

Dr F J Fernandez-Guillen & Mrs M N Guerra-Jimenez

St Denys Care Home

Inspection report

16 Newport Terrace Newport,
Barnstaple, EX32 9BB
Tel: 01271 343295

Date of inspection visit: 16 and 17 December 2015
Date of publication: 16/02/2016

Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This unannounced comprehensive inspection took place on 16 and 17 December 2015. St Denys is registered to provide care and support for up to 12 people with mental health conditions. At the time of the inspection there were 11 people living at the service.

There was a registered manager in post who is also the registered provider. 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.

The Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection, one person who had moved to St Denys had had a DoLS at their previous home which had been approved. However since DoLS are location specific, it was no longer valid, although the

Summary of findings

person's need for a DoLS remained. The registered manager said they would speak with the DoLS assessment team as a matter of urgency to complete an application which was applicable to this service.

We brought forward this inspection in light of receiving some information of concern which indicated there may not be enough staff to meet everyone's assessed needs.

We found staffing levels needed to improve and the rota needed to more accurately reflect what management support was available and on what days. The service had taken a person back following a period of assessment in another service. Their needs had increased significantly and they needed one to one support at key times to enable them to get out into the community. The registered manager said they had been working on recruiting staff to enable them to offer additional staffing at key times. They said in the interim, they and the other registered provider had been coming in to support people and staff on a more frequent basis. This was not however reflected in the staffing rota. Staff said they were stretched to complete all cleaning and cooking tasks as well as provide care and support to people.

When we last inspected, we found improvements were needed in relation to recruitment. At this inspection we saw there had been improvements and all checks and references were being completed before new staff were started as part of the staff team. Some of the checks were not readily available within the recruitment files, but by the second day, had been found.

When we last inspected we found improvements were needed in respect of safe management of people's medicines. During this inspection we found improvements had been made and the management of medicines was safe, but further improvements were identified to make the system robust and fully protect people.

Staff reported they would like more specialist training in areas such as working with people who present with challenging behaviour and understanding specific mental health conditions. We were assured by the registered manager this training had been planned and was due to be delivered in the coming months.

People said their needs were being met by staff who knew them and treated them with respect and dignity. People confirmed they were supported to have their healthcare needs, including seeing their GP and specialist community nurses when needed.

Care and support was being well planned and any risks were identified and actions put in place to minimise these. People had access to their plans when requested. One person told us they found it "makes me anxious to see my file. I talk to staff if I need anything." Daily records showed people's personal, health and emotional needs were monitored.

The provider ensured the home was safe and that audits were used to review the quality of care and support being provided. This took into consideration the views of people using the service and the staff working there.

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?

Most aspects of the service was safe, but improvements were needed in staffing levels, deployment. Also ensuring the rota accurately reflected the staffing levels as well as the management support available each day.

The risks to people were assessed and actions were put in place to ensure they were managed appropriately.

Medicines were well managed, but improvements were needed to guide staff about when to administer 'as needed' medicines.

Staff knew their responsibilities to safeguard vulnerable people and to report abuse.

Requires improvement



Is the service effective?

The service was effective.

People were supported by staff who were trained and supported to meet their physical, emotional and health care needs.

People were enabled to make decisions about their care and support and staff obtained their consent before support was delivered. The registered manager knew their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to protect people.

People's dietary requirements were well met and mealtimes were unrushed and enjoyable for people.

Good



Is the service caring?

The service was caring.

People were treated with dignity, kindness and respect.

People were consulted about their care and support and their wishes respected.

Good



Is the service responsive?

The service was responsive.

Care and support was well planned and any changes to people's needs were quickly picked up and acted upon.

People or their relatives concerns and complaints were dealt with swiftly and comprehensively.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

The home was well-run by the registered manager and provider who supported their staff team to develop skills and share responsibilities of auditing quality.

People's views were taken into account in reviewing the service and in making any changes.

Systems were in place to ensure the records; training, environment and equipment were all monitored on a regular basis. This ensured the service was safe and quality monitoring was an on-going process.

St Denys 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 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 16 and 17 December and was unannounced. On the first day the inspector was accompanied by a pharmacist inspector.

