

# Casterbridge Homes Limited

# Deanwood Lodge

## Inspection report

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## Ratings

### Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



## Overall summary

We carried out an unannounced comprehensive inspection on 29 and 30 July 2014. During this inspection we found breaches of legal requirements. The provider was asked to take action to meet the requirements of the regulations. The provider sent us an action plan as required detailing when they would be compliant with the regulations.

As a result of this we completed a focused inspection on 13 January and 11 March 2015 to follow up whether action had been taken to meet legal requirements. We also met with the provider on the 5 February 2015. This was to discuss concerns that had been shared with us by

Gloucestershire City Council safeguarding team and visiting health and social care professionals. The provider was able to demonstrate they were taking action to address these concerns. The provider shared their action plan with us and the steps they were taking to ensure people were safe and received a quality service. The provider has been providing regular email updates between the 5 February and 12 March 2015 in respect of the actions they were taking. This included sharing information about the staffing levels and the on going recruitment taking place to ensure suitable numbers of staff were supporting people.

# Summary of findings

Comprehensive inspection 29 and 30 July 2014.

This was an unannounced inspection.

When we visited there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Deanwood Lodge is a care home that provides personal and nursing care. The home can accommodate up to 47 people. At the time of our inspection there were 46 people living in the home. The service supports older people who live with dementia.

The service was not always notifying us about information they had to report including allegations of abuse and an incident where the police were called to the home. However, they had reported this to the local safeguarding team. Care plans did not always include sufficient details to guide staff on how people should be supported.

People told us they were well cared for and staff treated them with kindness. There were some social activities taking place however, the manager was making improvements in this area. This included employing a second activity co-ordinator and taking advice from external agencies to assist in improving the activities on offer to people living with dementia. People's and their relatives views were sought to improve their experience of living in Deanwood Lodge.

Relatives we spoke with were generally positive about the care and support that was in place. Some relatives raised concerns about some people who used the service going into other people's bedrooms. The manager and the team explained how they were managing this to reduce the risks to people living in the home.

Staff were knowledgeable about the people they were supporting and how their dementia impacted on their day to day living. They had received training relevant to their roles and felt supported by the management team.

People who used the service, their relatives and staff were positive about the management of the home, which was open and approachable. They also commented on the improvements which had been made over the last couple of months.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Findings from the inspection 13 January and 11 March 2015

This was an unannounced focused inspection to ensure the provider had taken action to meet legal requirements. There were 35 people in residence at the time of this inspection.

We found the provider had made the required improvements. Since July 2014 we have been receiving notifications about incidents, accidents and any allegations of abuse. A notification is information about important events which the provider is required to tell us about by law. We reviewed accidents and incidents that had occurred in the service and found where we were required to be notified the registered manager had informed us appropriately. This enabled us to monitor what action the provider had taken to protect and reduce risks to people.

People's care records included sufficient information to enable the staff to meet their care needs effectively and responsively. These had been kept under review. Care documentation had been checked to ensure all relevant information was recorded.

There had been a number of improvements since our last inspection. This included people having access to regular activities seven days a week from dedicated activity staff. A new handover system had been introduced to ensure staff knew about people's care needs. In addition staff had received training in wound care, dementia and meeting people's nutritional needs.

People and their relatives spoke positively about the staff, the registered manager and the care they were receiving.

We have reviewed the ratings under the five key questions. However, to ensure this is consistently put into practice the overall rating for the service remains the same until the next inspection.

# 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?

29 and 30 July 2014.

We found there were some areas that needed to improve to ensure people were safe. This was because some people told us they did not feel safe as other people were entering their bedrooms uninvited. The staff were taking steps to address this. The manager was making improvements to the staffing levels to ensure there was additional staff working at weekends.

People were protected from the risk of abuse. This was because there were clear procedures in place to recognise and respond to abuse. Staff were trained in how to follow the procedures.

People could be assured they were cared for in a safe environment that was clean and regularly maintained.

People were protected from being cared for by unsuitable staff as a thorough recruitment process had been completed. People were protected from the risks associated with unsafe medicines management.

We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

13 January and 11 March 2015

The service was safe. People told us they felt safe and steps had been taken to reduce the risks of other people entering their bedrooms uninvited. There was suitable numbers of staff to support people.

Due to the improvements made we have revised the rating for this key question.

Good



### Is the service effective?

29 and 30 July 2014.

We found there were some areas that needed to improve to ensure people care was effective. Some care plans did not clearly describe how people should be supported. Although staff were able to describe how they supported people to ensure the care was effective.

People were supported by staff that knew them well and had received appropriate training. Other professionals were involved in the care of the people living in the home and their advice was acted upon.

