Contemplation Care Limited

Deerhurst

Inspection report

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31 May 2017

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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

Deerhurst offers accommodation and personal care for up to three people living with a learning disability, autism or mental health needs.

The inspection was announced and was carried out on 30 & 31 May 2017 by one inspector.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People and staff told us they felt the home was safe. Staff had received safeguarding training and explained the action they would take to report any concerns.

Individual and environmental risks relating to people's health and welfare had been identified and assessed to reduce those risks. Plans were in place to manage emergencies. Regular safety checks were carried out on the environment and equipment.

Systems were in place for the storage and administration of medicines, including controlled drugs. People received their medicines from staff who were appropriately trained and regularly assessed.

There were safe recruitment procedures in place and sufficient staff were deployed to meet people's needs. People were supported by staff who had received appropriate induction, training and supervision.

People were supported to maintain their health and well-being and were referred to healthcare services when they needed them. People were offered enough to eat and drink and their specific dietary needs were met.

People's rights were protected because staff understood the principles of the Mental Capacity Act 2005 and ensured decisions were made in their best interests. The registered manager understood the Deprivation of Liberty Safeguards and had submitted requests for authorisation when required.

Staff were kind and caring, treated people with dignity and respect and ensured their privacy was maintained. People were encouraged to maintain relationships with family and friends and visitors were welcome at any time.

Initial assessments were undertaken before people moved into the home to ensure their needs could be met. People had person centred support plans and their relatives or other representatives were involved in decisions about their care planning. People had access to a wide choice of activities, both at home and in the community.

Easy read complaints procedures were available and complaints were appropriately addressed. People and relatives were encouraged to give their views about the service.

Staff felt supported by the registered manager who provided clear leadership and guidance. Staff felt listened to and involved in the development of the service.

Quality assurance systems and audits were in place to help drive improvements. Incidents and accidents were recorded and actions taken and any learning shared with other homes within the company.

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.

Individual risks to people had been assessed and measures put in place to minimise these.
Medicines were managed, administered and stored safely.

Staff understood their responsibilities for protecting people from abuse or improper treatment.

Recruitment practices ensured that only staff who were suitable to work in social care were employed. There were sufficient staff to meet people's individual support needs.

Is the service effective?

Good

The service was effective.

People's rights were protected because staff had a good understanding of the MCA 2005 and the DoLS. Staff sought consent from people before providing support.

People were supported to have enough to eat and drink in a way that met their specific dietary needs. People received support from health professionals, when needed, to help them maintain their health and wellbeing.

Staff received induction, training and supervision. Staff told us they felt well supported in their roles and could seek advice and guidance when needed.

Is the service caring?

Good

The service was caring.

Staff respected people's privacy, dignity and wishes and supported them with the things that were important to them.

Staff supported people with their emotional wellbeing and promoted their independence.

People were encouraged to maintain important relationships

with their family members and friends.

Is the service responsive?

Good

The service was responsive.

People and their families, where possible, were involved in planning their care. Support plans were person centred and focused on people's individual needs, choices and preferences.

There were opportunities for people to participate in a range of activities, if they wished to do so.

An easy read complaints procedure was on display. Relatives told us they had no complaints.

Is the service well-led?

Good

The service was well-led.

Systems were in place to monitor and assess the quality and safety of the home and these were kept under review.

Staff felt well supported by the registered manager who provided clear leadership and direction.

People, their families and staff had opportunities to feedback their views about the home and quality of the service being provided.

Deerhurst

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. We also inspected to check the improvements required from our previous inspection had been made.

This inspection was announced. We contacted the registered manager on the first morning of the inspection to make sure the people and staff we needed to speak to would be at home. The inspection was carried out on 30 & 31 May 2017 by one inspector.

Before the inspection we reviewed all the information we held about the service including previous inspection reports and the most recent Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection.

During the inspection we spoke with two people living at the home and two relatives who were visiting. We observed people being supported during the day to help us understand their experiences. We spoke with two members of the care staff, the registered manager and the operations manager who was visiting. We were unable to gain feedback from health professionals following the inspection.

We looked at two people's care records and pathway tracked their care. Pathway tracking enables us to follow people's care and to check they had received all the care and support they required. We reviewed the recruitment, supervision and training records for three staff. We also looked at other records related to the running of the home, including incident and accident records, medicines records and systems for monitoring the quality of the service provided.

The service was last inspected in November 2016 when one breach of Regulation was identified.

Good

Is the service safe?