Before our inspection, we reviewed the information we held about the home, which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law.

During our visit we met with seven people using the service to gain their views about the care and support they received. We also met with four care staff and the registered manager. We spoke with two relatives and two health care professionals.

We looked at records which related to four people's individual care, including risk assessments, and people's medicine records. We checked records relating to recruitment, training, supervision, complaints, safety checks and quality assurance processes.

Is the service safe?

Our findings

We brought forward this planned inspection as we had received some information of concern which indicated there were not enough staff to meet people's assessed needs. On the day of the inspection there were two care staff for most of the day and the evening. There was also a handyman and the registered manager present, but their hours had not been included on the staff rota.

Staff said there were times when they were short staffed due to the changing needs of people who demanded and needed one to one support to access the local community, which they wished to do at least once a day. Care staff were required to complete cleaning tasks and prepare meals for people as well as provide care and support. The registered manager said they were aiming to have another staff member on duty at key times during the day, which would, in their view mean there would be enough staff available to cover all areas. This included taking people out and following up on their recovery plans to ensure some time was allocated to activities and rehabilitation, such as shopping, cooking and budgeting. The rota showed for most of the time there was two staff available and during the evening one staff, but with a named on call person. There was no tool used to determine staffing levels based on assessed need. One healthcare professional said they believed there were not always sufficient staff available to meet people's assessed needs. People said their needs were being met, but two did say they would like more support with accessing the local community more often.

This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had taken a person back following a period of assessment in another service. Their needs had increased significantly and they needed one to one support at key times to enable them to get out into the community. The registered manager said they had been working on recruiting staff to enable them to offer additional staffing at key times. They said in the interim, they and the other registered provider had been coming in to support people and staff on a more frequent basis. This was not however reflected in the staffing rota. Staff said they were stretched to complete all cleaning and cooking tasks as well as provide care and support to people.

When we last inspected, we found improvements were needed in relation to recruitment. At this inspection we saw there had been improvements and all checks and references were being completed before new staff were started as part of the staff team. Some of the checks were not readily available within the recruitment files, but by the second day, had been found.

At our last inspection in January 2015 we found improvements in medicine administration were needed. Records did not always accurately reflect the amount of medicine staff had administered. Staff did not check that the temperature of the room used to store medicines was suitable for this purpose. There was an excess of some medicines. We found these issues had all been addressed. However we found that some further improvements were needed.

We saw a number of medicines policies in place to help ensure staff followed safe procedures. However these did not cover all aspects of medicines handling. For example some people were prescribed medicines to be given 'when required'. Some additional information was available to help staff give these medicines correctly, however this was not always the case. This was not covered by the medicines policy.

There was a small supply of 'homely remedies' to treat minor ailments. Staff made clear records of the use of these medicines. However there was no policy to cover their use, or evidence this had been agreed with people's GPs. This meant there was a risk of staff giving people medicines inappropriately.

The pharmacy provided printed medicines administration record sheets for staff to complete when they gave people their medicines. Some medicines were prescribed outside the regular monthly order so staff had added these to the record sheet by hand. A second member of staff had not signed these records to show they had been checked. This increased the likelihood of a mistake being made, which could result in staff giving medicines wrongly.

We recommend that the service consider current guidance for managing medicines in care homes and take action to update their practice and policies accordingly. Since the inspection we have received information to show appropriate guidance was obtained for staff to refer to.

Is the service safe?

Staff ordered regular monthly medicines from a local pharmacy. People's medicines were available for them. Staff had recorded they had given people their medicines at the times they had been prescribed. Regular checks were made of the records and the stocks of medicines to make sure records were accurate and confirm people had their medicines correctly. However we saw one example where a person had been prescribed a medicine to treat constipation. On four occasions staff had recorded they had given two capsules instead of one as prescribed by the doctor. This had not been picked up by the checks. Staff said they would confirm the dosage instructions for this medicine with the doctor.

We saw staff give some people their lunch time medicines using safe practice. Four people told us they received their medicines at the correct times and were happy with how staff looked after medicines. Systems were in place to support people to self-administer their medicines, if they wished to and it was safe to do so.