Relatives confirmed they were kept informed of any changes and were involved in the care of their relative.

People's nutritional needs were being met. However, there was a lack of dining tables and chairs to seat people if they wanted.

Requires improvement



# Summary of findings

13 January and 11 March 2015

The service was effective. People's care information described how people should be supported. Improvements had been made to the dining facilities to enable people to sit at a dining table if they wanted.

**We recommend that the service explores the relevant guidance on how to make environments used by people with dementia more 'dementia friendly'.**

We have not revised the rating for this key question.

## Is the service caring?

29 and 30 July 2014.

People were cared for with respect and dignity. Some staff had specific roles which included dignity and dementia champions. These champions acted as role models for staff and monitored whether people were treated with dignity and respect.

Staff were knowledgeable about the individual needs of people and responded appropriately. Staff were polite and friendly in their approach and showed patience when people were confused or anxious.

People and their relatives were actively asked for their opinion about their care through regular meetings. People's views were listened to and acted upon.

Good



## Is the service responsive?

29 and 30 July 2014

The staff were responsive in meeting people's needs through involving other professionals in their care. However, some improvements were needed to ensure people were actively engaged with activities both in the home and the community. This was being addressed by the manager and the staff team.

Where people remained in their bedroom, regular welfare checks were completed and they had access to their call bells. People told us they could get up and go to bed when they liked ensuring their daily routines and preferences were maintained.

Care plans recorded people's likes, dislikes and preferences. This meant that staff had information that enabled them to provide care in line with people's wishes.

People and their relatives could raise concerns and these were acted upon by the management of the home.

13 January and 11 March 2015.

The service was responsive. Improvements had been made to ensure people had access to regular social activities.

Good



# Summary of findings

Due to the improvements made we have revised the rating for this key question.

## Is the service well-led?

29 and 30 July 2014

Whilst the manager was leading the service well. They were not reporting information to us in respect of allegations of abuse and other incidents that were reportable to the Commission. This meant that we were unable to monitor how the provider was responding to this concerns and whether it was appropriate. Care staff, relatives and professionals we spoke with all said they found the management team were approachable.

There was a staffing structure which gave clear lines of accountability and responsibility. This was kept under review to ensure it was meeting the needs of the people living at the home.

Systems were in place to review and improve the quality of the service. This included seeking the views of people who used the service, their relatives and staff on the running of the service and day to day care.

13 January and 11 March 2015.

The service was well led. The provider was reporting information to us as required by law.

Due to the improvements made we have revised the rating for this key question.

Good



# Deanwood Lodge

## Detailed findings

### Background to this inspection

This report includes the findings of two inspections of Deanwood Lodge. We carried out both inspections under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. These inspections were 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.

The first was a comprehensive inspection of all aspects of the service and took place on 29 and 30 July 2014. This inspection identified two breaches of regulations. The second inspection on 13 January and 11 March 2015 focused on the action we asked the provider to take in relation to those breaches. You can find full information about our findings in the detailed sections of this report.

Background for the inspection conducted 29 and 30 July 2014.

We visited the home on 29 and 30 July 2014. The inspection team included one inspector and an expert by experience who had experience of supporting people with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. They accompanied us on the 29 July 2014.

The service was last inspected in July 2013. There were no concerns found.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR)

and previous inspection reports before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern.

We contacted Gloucestershire City Council who commission the service for some people living in the home and two health professionals to obtain their views on the service and how it was being managed.

During this inspection we looked around the premises, spent time with people in their bedrooms rooms and in the lounge and dining rooms. We observed people having their main meal of the day in the dining rooms and some of the activities that were taking place. We also looked at records which related to people's individual care and to the running of the home.

We spoke with six people living at Deanwood Lodge, four relatives, four members of staff, the registered manager and the operations manager. Some people were living with dementia and were unable to tell us about their experiences of the care they received. However, we spent time observing how the staff supported people in the home.

We looked at four people's care planning documentation and other records associated with running a care home. This included three staff recruitment and training files.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we

## Detailed findings

have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Background for the inspection conducted 13 January and 11 March 2015

The first day of the inspection was completed by one adult social care inspector. The second day was carried out by two adult social care inspectors and 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.

Prior to the inspection we looked at all the information we had about the service. This information included the

statutory notifications that the provider had sent to CQC to tell us about events that had happened in the home. A notification is information about important events which the service is required to send us by law. We also reviewed the action plan the provider had provided to us in respect of the breaches of regulation and concerns raised in relation to some safeguarding concerns. We have also been receiving regular information about the staffing levels since last December 2014. This enabled us to monitor this area to ensure people were supported by sufficient and suitably qualified staff.