Our findings

Relatives of one person told us their family member was safe at Deerhurst. They said "We visit, unannounced. He's always clean and happy." They said they had no concerns and when asked if they had peace of mind they confirmed they did.

At our previous inspection in November 2016, we found that risks associated with the environment had not always been identified. This was a breach of Regulation 12 of the Health and Social Care act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the regulation had now been met.

Environmental risks identified at our previous inspection had now been addressed. Window restrictors had been fitted to upstairs windows which prevented people from accidentally falling out. Thermostatic mixing valves had been fitted to water taps to control the temperature of the hot water and ensure it would not scald people. Regular checks of the environment were carried out to monitor the safety of the home, such as fire escape routes, the presence of Legionella and electrical systems. Fire alarm systems were checked routinely including emergency lighting and firefighting equipment. The registered manager told us the heat detectors in the kitchen were set off frequently when cooking and they used this as an opportunity to practice their fire evacuation procedures. These drills were not currently being recorded, but the registered manager said they would do this moving forward.

Individual risks relating to people's daily activities such as travelling by car, going out in the community and their finances had been assessed and measures were in place to mitigate the risks. Where people had health conditions which posed a risk to them, such as epilepsy, measures were in place to reduce the risks and included detailed guidance for staff to follow.

Where people displayed behaviours which might present a risk to themselves or others, the behaviours and triggers to these had been identified and guidance was provided to staff in how to manage the risks. People's support plans included information about triggers to their distressed behaviour and included a list of behaviours which would indicate to staff that the person was becoming distressed so they could take appropriate action. The staff we spoke with were aware of the risks to people and what actions to take to ensure people's safety.

Staff had received training in safeguarding adults and had on-going 'Fit to practice' supervisions which provided opportunities for the registered manager to monitor staff understanding of safe care practices. The provider had policies and procedures in place which ensured staff had clear guidance about what they must do if they suspected abuse was taking place. Staff were knowledgeable about safeguarding people from harm and were able to explain their responsibilities for reporting any concerns. They were aware of where to find the contact details of relevant agencies to report any concerns to.

Only staff who were suitable to work with people in a social care setting were employed at the home. Recruitment records for each staff member included proof of identity, an application form and a full

employment history. Satisfactory references had been sought. Disclosure and Barring Service (DBS) checks were also in place for staff. DBS checks help employers to make safer recruitment decisions.

People were supported by sufficient numbers of staff to meet their needs. During the week there were usually two care staff and the registered manager on duty during the day. One member of staff provided waking night cover. Staffing levels were assessed and reviewed when people required additional one to one support to take part in activities. Vacancies arising from sickness or holidays were covered by permanent staff who did additional shifts, or by regular agency who were familiar with the home. At weekends there was one staff member on duty during the day. Staff told us this was adequate as they had arrangements in place to request staff from their other local homes if people required additional support or in the event of an emergency. There were sufficient staff deployed to support people to access their community activities and keep them safe. There was an on effective on call system in place and managers could be contacted if required, both day and night. The home had an emergency plan which contained useful phone numbers of utilities companies and key people who would need to be contacted. Each person had a personal evacuation plan, detailing the specific support they required to evacuate the building.

People received their medicines safely from staff who were appropriately trained and on-going assessments were carried out to ensure staff remained competent to administer medicines. A medicines administration chart (MAR) was in place for each person with a photograph and details of the medicines they required. This was checked each time medicines were given to people and staff clearly recorded when they had received their medicines. Where people were prescribed medicines as required, such as pain relief, clear protocols were in place to guide staff about how and when this should be administered.

Safe systems were in place for the ordering, storage and disposal of medicines. People's medicines were ordered in a timely way which ensured there were always stocks available. Medicines were safely stored in locked cabinets in a locked room. Daily temperature checks took place to ensure medicines were stored in line with manufacturer's instructions. There were no controlled drugs (CDs) on the premises at the time of our inspection; however, appropriate storage was in place if these were required. Spoilt or unwanted medicines were stored safely until they could be returned to the pharmacy. Audits were in place to monitor the effectiveness and safety of medicines management. A weekly audit of medicines was completed by staff which included a stock check to ensure all medicines were accounted for.

The home environment was clean and tidy, and we observed that staff were aware of infection control procedures. Protective clothing was available and in use by staff. Training records showed that most staff had completed training in infection prevention and control.

Good

Is the service effective?

Our findings

Relatives told us staff gained consent from their family member although they also understood the need to set boundaries at times. For example, they told us their family member could be very demanding and because it was a small home and staff knew him well, they were able to manage his expectations whilst supporting him to make decisions.

