

MGC Care Limited

# Danesford Grange Care Home

## Inspection report

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11 December 2018

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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?

Requires Improvement ●

# Summary of findings

## Overall summary

What life is like for people using this service:

Following the inspection of 26 and 30 April 2018 we identified three breaches of regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to the safe care and treatment, the ineffectiveness of the quality assurance systems used to drive improvements and the failure in the requirement to display their previous inspection rating.

At this inspection we found that substantial improvements had been made and these regulations were now met.

People were safe living at Danesford Grange Nursing Home. We found there were systems and processes in place for people's needs to be safely met.

Staffing levels were supportive of people's individual care needs.

People received their medicines on time and staff understood each person's abilities and health needs.

People were supported to have maximum control and choice over their lives and staff supported them in the least restrictive way possible.

The provider's policies and systems supported staff practice and staff understood legislation around people's ability to make decisions.

Staff had a kind and caring approach towards people. They respected people's privacy and dignity.

People enjoyed meaningful activities and there were appropriate opportunities to engage with the activities coordinator in groups or on a one to one basis.

Systems and processes for assessing and monitoring the quality of the provision, including identifying and analysing risk, had been robustly implemented. Audits were now thorough and there was evidence of management oversight of the service.

People, relatives and staff spoke highly of the management team and the way the service was run.

More information is in Detailed Findings below

Rating at last inspection: Requires improvement (report published 19 June 2018)

About the service: Danesford Grange is a nursing home that was providing personal care to 30 people at the time of the inspection, some of whom were living with dementia. It is registered for a total of 33 beds.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service had improved and was rated Good overall

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

Requires Improvement ●

The service was mostly well-led.

Details are in our Well-Led findings below.

# Danesford Grange 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 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.

**Inspection team:** One inspector and an assistant inspector carried out the inspection supported by an expert by experience. 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:** Danesford Grange is a care home. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission but a manager was in post. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** Inspection site visit activity was unannounced and started on 11 December 2018 and ended on this date.

**What we did:** We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with eight people who used the service and one relative to ask about their experience of the care provided.

We spoke with seven members of staff including the provider, quality lead, care workers and ancillary staff.

We reviewed a range of records. This included four people's care records. We also looked at two staff files in relation to recruitment, training and supervision records. We looked at records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 26 and 30 April 2018.

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

### Systems and processes

- The provider had liaised with the local fire and rescue service who confirmed that the provider was compliant with fire safety in the home. We saw that checks regarding fire safety were regularly completed. Staff had received evacuation and fire drill safety training and were competent to keep people as safe as possible in the event of a fire. People had been involved in the practices and said had enjoyed the experience. We saw that fire doors were signed and kept closed. Fire exits were clearly marked and fire procedure information was displayed near fire points.
- Staff recruitment procedures were in place to ensure potential staff were suitably vetted before working with people in the home. A staff member we spoke with said, "I could not start until my disclosure and barring check (DBS) and my references were back." The DBS carry out a criminal record and barring check on individuals who intend to work with children or adults. This helps employers make safer recruiting decisions.
- Clear procedures for safeguarding were in place. These were understood by staff to ensure people were safeguarded against abuse. Staff could describe the signs to be aware of and how to report any concerns. They were confident to use safeguarding and whistleblowing procedures to ensure people were safe.

### Assessing risk, safety monitoring and management

- We saw that when people's assessment indicated risk, detailed, person specific care plans were in place. These were reviewed each month or when there were changes to a person's needs. Risk assessments were comprehensive, detailed and reviewed. They included risk of pressure ulcers, mobility, falls, malnutrition and personal specific risks such as bedrail safety and choking.
- We looked at the incident reports of two people that had had a fall. The information advised staff of how to assist the person to move around safely following the fall. This included use of specific equipment to help prevent falls. We observed that staff were following the guidance in care plans when supporting people. Staff had monitored people safely after a fall and this was recorded.

### Staffing levels

- People told us they felt safe because there were enough staff. One person said, "It is a good place to be if you have to be somewhere in your old age. It is safe and warm here and you are never alone because someone is always there for you."
- The service ensured there were sufficient numbers of suitable staff to support people to stay safe and meet their needs by regularly assessing people's dependency. Staff said there were usually enough staff to care safely for everyone living in the home. One staff member said, "The care and safety of all of the

residents is of the greatest importance to us, because we want to care."

#### Using medicines safely

- Medicines were administered safely. We saw medicines being given to people in a respectful way. People were assisted to take them and we heard staff checking if people had any pain and if they needed anything for it.
- There were protocols in place for each person's 'as required' medicines which included information about how the person liked to take, or was assisted to take their medicines.

