

Mrs T Hibberd

# Dennyshill 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

Dennyshill is a residential care home providing personal and nursing care for up to nine people aged 65 and over in one adapted building. At the time of the inspection there were nine people living at the home.

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

People were treated with respect and their privacy and dignity was maintained. Staff provided support in a caring and meaningful way. They knew the people who used the service well and had built up kind and compassionate relationships with them. Feedback from a relative stated, "I cannot fault any of the care my [family member] received during their time at Dennyshill. They were always happy with their care by all staff. They were like second family to both of us."

People were cared for safely. Any risks to their care were assessed and measures put in place to mitigate identified risks. The home was clean and well maintained. Staff ensured people were protected from abuse or harm.

Staff were trained and were supported to fulfil their roles. People could be assured they were cared for by staff who had been recruited using safe recruitment procedures.

People were supported to eat and drink enough, and staff supported people to live healthier lives and access healthcare services.

People enjoyed the homely ambience and social interaction at Dennyshill. They were supported to participate in activities and go out into the community if they wished. Visitors were welcome at any time.

People and relatives, where appropriate, were involved in the planning of their care and support. Care plans reflected people's individual needs and guided staff to provide consistent care. They were reviewed regularly to ensure they were up to date and accurate.

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.

There were effective systems in place to manage the quality of the service and drive improvements. People's feedback was sought and acted upon, and staff were valued.

People, their representatives and staff were confident if they had a complaint they would be listened to and action taken to address the issue. There was an open culture and ideas to develop and improve the service were welcomed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
The last rating for this service was Good (published 27 April 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 reinspection 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 was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Dennyshill 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

This inspection was carried out by one adult social care inspector.

#### Service and service type

Dennyshill 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, who is also the provider. This means that they 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 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 inspection

#### During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager, and care

workers.

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

After the inspection

We contacted relatives by telephone to ascertain their views of the service provided to their family member.

# 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 has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be cared for safely and were protected from the risk of harm.
- All staff undertook training in how to recognise and report abuse. Up to date policies and information were available.
- Staff told us they would have no hesitation in reporting any concerns and were confident that action would be taken to protect people.
- People told us they felt safe, and we saw people looked relaxed and happy around staff.

Assessing risk, safety monitoring and management

- A range of risk assessments were in place with clear guidance for staff to ensure people received safe care and support. Identified risks included malnutrition, choking, falls and skin breakdown. One person experienced seizures. Their risk assessment contained clear information about how to recognise when a seizure was likely to happen and how to respond to keep the person safe.
- Risk assessments were reviewed monthly, or if a person's needs changed, so they remained accurate. Any day to day changes were communicated across the staff team at handover and documented in a message book.
- Plans were in place to ensure people were supported in the event of an emergency.
- The registered manager lived on the premises and was available 24/7 to support people and staff.
- There were a range of checks on the environment and equipment to ensure they were safe.

Staffing and recruitment

- The registered manager ensured all new staff were checked to make sure they were suitable to work at the service. This included obtaining references, checking identification, employment history and criminal records checks with the Disclosure and Barring Service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people.
- There were enough staff on duty to meet people's needs. People were supported by a consistent and stable staff team. No agency care staff were employed, as shifts could be covered by existing staff.

Using medicines safely

- There were effective systems to ensure medicines were ordered, stored, administered and monitored safely. There was a robust system of audit and review in place.
- The service ensured staff were trained and competent before allowing them to administer medication, and their skills and knowledge were maintained. A member of staff told us, "I've always been one that when I'm doing somebody's meds I like to know what they are taking it for in case there is an issue."

- There was a person-centred approach to medicines administration. Care plans documented how people liked to take their medicines.

#### Preventing and controlling infection

- People were protected by the prevention and control of infection. Staff were trained in infection control and were provided with personal protective equipment (PPE) to prevent the spread of infection. There were up to date policies and procedures in place for staff to follow.
- Staff wore PPE when supporting people.
- The home was clean and tidy, and the registered manager ensured cleanliness was maintained.