Medicines were stored securely. Appropriate arrangements were in place for looking after controlled drugs. These medicines need additional security because there is a risk of their abuse. A medicines refrigerator was available. Staff checked the temperature regularly. Records showed this was kept at a safe temperature for storing medicines.

Risks assessments were in place and were up to date for people's physical and mental health needs. For example, people at risk of falls had been assessed by healthcare professionals and walking aids and equipment had been supplied. Staff reminded people to make use of this equipment throughout the day.

Staff understood how to identify possible concerns and abuse and knew who they should report this to. The registered manager understood their responsibilities to report any concerns to the local safeguarding team and to CQC. There had been two safeguarding issues raised. The registered manager worked with other agencies to ensure the alert was looked at, investigated and action learning points used to keep people safe.

Maintenance and safety checks were completed by the maintenance person on a weekly and monthly basis to ensure the environment was safe and well maintained. These were not always recorded, such as the checking water temperature to prevent the risk of scalding. The registered provider said they were in the process of getting their legionella checks updated and would ensure checks were now recorded when completed.

Is the service effective?

Our findings

People were supported to have their needs met by staff who understood these and were given training and support to provide care and support effectively. People said they liked the staff and most knew who their key worker was. One person said “I like the staff, they are good.”

Staff confirmed they had received training in various areas to help them understand the needs of people they cared for. Some staff said they had requested more specialist training in areas of mental health and working with people with challenging behaviours. We were assured by the registered manager this training had been planned and was due to be delivered in the coming months.

The registered manager said staff had received training in safe moving and handling, fire safety, pressure damage, diabetes, constipation and hydration. They had also completed some distance learning in various specialist areas such as end of life care, equality and diversity and understanding dementia. Staff files showed this training had taken place. Staff confirmed they had received training in key areas of health and safety. The registered manager said some staff had achieved a national vocational training certificate in care at level 2 and 3.

Before starting as part of the staff team, newer members of staff were given two or three shifts to work alongside more experienced staff. This gave them an opportunity to get to know people's needs and the operational ways of working in the service. Newer staff confirmed they had completed an induction process covering all aspects of their role and running of the service. The registered manager said they were now working with new staff on completing the new Care Certificate.

The Mental Capacity Act (2005) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as

not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Deprivation of Liberty Safeguards (DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests.

The registered manager advised one person had had a DoLS in place when they had lived elsewhere,. The registered manager said they would speak with the DoLS assessment team as a matter of urgency and complete an application for a DoLS for this person which related to this service. The registered manager said everyone else had capacity and did not therefore need to consider DoLS for them.

Staff understood the basic principle of working in a way which protected people's rights and ensured consent was gained before any care and support was delivered. Staff gave examples of how they used this in their everyday practice to ensure people were given choices in areas of daily living.

People were supported to eat and drink to ensure they maintained good health. There was a set menu but people could choose other options if they did not like what was being offered that day. One person said “Staff know what things we like and if you don't want something, they will change it for you. We sometimes talk about what our favourite meals are and they get put on the menu.”

People confirmed they were supported to have their healthcare needs, including seeing their GP and specialist community nurses when needed. One healthcare professional confirmed they were consulted in a timely way.

Is the service caring?

Our findings

People said staff were kind and considerate. People were referred to by their preferred names and we saw and heard lots of good humour and banter between staff and people living at the home.

Staff were able to describe ways in which they provided care and support to people to ensure their privacy and dignity was upheld. For example, for one person whose needs had increased and they needed additional support. Staff talked about making sure this support was offered at a time when they were receptive to it, but also offering it discreetly to maintain dignity. One relative confirmed they felt staff were caring and treated people with respect.

People confirmed staff knocked on their bedroom door before entering. Staff said they were mindful of where and when they discussed people's needs as other people

should not be privy to this information. For example one staff member said, they sometimes chatted in the kitchen, but needed to be mindful of the fact people may hear if they were sitting in the conservatory to smoke.

Staff understood the importance of offering people choice and respecting people's wishes. Support was offered in a gentle and respectful way. When people were anxious or distressed, staff provided words of comfort and offered the person a diversion to take their mind off their anxiety.