#### Preventing and controlling infection

- Staff had received training in the prevention and control of infection. We observed staff were using appropriate protective equipment such as gloves and aprons when dealing with food and drink.
- Staff understood their roles and responsibilities in relation to hygiene. Staff were regularly supervised to ensure they followed hygiene procedures.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded and monitored. Evidence was available to show that when something had gone wrong the manager had analysed the event, responded appropriately and used any incidents as a learning opportunity.
- A staff member told us that meetings included discussions about practice and how learning from mistakes could lead to improved care. They explained, "We have discussions regularly and they are focussed on how we can do things well and improve."



# Is the service effective?

## Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 26 and 30 April 2018.

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: 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

- Assessments and plans of care included current evidence based guidelines to help staff to support people well. For example, people had been assessed for the risk of developing pressure ulcers. Depending of the degree of risk, care plans followed guidelines including the use of pressure relief mattresses, cushions and regular repositioning. We saw records in people's rooms of regular checks on equipment made during the day.
- People were involved in planning their care, and support was sought from external health professionals when appropriate.

Staff skills, knowledge and experience

- Staff told us they felt supported through training and supervision. Staff said they discussed issues and concerns and ways to improve care for different people. We saw records to show staff had regular opportunities for training, supervision and meetings to discuss practice. However, recently the recording of these events had lapsed. The provider agreed to ensure these records were updated.
- There were clear processes for induction of new staff to ensure they provided effective care.

Supporting people to eat and drink enough with choice in a balanced diet

- People's dietary needs were met. There were options for lunch and the chef catered for specific requests for food. Staff were aware of people's food preferences and requirements. A person requested toast and a staff member responded kindly, "I am terribly sorry but you must have a soft diet now, so I can't give you toast. How about a yoghurt?"
- People who were at risk of malnutrition or dehydration had support in place to maintain optimum health. We saw that staff took trays to people's bedrooms and ensured everyone received their meal with sensitive, dignified support if needed.
- One staff member said, "It's all about choice. We know what they like and dislike. They might like sugar, but then the next day they might not and that's ok. They get what they want."

Staff providing consistent, effective, timely care

- One person commented, "They are so very good to me they have to help me with everything. The staff always make sure I am comfortable and they are always checking on me as I have a lot of pain. They couldn't be kinder to me. They help me wash and dress and always ask what I want to wear."
- A person told us, "They will call the GP and I won't even have to ask. I know it will be taken care of for me."

People had access to the health care services that they needed. Records showed that people were supported to attend regular health care appointments. A range of health care professionals were involved including, Speech and Language Therapists (SALT), chiropodist, dentist and audiology.

- Health and wellbeing therapists visited the home weekly and gave massages, reflexology and other therapies to people. This showed the importance of providing holistic care to people to support their general wellbeing.

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

- People's needs were met by adaptation, design and decoration of the premises. The building was undergoing refurbishment and newer areas of the building were immaculate. Staff said there were enough bathrooms, toilets and showers to meet people's needs. There was signage which would help people living with dementia orientate themselves around the home, for example signs to indicate where people could access toilets and bathrooms.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found they were. We saw one care plan that explained why a DoLS was in place and gave instruction to staff on how to engage with that person. It was clear that decisions were made in their best interest for their day to day care.

- Information regarding consent was provided in formats that suited people's needs, with family, friends and advocates involved where appropriate.

- Staff described how they always asked people and gave choices. One member of staff said they described options and helped people to indicate preferences if they could not respond verbally. One member of staff said, "I talk to everyone as if they have capacity to understand, I ask them." They said even if people did not respond, they always talked to them and explained every step of care process.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- We observed many interactions between people living in the home and care staff during the inspection. We saw people were treated with kindness, respect, and compassion. Staff showed they knew people well in the way they spoke with them and the topics they talked about. One staff member said, "We like to work as a team here for our residents and we like to and want to care properly with affection and feeling. It is important to always remember that this is people's home and we work in their home. All of the staff here are like a big extended family which is good and our residents are our family."
- We saw visitors were present all through the day. Some were in one of the lounges spending time with their relative, while others visited people in their room.
- Staff had created a tree of commitment. Staff had written comments on leaf shaped notes and attached these to the tree. Comments included, 'We are all here to make a difference,' 'Making sure that I understand people's needs,' and 'Show we care.'
- Some people had essential oil diffusers in their bedrooms. We saw these in two rooms of people who were cared for in bed. This was to enhance the room ambience and wellbeing of the individual.

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

- Some people were not able to express their views and be fully involved in making decisions about their care. Where appropriate, relatives or advocates were included in the decision-making process. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Respecting and promoting people's privacy, dignity and independence

- One person said, "I think the carers here are wonderful. Everyone is. They are all so kind to me. They must help me with everything and I am treated so well as an individual and with respect and kindness."
- We saw that an activities co-ordinator not only engaged people in activities but gave emotional support to people.
- Care plans directed staff to ensure privacy and dignity was respected and promoted when delivering personal care. We saw staff in all roles respected people's rights to privacy and dignity. People were well dressed and had their hair done and it was evident their personal care needs were met ensuring their dignity.