#### Learning lessons when things go wrong

- Incidents and accidents were reported, recorded, investigated and analysed to find out why things had gone wrong and ensure appropriate action was taken to keep people safe.



# 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 has 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

- The registered manager completed a detailed assessment of people's needs before they came to live at Dennyshill. This was to make sure people's needs could be fully met and the service had a detailed understanding of how they wanted their support to be provided. Any protected characteristics under the Equality Act 2010 were identified, such as religious and cultural needs, and lifestyle preferences.
- People were invited to spend time at the home, and stay for dinner, to help them decide if it was right for them.

Staff support: induction, training, skills and experience

- People and their relatives told us staff had the skills and knowledge to meet their needs. Written feedback from a relative stated, "The family would like it recorded that we have no hesitation in recommending Dennyshill care home to anyone requiring elderly care. [Registered manager's name] and their team go over and above the requirements needed and give all of their residents the best care possible."
- Staff completed an induction to prepare them for their role. This incorporated the Care Certificate, a nationally recognised, work-based award, for those new to working in the care sector. New staff also shadowed experienced staff and had their competence checked during their probationary period.
- Staff completed a variety of training to support them to meet people's specific needs. The providers mandatory training was refreshed regularly and included moving and handling, emergency first aid, medication administration, safeguarding and the MCA (Mental Capacity Act 2005). Community nurses had provided training in tissue viability.
- Staff told us they were well supported through supervision, appraisals and ad hoc support from the registered manager when they needed it.

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

- People's nutritional needs were met. Food and fluid intake, and people's weights were monitored to ensure optimum health was maintained. Care plans held information about their dietary needs and support required.
- Referrals had been made to external health professionals such as the dietician and speech and language team (SALT) if there were concerns about weight loss or choking. Their guidance was followed. Staff had completed training in dysphagia (swallowing difficulties) awareness.
- People told us they enjoyed the food. Staff had detailed knowledge of people's food preferences and told us, "You get to know what they like. The majority don't like spicy food but love casseroles and roasts. We buy it fresh and make what people like. We will offer a choice if it's something they don't like."
- Meal times were sociable occasions for people who wanted to eat communally. The open plan

kitchen/diner was the heart of the home. People enjoyed sitting and socialising at the dining table, chatting with each other and staff while their meals were prepared.

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

- Staff worked with a range of community professionals to maintain and promote people's health. Records showed that referrals to external agencies had been made promptly, which meant there was no delay in people's health needs being addressed.
- Visiting health professionals spoke positively of the quality and safety of the support provided, saying, "There is always a nice pleasant atmosphere when we visit. If there are any concerns they will ring and follow the guidance given. They know [people] very well."
- People were supported to attend routine medical, dental, eye checks and other important appointments where required.
- Oral health care assessments and care plans were completed. This ensured staff knew what level of assistance people needed, and how to provide it.

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.

- Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. People's individual wishes were respected, such as how they wanted their personal care delivered.
- People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the Mental Capacity Act (MCA) (2005).
- People's capacity to consent had been assessed and best interest discussions and meetings had taken place. Care records demonstrated consideration of the MCA and how the service had worked alongside health and social care professionals when there were changes in a person's capacity to consent to care.
- Care plans recorded if relatives had the legal authority to be involved in decisions relating to health and welfare or finances.
- The service had referred people for an assessment under DoLS as required.

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

- Dennyshill was on one level, with ramps and slopes to make the building and garden accessible for

people.

- Ongoing refurbishment was in progress which promoted people's safety. The main bathroom had been adapted to include grab bars, non-slip flooring and a raised toilet seat. New emergency lighting had been installed in the hallway.
- There was signage in place to promote people's independence and help them help orientate themselves around the home.
- The environment was comfortable and homely. People's rooms were personalised with their own possessions, photographs and ornaments.