People's support plans reflected their rights to make choices, have control over their lives and the support they might need to achieve this. We observed staff obtaining consent from people before providing any support. For example, one staff member asked a person, who had sight impairment, for permission to go up to their bedroom to clean it, and waited for their positive response before doing so.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions the home was guided by the principles of the MCA. Mental capacity assessments had been completed appropriately and best interest decisions made with the involvement of relevant others, such as GP's, an independent mental capacity advocate or legal representative.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We found the registered manager had a good understanding of DoLS and had applied for appropriate authorisations where required. They had also followed up with the local authority where applications had not yet been processed.

People were supported to eat and drink sufficiently for their needs and were supported to eat healthy options. One person had a goal of losing weight and this had been successful with the encouragement of staff. Weekly menus showed the main meal each day included salad or vegetables and desserts included fresh fruit and yoghurts. Alternatives were available if people changed their mind or did not want the main meal choice. People were involved in choosing the weekly menus. There was a list of meal ideas in the dining room that people could add to with support from staff. Picture cards were available to show people what each meal included. One staff member told us "We sit and chat with [people] and ask them. We'll show [Person] the menu [picture] folder. When he sees something he wants he'll grab it and point it out."

Support plans reflected people's food preferences, likes and dislikes and also any specific dietary and cultural needs which staff were knowledgeable about. One person had been referred to speech and language therapy (SALT), as they had difficulty swallowing and were at risk of choking when eating. Records showed the SALT team had made recommendations which staff followed. Staff were knowledgeable about how the person's food should be prepared and the support the person required. Where people were identified as at risk of becoming dehydrated, staff were in contact with the person's GP and completed fluid

charts to monitor how much they drank.

Staff were proactive in requesting visits or reviews from health professionals, such as GPs, dentists and opticians. One person had recently been unwell and their GP had requested that staff monitor their temperature every four hours. This was clearly recorded and a note made of when their GP had agreed this was no longer necessary. Staff recorded all contacts and visits from health professionals in people's support plans and followed up any appointments where required. This provided a clear audit trail of actions taken, by whom, and when treatment had been prescribed and completed. For example, we noted that one person was waiting for an appointment to be made by healthcare professionals to review their medicines and this had been chased up by the registered manager.

Staff had received regular training to enable them to provide effective support to people, such as moving and handling, fire safety and first aid. The registered manager also completed the provider's 'fit to practice' supervisions with staff. These were observed practice sessions to monitor staff competency in areas such as safeguarding, fire safety and personal care. New staff completed an induction that included working alongside experienced staff as well as completing the Care Certificate, where required. The Care Certificate is a nationally recognised set of induction standards for health and social care staff.

Staff received support and supervision from their line manager which provided them with formal opportunities to discuss their work performance, any training needs, ideas or concerns. Staff also received an annual appraisal of their performance. They told us they felt well supported and could ask for advice or guidance when they needed to.

Good

Is the service caring?

Our findings

Relatives told us the staff at Deerhurst were kind and supportive. They said "No-one could do more for him. They respect him. They know him inside out. They call us if they need to." One person told us that the staff were kind and said they liked living at Deerhurst.

Staff respected people's privacy and dignity. We observed staff knocked on doors and waited for a response before entering people's rooms and asked for permission before providing support. Staff had completed a recent dignity audit which enabled them to reflect on their practice in relation to treating people with dignity and respect.

The atmosphere in the home was calm and relaxed. There was laughter and banter between people and staff who had time to sit with them and chat or engage in games or watch TV. People chose to spend time relaxing in the communal areas or in their rooms if they wished to do so and this was respected by staff. People's bedrooms were decorated to their own tastes and were furnished with their own belongings, such as TVs, pictures, ornaments and photographs.

We observed that staff had a very good knowledge of the people they supported. We observed staff treated people with kindness and respect. They took time with people and explained things in a way they understood. Staff were kind, caring and thoughtful in their interactions with people, supporting them with things that were important to them. For example, one person had just become a great uncle and staff had assisted them to buy a card and a gift for the baby. A staff member told us "He wants to see the baby but can't just yet. We want him to feel involved so we took him to buy a card and an outfit for the baby, and then walked to the post office to send it." Relatives told us "They [staff] made a fuss of him and helped him get a card. They knew it was important to him."

