘Induction to the service’ when the person arrived and we could see staff explained to people what they could expect, how things usually worked, how they could complain and who their key worker would be. The induction pack also included a variety of written information for example; how the person would be included in the development of their care plan, people's rights to take risks, a copy of the service's statement of purpose and a welcome pack.

We found detailed assessments for people which included information about their likes and dislikes. People were encouraged to make choices about the gender of staff who supported them with their personal care. We saw individuals who used the service had signed and dated their care plans as had the member of staff writing them.

We found care plans contained a document called, ‘my life before you knew me’, staff told us they started to work on these when the person first arrived and added information as they got to know people better. The document contained detailed information about the person's values and beliefs, their family life, career and how they liked to spend their time. Some people chose not to talk to staff in detail about their past and staff told us they respected people's individual decision.

Care plans included details about people's religious and cultural needs. People who wanted to were supported to attend Church each Sunday. Staff took people on the minibus to the Christian Scientist Church. The registered manager told us a member of the church would come and provide a reading, for those people who wanted to take part; this took place every other Friday. On the other Friday

people took turns to provide a reading for the other people who wanted to attend. The registered manager told us they arranged for a priest to visit another person who was not a Christian Scientist.

We saw a variety of risk assessments were in place in all of the care plan records we looked at. We saw care plans contained a nutritional risk screening tool, these were reviewed every three months and we saw records indicating people were routinely weighed on a monthly basis. In one person's care plan record we saw they had a number of falls recorded, the service had completed a risk assessment and specialist seating was provided to minimise the risk.

We could see care plans had been reviewed monthly with the person who used the service, a member of staff and the person's relatives. The reviews looked at the individual's care needs, their well-being and any concerns or issues the person had. We saw care staff had telephoned one family member who lived some distance, in order to ensure they were able to give a view on their family members care. Where there had been a need to change the care plan before the monthly review we saw this had taken place and changes were clearly documented. They were signed by care staff and the person the care plan belonged to.

We tracked the reviews for one person who lived at the service and we could see the service had responded to the individual's request.

We spoke with a visitor who said they had been very happy with the care their relative had received at the service and felt fully informed and included in decision making. The visitor said, “I feel very comfortable with all the staff, including the manager. They are a really good team.”

Three out of the four care plans we looked at had information on ‘advanced or end of life care’ and preferred arrangements which had been discussed with the person and signed. One of the records we looked at told us the person had a donor card in their purse.

All of the people we spoke with told us they had their own private phone in their room, so that they could speak to relatives and friends easily.

The service employed an activities co-ordinator who we spoke with; there were a range of activities. We saw a monthly timetable of activities which included group activities; music for health, a quiz, bingo, movie night. On



Is the service responsive?

the day of our inspection we saw there was a quiz taking place in the main lounge, nine people were involved and people were having a laugh and joke with the staff member who ran it.

The service had a minibuss and there was a monthly trip out; in December 2014 some people went with staff to a nearby shopping centre to buy Christmas presents and had a meal. The registered manager told us because of the charitable status of the home, people did not have to pay for additional activities which meant it was inclusive. A music session was held each week and people told us they enjoyed this. Each Friday a person came to the service and ran a reminiscence session, everybody spoke of how interesting and enjoyable they found this. We saw discussions about activities had taken place at the person's review and the care plans we looked at all contained information about the activities people had taken part in.

We saw a copy of the complaints policy; the registered manager told us the service had not received any formal complaints in the last 12 months. She told us she had an open door policy and encouraged people to talk with her if they had any concerns. All of the people we spoke with told us they felt listened to and understood. People said they felt comfortable to raise concerns or complaints, although they all said they didn't have any. Two of the residents we spoke to told us they attended residents meetings 'a couple of times a year' and one person said, "If anything needs sorting out we can do it there, but I could talk to [manager] or any member of staff between times."

There were different communal areas for people to sit and eat, watch television or chat with each other. There was a large television, but this was not on in the main lounge all day. Music was playing and we saw people who lived there were singing along to this and talking with each other and care staff.

Is the service well-led?

Our findings

The service had a registered manager who had worked there for 27 years. She told us she had a supportive staff team which consisted of two team leaders, senior care staff and care assistants, kitchen and housekeeping staff. People who used the service spoke positively about all of the care staff and the manager. One person said “I don't have any grumbles, but if I did, I'd talk to any one of the staff. Probably one of the senior ones or to manager. She's always happy to have a chat. She's very approachable, and I know they would sort out any problems if I had one.”

People who used the service and their relatives were encouraged to provide feedback on the service via an ‘annual resident’s questionnaire’. We looked at the results from the questionnaire carried out in 2014 and saw 13 people completed it, all 13 were very satisfied in relation to the staff and management team’s efforts to create a good atmosphere, 11 people were very satisfied with the availability of the manager with the other two people being quite satisfied. Throughout all of the results the scores from people reflected they were either very or quite satisfied. The questionnaire had not recorded any concerns.

Staff were aware of the whistleblowing policy and all told us they would be happy to raise concerns with a senior member of the team or the manager if they had any. There was a copy of the complaints procedure next to the front door this enabled people and visitors access to this. We saw a copy of the statement of purpose and resident guide which explained the ethos of the service.

We looked at a copy of the staff meeting minutes held on December 2014. The minutes were comprehensive and covered the following topics; information about the new

approach to inspection by CQC with details on the 5 key questions (Safe, Effective, Caring, Responsive and Well Led) and the new ratings system, an overview of the Introduction of The Care Act and a detailed hand-out with further information for staff, and information on new food information regulations. We saw staff were offered the opportunity to raise any concerns and it was noted no one raised any. We could see the housekeeping staff had their own staff meeting on 30 December 2014 and again information was shared, with no concerns raised. The service was aware of the importance of staff keeping up to date with changes in legislation.

There were systems in place to monitor the quality and the safety of the service. We looked at the accident and incident log and saw incidents were recorded with an action plan for follow up. We saw in the falls log one person who used the service had fallen on a number of occasions overnight, the service had assessed the risk and provided a bed sensor to alert staff, the person who used the service had agreed to this. The registered manager told us she met with the two team leaders on a regular basis to go through incidents, and looked for any patterns and reviewed complaints.

Throughout the inspection when we spoke with the registered manager and staff, they repeatedly spoke about respect for the different beliefs of the people who lived in the service. We felt the culture involved respect for individual differences, values; beliefs and the service provided care and support to meet those needs.

The majority of the staff team had worked at the service for a number of years, we saw staff had taken time off to have families and then returned. This enabled the service to provide consistency of care.