# 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 has 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 were supported by staff who treated them with patience, kindness and understanding. This was confirmed by a health professional who stated, "The residents are cared for with great love and respect at all times." Written feedback from a relative said, "I cannot fault any of the care my [family member] received during their time at Dennyshill. They were always happy with their care by all the staff. They were like second family to both of us."
- Staff knew people very well and understood their likes and dislikes. They had detailed knowledge of their background and interests, and how they liked to spend their time.
- Staff respected and understood people's diverse needs. Equality and diversity were promoted. The service user guide stated, "Many of our residents have been exposed already to the oppression of discrimination and it is our job as carers to ensure this is part of their pasts and has no place in their futures." It also expressed a commitment to ensuring people would be given "every possible help and facility to practice their chosen religion."

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

- Staff were committed to providing a person-centred service where people were treated as individuals and supported to make a choice. They told us, "We are passionate about the people we are looking after. We have to fight their corners as well."
- People were given a service user guide when they moved to Dennyshill. It provided information about the service, including its philosophy and values, and the support provided.
- People's representatives and health and social care professionals were asked to give their views of the service in annual quality assurance questionnaires. People living at Dennyshill were asked for their views on a daily basis and as part of their care plan review.
- Written and verbal feedback was extremely positive about the quality of the service provided. For example, "I always noticed how much cleaner and tidier [family member] was when we visited. How nice their room always was and how much weight they had put on. I am sure you slowed the development of the later stages of dementia by encouraging them to be part of your little community. I felt there were always sufficient staff to make sure everyone was safe and assisted where necessary, and they were always happy to chat with me or any of my relatives who were able to visit."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. They knocked on doors before entering, and ensured doors and curtains were closed before supporting a person with personal care.

- A member of staff explained how they maintained the dignity of a person coping with a deterioration in their mental and physical health. They told us, "I would explain what I was going to do and talk them through it. They like encouragement. I always praise them. They have been through a lot and have done really well."
- People's independence was promoted. One person was being supported to regain their confidence and daily living skills, with a view to returning home. They and their relative spoke highly of the support provided. A member of staff told us, "It's not just care, it's about promoting people's independence and enabling them."

# 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 has 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

- People had individualised care plans, which detailed the support people wanted and needed. This ensured staff had the information necessary to provide person centred support for people. For example, one person's care plan stated, "[Persons name] requires a structured daily routine and is ill equipped to deal with change well. They can get distressed if their routine is changed too much."
- Care records were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care.
- Care plans were reviewed monthly or if people's needs changed, which meant they were accurate. The views of people and their representatives informed this process. The service user guide stated, "We recognise that there is no prescribed way that a person of a given age should live, behave, think or feel. We value each service users experience and knowledge and aim to work with them to agree a structured programme of care with each individual, or their relative or advocate."

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

- People participated in activities according to their individual interests and preferences. Some people were content with participating in life at Dennyshill, and socialising with the other residents and staff. A member of staff said, "They love to go out occasionally, but like to come back for a cup of tea. Lots of people come from their own homes where they were spending a lot of time on their own. Now they enjoy sitting in the kitchen and supervising us doing the cooking." Feedback from a relative described how staff encouraged their family members interaction with others, "greatly improving her social contact and consequently slowing down the development of her dementia."
- Staff supported people to go out and spend time in the community if they wished. One person told us how they enjoyed going out for a drive with a member of staff, or going to the pub. They maintained contact with their church and attended on Sundays.
- People were supported to maintain relationships with those most important to them, and relatives told us they were always welcome when they visited the service. One quality assurance questionnaire stated, "The first time I made a visit to see my [family member], I was greeted by a smartly dressed carer who gave me a warm welcome with a smile and a cuppa was offered."

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.

- Information was available in a variety of formats according to people's needs. For example, there was an accessible version of the service user guide with pictures. The PIR stated, "We ensure that our service users can access and understand any information they require, and that they receive communication support if they need it. For example, files can be printed in larger font for services users with visual impairment. Or, a member of staff could read it to them in the privacy of their room."
- Staff had detailed knowledge of people's communication needs, which meant those unable to communicate verbally were able to make themselves understood. Staff told us, "It's about facial expressions and the way they are holding themselves. There might be changes in behaviour and body language. It's very individual. For example, if they don't want to eat they will turn their head."

