

Appleford Limited

# Daneswood Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Daneswood Care Home is a residential care home providing personal care to up to 17 people. The service provides support to people with a learning disability and/or autistic people. At the time of our inspection there were 15 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support

The service design and model did not fully meet the principles of Right support, right care, right culture. This is because the service is larger than what is usually considered practicable to provide person-centred care and support. The service was registered with us prior to the Right support, right care, right culture guidance being implemented. The service was able to demonstrate they met these principles; the home had been split into 3 areas and people's compatibility had been considered regarding who they lived with. People received person centred care and support.

People were supported by staff to pursue their interests. People had plans in place to guide staff on how to support them if they became anxious or upset. The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative. 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.

### Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. People's medicines were managed safely.

### Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (Published 29 November 2019).

At our last inspection we recommended that the provider considered current guidance on medicine management in care homes and took action to update their practice accordingly. At this inspection we found the provider had acted upon the recommendation and made the improvements.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Daneswood 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 1 inspector and a member of the medicines team. An Expert by Experience made telephone calls to people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Daneswood Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Daneswood Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service. We used all this information to plan our inspection.

### During the inspection

People who used the service that were unable to talk with us used different ways of communicating including using vocalisations, facial expressions and body language. We spent time with people observing their interactions with staff. We spoke with 7 relatives about the care and support provided. We spoke with 10 members of staff including the registered manager. We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed. We received feedback from 2 professionals that visited the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The service operated recruitment processes to check staff's suitability for the role. This included requesting references from previous employers and completing a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We identified 2 staff members who had gaps in their employment history, we discussed this with the registered manager who told us they would address this.
- There were enough staff available to meet people's needs. The registered manager told us they had recently had a successful recruitment drive and employed new members of staff.
- People's relatives told us staffing had improved and there were familiar staff supporting their loved ones. One relative told us, "Staff are pretty much the same, if possible, and in an ideal world they always would be, but staff come and go. After lockdown, staff left. But it's back to normal now, and most staff know [Name of relative]."
- Staff told us staffing had improved. One staff member told us, "I would say staffing has got better, our agency workers are great, most of them you wouldn't think they are agency, they are really consistent."
- Staffing rotas were arranged to meet people's needs and commissioned hours.

### Systems and processes to safeguard people from the risk of abuse

- People were not able to verbally tell us if they felt safe in the service, we observed however they looked relaxed and comfortable in the presence of staff.
- Relatives told us their family members were safe. One relative told us, "[Name of person] is safe and shows they are fond of the carers." Another relative told us, "Oh yes, [Name of person] is definitely safe. It's such an open-door policy to visit or take them out, as they've nothing to hide. I'd notice anything unsafe."
- Staff said if they had any concerns about poor standards of care, they would not hesitate to report them. A staff member said, "I would go to [Name of registered manager] and raise concerns, they would take it further, if it still wasn't right, I would go to CQC. I am 100% confident to challenge everyone that works here, we work well as a team." Staff received safeguarding training.
- The service had reported safeguarding concerns to the local authority and the CQC as required.

### Assessing risk, safety monitoring and management

- Risks to people had been assessed and recorded. People had individual risk assessments. We reviewed examples of risk management in relation to health needs, the environment, activities and risks associated with choking. There was detailed guidance for staff on managing these risks. Risk assessments supported people's independence. Staff were aware of the risk assessments in place.

- Some people could become anxious, leading to incidents where they harmed themselves, others and the environment. There were detailed plans in place about how staff should support people at these times.
- Relatives felt that risks were well managed by the service. One relative told us, "They [Staff] are excellent, [Name of person] has extremely complex needs and they have managed to support them to go to places we wouldn't have dreamed of taking them. Their risk assessments are excellent."
- There was minimal restraint used in the service. Staff told us they knew people well and avoided people's triggers. Staff told us incidents were manageable and they were trained to support people at these times. One staff member told us, "We have training, it is really good I feel confident to diffuse situations, we don't use restraint, we have breakaway training."
- The training staff received was certified as complying with the Restraint Reduction Network Training standards.
- Health and safety checks were completed in the home, such as ensuring the fire alarm system and equipment were checked and serviced. Along with safety checks on the gas, water and electricity.
- Regular fire drills and testing of the alarm system were undertaken. Personal Emergency Evacuation Plans (PEEPs) assessed the level of support people required in an emergency situation.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

### Using medicines safely

At our last inspection (published 29 November 2019) we recommended the provider considered current guidance on medicine management in care homes and took action to update their practice accordingly. At this inspection we found improvements had been made.