Staff encouraged people to maintain relationships with their families and friends. Relatives told us "They always tune in to his emotional needs. He phones once a week." We saw hand written notes in another person's care records which showed they visited their family regularly.

People were supported to maintain their personal appearance and self esteem. For example, a staff member ironed a shirt for one person as they wanted to wear it out for lunch with their relatives. Relatives told us their family member was always clean and had new clothes when he needed them. Staff encouraged people to maintain their independence as much as possible, such as the personal care needs they could attend to themselves, and this was clearly documented in people's support plans.

Good

Is the service responsive?

Our findings

One person told us staff helped them every day with the things they wanted to do. Relatives told us the staff were responsive, saying "The staff always accommodate [our family member]."

People's support needs had been assessed before they came to live at Deerhurst. Records showed people and their relatives, where possible, were involved with this process. People's likes, dislikes, preferences, their personal history and any specific health or support needs they may have were identified. These were developed into person centred support plans which gave clear information for staff on how to meet their needs in a person centred and individualised way. The language used in the plans was person centred and reflected people's rights and choices.

Photographs and pictures were used throughout people's plans to help them understand them. For example, photographs of people cleaning their own teeth and having a shave showed what they could do for themselves. One person had a sight impairment so staff had produced an audio version of their support plan so they could listen to it when they wanted to. Support plans were reviewed regularly which ensured that where people's needs had changed, these were known to staff. Staff had a very good awareness of people's needs and preferences.

People were supported to access activities both within the home and in the community. Activities were based on what people wanted to do and which met their interests and hobbies. For example, one person liked to watch DVDs and listen to music. They had saved up to purchase a laptop which staff told us he was going to buy the week after our inspection. They told us "He wanted a laptop. He saved for it himself. We supported him to focus on his goal." Another person attended a day centre during the week and liked to go out for lunch with family members. Other recent activities included forest walks and a picnic and Zumba. People's daily support and activities were recorded in their daily diaries which provided a detailed picture of the support they had received and how they spent their time. People were encouraged to talk about activities at residents meetings and some recent suggestions included fish and chips by the sea and bowling.

The home had a complaints procedure which was displayed around the home. This was also made available in an easy read picture format for people who were unable to read complex information. Relatives told us they were very happy with the service and had no complaints. The registered manager showed us the complaints log which had recorded one complaint. This had been addressed and responded to effectively.

Good

Is the service well-led?

Our findings

People and relatives had a positive relationship with the registered manager. Relatives told us the registered manager was helpful and said "We can't fault it here."

At our previous inspection we found that improvements were required to ensure systems for monitoring the safety of the home were effective. At this inspection we found these improvements had been made.

Quality assurance systems were in place to monitor the quality of care and drive improvements. The registered manager completed regular checks of window restrictors, hot water temperatures and fire safety equipment. A quality assurance manager visited the home regularly to check the home was meeting the standards required. The most recent visit in April checked the areas of training, supervision, recruitment and mental capacity assessments. Any actions identified were recorded and reviewed to ensure they were completed in a timely way. Incidents and accidents had been recorded, investigated and analysed and any learning was shared across all homes in the company.

People were asked for feedback after each outing or event to assess their satisfaction. For example, following a visit to a pantomime, one person said they liked wearing the 3D glasses, the twinkling lights and changing colours. People were also asked for feedback on the catering and the most recent survey showed everyone was satisfied. Staff completed an annual questionnaire to assess their satisfaction with working at the home and the results from July 2016 were all positive.

Staff confirmed there was an open and transparent culture within the home. Staff felt supported by the registered manager who provided clear leadership and direction. One staff member said "[The registered manager] is honest, fair, approachable and helpful." Another staff member said "[The registered manager] runs it as though it's [people's] home, like yours or my home. She's really helpful. When I had some questions about my qualification she explained it a bit better, explained it in a different way. She'll make that time for me."

Staff meetings took place regularly which enabled staff to get together and discuss how the home was running. Staff confirmed they could take agenda items to meetings, could raise issues and felt listened to and involved in developing the service. Minutes from the most recent meetings showed items discussed included safeguarding people, cleaning schedules, the MCA 2005 and medicine changes. The registered manager also used these meetings to refresh and test staff on their knowledge.

Service user meetings took place regularly and people were encouraged to discuss things that were important to their independence. For example, the most recent meeting minutes showed people discussed shopping trips, cleaning their bedrooms and doing their laundry.

The registered manager understood their responsibilities under the Health and Social Care Act 2008. There had not been any notifiable incidents or events; however, the registered manager was aware of when these should be submitted.