#### Improving care quality in response to complaints or concerns

- People received a copy of the complaints procedure when they moved into the service, so they would know how to raise a concern or complaint. This set out the process which would be followed by the provider and included contact details of the local authority and the Care Quality Commission. There had been no complaints since the last inspection.
- People and their representatives were encouraged to share any concerns with the registered manager. The service user guide stated, "The service user or nominated representative can be sure that their complaints and comments will be listened to and acted on by the home manager. The service user will not be discriminated against for making a complaint."

#### End of life care and support

- The service was committed to ensuring people received the support they needed at the end of their lives to have a comfortable and dignified death in the best place for them. One relative, whose family member had passed away at the service, described how the management team had supported them both. "My [family member's] end of life care was brilliant. Very respectful, kind, caring, the list goes on. They looked after me too which I very much appreciated. I was very grateful for your support in allowing them to stay with you and not end their days in hospital."
- People and their representatives were supported to make decisions about their preferences for end of life care which were documented in care plans. The service user guide stated, "In order to minimise the trauma during any time of loss and after discussion and agreement with your relative, please provide the manager with written details of any personal funeral preferences or details of arrangements already made so these can be adhered to."

# 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.

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 responsibility.

- People, relatives, staff and health professionals spoke highly of the management team. Staff told us they felt well supported on a professional and personal level, saying, "I don't think I could work in care for anybody else but [managers names]. It's because we are well supported. The manager doesn't mind if we knock at her door at any time. She trusts us to use our own judgement. Having a boss with confidence in you as employees makes you feel valued."
- There was an open and transparent culture at the service. The registered manager told us, "We are very open with families. They can visit whenever they like and join us for a meal if they want." Staff said, "[Manager's name] is brilliant. She genuinely cares about people and staff. There's nothing you couldn't talk to her about which is good."
- The registered manager and staff team were passionate about providing a real home for the people they supported. The registered manager said, "I like to think if my parents had to go into a home they would be somewhere like this. We treat people with respect, kindness and love. It's their home, not just a residential home."

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

- There were effective systems in place to monitor the quality and safety of the service. Regular audits were completed, and action taken in response to the findings if required.
- Staff were clear about their roles and responsibilities towards the people they supported. They were proactive in ensuring they carried out their role safely and effectively.
- The registered manager was also the provider and lived on the premises. They were very visible at the service, working alongside staff 'on the floor'. The Provider Information Return (PIR) stated, "All members of staff work alongside the manager, so with day to day observation, we can be confident that staff understand their job role and the aims and objectives of the care home."
- The registered manager notified the Care Quality Commission (CQC) of events they were required to by law and had displayed the service's previous CQC rating as required.

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

- The management team recognised the importance of continually improving the service to ensure it met people's individual needs. They were proactive in gathering people's views, informally on a day to day basis,



and more formally through the quality assurance questionnaires. The PIR stated, "We feel that the best way to improve our service is to get a much feedback from as many different people, from as many different aspects of the service users care. We are planning to get our quality assurance question to as many family members, friends and healthcare professionals as soon as possible. We feel this is best way of seeing what we are currently doing well and if there is anything we need to change or improve."

- Staff were very involved in the running of the service. They, alongside the registered manager and deputy manager, were part of a close knit and committed team. They told us, "We pride ourselves on the fact we have a very long-standing staff group. This isn't like coming to work, it's like being in your own home. We are very family orientated and work well as a team. We've been working together for a long time."

Continuous learning and improving care. Working in partnership with others

- The registered manager and staff team were committed to continuing professional development and learning about best practice. Staff were supported to take relevant national vocational qualifications to build on their knowledge and skills. The management team accessed on line information, such as the CQC website, and had links with local provider networks.

- The service worked with other health and social care professionals to meet people's needs. Care files showed evidence of professionals working together, which was confirmed by visiting health professionals during the inspection.