- There were suitable arrangements for storing, and disposal of medicines, including those needing extra security. Temperatures were monitored to make sure medicines would be safe and effective.
- When people were prescribed medicines 'when required' there were person-centred protocols available to guide staff when doses might be needed. Staff spoken with were able to explain how these medicines were used. The daily notes also recorded the reason for administering these medicines and the outcome of the administration.
- Staff received training in safe handling of medicines and had competency checks to make sure they gave medicines in a safe way.
- Where people had their medicines using specialised techniques the information present did not always give complete information about how these medicines were to be administered. We discussed this with the registered manager who told us they would address this.
- Medicines audits took place.



### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the service were showing signs of deterioration, which could impact on the effectiveness of cleaning these areas. The provider had a plan in place to refurbish these areas and we saw they were making progress against their plan.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- The service was facilitating visits in line with current government guidance.

### Learning lessons when things go wrong

- There were systems in place to monitor, record and learn from incidents.
- Incidents and accidents were reported. These were recorded and reviewed by the registered manager and a trained staff member. Incidents were reviewed for themes and trends to determine any learning or actions for staff. Staff told us incidents were manageable and they received a debrief following incidents.
- A relative told us about an incident that had occurred, they told us, "I had a letter of apology, and I think lessons were learned. I'm more confident now."

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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

- There was a person centred and positive culture in the service. Staff commented positively about the service, the teamwork, and the people they supported. One staff member told us, "We support people based on what they want to do, it's their home. We 100% provide person centred care here, it comes up in all our training and we definitely do."
- Relatives told us their family members were well supported by the staff and they got on well with them. One relative told us, "[Name of person] is absolutely getting the right support and I can't praise them [Staff] highly enough. They are really great in getting people out into the community and strive that they are not isolated." Another relative commented, "[Name of person] seems happy loves and it there, they have fantastic carers."
- Staff commented positively about the registered manager and support from the senior managers and the provider. One staff member told us, "[Name of registered manager] is a really good manager, everything I have raised with them they have sorted. They are always there and reliable." Another staff member commented, "I am comfortable to go to [Name of registered manager] and say anything. They are amazing and are making this the perfect home for everyone. They are the best manager we could have, they care about the staff and residents."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility to act openly and honestly when things went wrong. The registered manager demonstrated where they had acted upon their duty of candour.
- Staff knew they had to report concerns to the registered manager and were confident that these would be acted upon.

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

- There were effective systems in place to monitor and improve the quality and safety of care provision.
- The registered manager and provider had a range of quality assurance checks in place, areas covered included health and safety, care plans, infection control and medicines.
- There was a clear management structure in place. Staff were clear about their roles and responsibilities.
- Statutory notifications were submitted as required. Statutory notifications are important because they inform us about notifiable events and help us to monitor the services we regulate.

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

- There were systems in place to receive feedback from people and their relatives. People attended monthly residents' meetings where items relevant to the running of the house and activities were discussed.
- People's relatives' feedback was obtained via an annual survey. The results of the most recent survey were in November 2022. This demonstrated a high level of satisfaction with the service.
- Staff meetings were held for staff to discuss any current concerns and share information. Staff felt listened to and able to raise their views.
- Daily handovers were also held for the staff team on duty each day to enable them to discuss any incidents, day to day matters, receive updates and plan each day.

Continuous learning and improving care; Working in partnership with others

- There were systems in place to review and learn from any incidents.
- The registered manager kept themselves up to date with current practice and guidance through meetings and networking. They also attended fortnightly senior team meetings with the provider.
- The service worked in partnership with other organisations to support care provision. For example, a range of professionals such as GPs, social workers, and a range of other professionals.