# Is the service responsive?

## Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 26 and 30 April 2018.

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

How people's needs are met

- One person said, "I spend much of my time in my room as I like to be quiet. I am never alone as someone is always in and out checking on me and coming in for a quick chat. I have my door open and feel part of everything. When special things are happening, we are always included it is a wonderful caring place to be."
- Before people came to live at the home, an assessment of needs was completed to decide if the service could meet those needs also considering current people living in the home. This well-structured approach meant the manager and provider made a clear decision based on needs and available support.
- Assessments and care plan documentation prompted staff to consider people's communication needs, preferences and characteristics protected under the Equality act such as gender, religion, sexual orientation and disability. People's sexuality had been incorporated into care plans which commented on their self-image, how they liked to dress and the importance they gave to grooming or dress.
- Records showed people were supported to maintain religious or cultural preferences. For example, people's religion was recorded and if they wanted to attend church or be visited by ministers of religion.

Personalised care

- People had choice and control over the way their care was planned. Care was based on what mattered to them and their individual strengths and needs.
- Care plans were written in a way that showed staff had had conversations with people about their needs and aspirations. People told us that they had spoken to staff about their care and they knew they could view their care plan at any time they wanted. One person said. "I can ask to look at my care plan on the computer."

Improving care quality in response to complaints or concerns

- People told us they knew how to raise a complaint if they wished to. They said all staff and the management team were approachable. No concerns were raised by any of the people we spoke with or their relatives. Several of them mentioned the new manager and the provider by name, and told us there was good communication with them should they need to report any concerns.
- We reviewed the latest complaint log. Two complaints had been made, one being about personal care of a person. We saw in that person's care plan that a staff meeting had been held to learn from the substance of the complaint. However, this 'outcome' had not been updated within the complaint log by the manager. The provider agreed to address this.
- One person had commented that they could not see the menu properly as it was written for the whole week. The quality lead ensured that this was made accessible to the individual by creating a daily menu for

them and increasing the print size so they could read it clearly.

#### End of life care and support

- The provider and staff had achieved platinum Gold Standard Framework (GSF) accreditation for sustained excellent practice in end of life care. GSF is a nationally recognised training programme for care homes supporting people as they near the end of their lives. This meant that people benefitted from pro-active planning and staff working closely with GPs in the final stage of their life.
- Care assessments prompted staff to invite people to discuss their end of life choices.
- Staff had created a tree commemorating people who had passed away. A picture of the person hung on a heart shaped pendant that was hung on the tree as; 'friends who have passed away'. This showed that staff cared for people and enabled staff and people who used the service to remember them.

# Is the service well-led?

## Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 26 and 30 April 2018.

Well-Led - this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

### Leadership and management

- The provider did not have a manager registered with the commission. An acting manager was in post and was expected to apply for registration in due course. They were not present at the inspection. The provider agreed to ensure that an application is submitted to the commission within four weeks of this inspection.
- The provider discussed the new management arrangements in place that consisted of two deputy managers and an increase in administration to support the manager. The role of quality lead was also in place and had improved the quality assurance and monitoring of the service. This meant that the management structure was more robust to meet regulatory requirements.
- We saw the provider was visible in the service and supported the manager in the running of the home. The manager had regular contact with the provider and this enabled sufficient resources for any improvements to be made.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The provider had clear equality policies and staff had received training in how to support people's diverse needs.
- The management were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Staff said the manager was approachable and had worked hard to make a lot of positive changes recently. One staff member said, "Our manager has given 150% to everything." Staff told us they had confidence in the manager and they could count on them to offer practical hands-on support with people's care, as well as guidance to support them in their role. We found some supervisions had not been documented in supervision records by the manager which the provider agreed to address.
- The provider was enthusiastic and set high standards in the home, leading by example. They were passionate in ensuring people received good quality care and told us they were determined to make

people's lives matter.

- There was clear direction for the whole staff team in a supportive culture of openness and transparency. Staff felt valued and motivated to do their work. Staff considered that the team work in the home was excellent.

Engaging and involving people using the service, the public and staff

- One person said, "When the owner was doing the building work I went around with (provider) and we chose this room. He is extremely kind and thoughtful and it shows in how the staff are."
- People told us they thought their care was managed well and they felt it was their home.

Continuous learning and improving care

- We found there had been proactive and prompt action taken to ensure matters identified at the last inspection had been addressed. Systems and processes to assess and monitor the quality of the provision were improved and robustly in place.
- There had been engagement with other professionals such as the local fire and rescue service. This showed that there had been good communication to ensure standards of the environment were safely met.

Working in partnership with others

- The service worked in partnership with other organisations to make sure they followed current practice. For example, GSF, healthcare professionals such as G.Ps and speech and language therapists. This ensured a multi-disciplinary approach had been taken to support the care of people living at the service. All professionals we contacted said referrals to them were appropriate and that staff were keen to learn and followed their suggestions.