Staff encouraged people to express their views in their everyday life and in the running of the service. They did this in one to one time with people and as a group in house meetings.

Staff talked about people with genuine warmth and it was clear there was an ethos of caring from the staff team. The registered manager said one staff member came in on their own time on occasions to assist with taking people out on drives or to places of interest.

Is the service responsive?

Our findings

People said staff were responsive to their needs. For example, one person described how they had become increasingly anxious about attending medical appointments. They had been assured by staff, support would be available for all appointments in the future. Another person said they had a health scare earlier in the year and had wanted to give up smoking, but did not want to be pressurised into this. They had talked with the registered manager and agreed a date when they thought they would be able to give up smoking. This showed support was responsive to people's needs and wishes.

Staff were able to describe ways in which they were responsive to people's needs. For example for one person whose physical needs had changed, making sure their equipment was to hand to aid their independence in moving around. One staff member said "I think we are very responsive to people's needs and moods. We know what the signs are when people's mental health may be deteriorating and we get support for them when we see this."

Care records detailed people's personal and healthcare needs and were updated and reviewed regularly by the senior care staff. This meant staff knew how to respond to individual circumstances or situations. Detailed assessments were in place which were person centred and included sections about people's preferences and choices. Staff confirmed they referred to people's plans to ensure they deliver the right care in a consistent way. People had

access to their plans when requested. One person told us they found it "makes me anxious to see my file. I talk to staff if I need anything." Daily records showed people's personal, health and emotional needs were monitored.

Activities were offered in an ad hoc way, although some people attended regular activities outside the home which were important to them. These included local church coffee mornings and local day services. The registered manager said they tried to engage people in activities of daily living as part of their recovery programme, such as helping with meal preparation. This was suggested for people to be involved in on a rotation basis, but not everyone took part or were willing to take part. The residents meetings had been used to look at ideas for activities and outings for the future. Recently people had been supported to go to Exeter for a Christmas shopping trip. Festive activities had been planned which included inviting their family and friends for a disco and party.

The service had a complaints policy and process which was posted in areas of the home and given to people and their relatives when they first came to the home. Resident meetings were also used as a forum to gain views of people and ask if they had any concerns or issues they wished to raise. Where complaints had been received, these had been investigated and outcomes recorded, although it was not always clear if the outcome had been explained or given to the complainant. The registered manager said they did provide feedback, but this was not always in written format, as usually verbal feedback was given. She said she would ensure this was recorded for future reference.

Is the service well-led?

Our findings

Since the last inspection the registered provider has also registered as the registered manager. She also has other roles involved in other businesses, so her management of this service was not always within normal working hours. This had caused some concern for staff and for commissioners. The registered manager said she has addressed this by appointing a deputy manager to oversee areas of management during the working week. This has impacted positively to some degree, but the deputy also worked as part of the shift providing care. The registered manager agreed to look at releasing more hours for the deputy to have management time once they had recruited more staff to cover additional shifts.

The registered manager said their ethos was to provide a homely environment where people felt safe and well cared for. Staff agreed this ethos was the basis of how they worked, but felt more staff would enhance their abilities to be able to provide high quality care and support for people.

People's views were sought in a variety of ways. The registered manager said they used surveys, house meetings and one to one discussions with people to ask for

their views and suggestions. For example she said people had asked for a trip to go Christmas shopping which had been facilitated. People said their views were listened and acted upon. One person said "The manager is very good, she asks us what we want and she tries to make sure we get what we want. I like living here."

The provider and registered manager ensured the home was safe and that audits were used to review the quality of care and support being provided. This took into consideration the views of people using the service and the staff working there

The registered manager understood their role and responsibilities and had ensured CQC were kept informed of any accident and incidents. There had been one notification this year.

There was evidence of good partnership working with the community nurses, GP's and nurse educators. For example the nurse educators had visited to provide a range of training and support to staff and the registered manager. The registered manager said they were keen to trial new plans and risk assessments being developed by the care homes team to improve the quality of care and support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

There were not always sufficient staff to meet people's assessed needs.