During the inspection we met with the registered manager, nine members of staff, six people who use the service and nine relatives. We looked at seven people's care records and records relating to staffing.

# Is the service safe?

## Our findings

Findings from the inspection conducted 29 and 30 July 2014

Some of the people living in the home told us that they did not always feel safe. This was because some people were going into their bedrooms during the day and night. Some relatives had requested that the bedroom door was locked when the person was not in their room. However, they told us keys often went missing.

Staff were aware of their responsibilities to keep people safe and report any allegations of abuse and they had received training in safeguarding adults. Incidents such as people entering other people's bedrooms had been reported to the local authority and the police where necessary. An action plan had been devised by the safeguarding team, the registered manager and the staff to protect people. This included individual risk assessments to keep people safe, welfare checks and use of pressure mats to alert staff to people who needed support. These measures minimised the risks to people.

There were 46 people living in the home with varying and complex needs as they were living with dementia. We looked at the staffing rotas for the last three months. We also spoke with people, relatives and staff to ensure there were suitable staffing arrangements. There was a minimum of eight care staff working in the morning, seven care staff in the afternoon and four working at night. There was always one registered nurse working in the home to support people with their nursing care. We were told that any staff absence was covered with agency. Although there had been one occasion in the last three months due to sickness where they had to work with six staff in the afternoon. Agencies were unable to provide a member of staff to cover at short notice. The operations manager told us they were now recruiting additional staff to ensure that this was not repeated.

Relatives told us that staffing during the week was 'alright' but on a weekend there never seemed enough staff. We discussed this with the staff, the manager and the operations manager. We were told that during the week the manager, the residential care co-ordinator and the activity co-ordinator were working and supported people at busy times but they did not work every weekend. Staff confirmed the home was often busy at weekends. The registered

manager told us they were in the process of reviewing the staffing levels specifically at weekends. They acknowledged that it was difficult to plan as the staffing tool did not acknowledge the support that a person required due to their dementia which could fluctuate. However, assurances were given that this was an area they were planning to improve. Whilst it was evident that people's personal care needs were being met, there was a perception that staff were busier at the weekend with less activities taking place. The manager was taking action to address this.

We were told a further activity co-ordinator had been employed and was starting in August 2014 and an apprentice. The home employed three apprentices. They were in the process of studying for a care qualification whilst gaining experience in a care setting. The apprentices were in addition to the daily staffing numbers and worked alongside more experienced staff. The manager told us that they were planning to ensure there was an apprentice working over the weekend and an activity co-ordinator. We were told this would ensure there was additional staff working at weekends especially at the busy times of the day like meal times and late afternoon.

The home was arranged over two floors. A passenger lift was in place to enable people to reach all parts of their home. This was checked at the appropriate intervals to ensure it was safe for people to use. We also saw that checks were completed on the fire equipment, water temperatures and premises. Maintenance records showed that there was a prompt response to any repairs that were required. The registered manager told us that there was planned maintenance work being completed on the roof and some areas of the home were being or had been redecorated. Some of the carpets were heavily stained in corridors and lounge areas. Both the operations and the registered manager told us this was going to be replaced as regular deep cleaning had not been effective.

A person in the home told us that their bedroom was cleaned daily and they always found the home to be clean. The home was clean and whilst there was some odour this was quickly addressed with additional cleaning. Domestic staff explained their roles and confirmed they had sufficient equipment. Cleaning schedules were in use for all areas of the home with clear guidance for staff to follow. There had been regular meetings with all the staff about infection control and areas that they needed to improve. This included day to day cleaning, laundry, disposal of



## Is the service safe?

continence aids and record keeping. Staff told us they had attended training in infection control. Staff were wearing protective clothing such as aprons and gloves when completing personal care or handling food.

People were supported to make day to day decisions where they lacked mental capacity. Staff confirmed they had received training in the Mental Capacity Act 2005 (MCA) which gave them the knowledge to support people where they lacked mental capacity with complex decision making. The MCA is a legal framework to protect people where they lack mental capacity to ensure decisions are made in their best interest. Relatives we spoke with confirmed they were involved in decisions about the care and support that was in place.

People's care records included information about how they were involved in making day to day decisions. Care records included an assessment of a person's mental capacity. Where people lacked capacity other professionals were involved in both the assessment and the decision process where these were complex in respect of accommodation or health. Where there were no family the registered manager was aware of involving an independent advocate.

The service was complying with the legal requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. The registered manager told us that there was one person who had an authorised DoLS. There were a further two people that were being considered and applications had been made to the local authority as required. The manager was aware of the recent judicial review and was prioritising the applications that needed to be submitted in respect of each person living in Deanwood Lodge.

Deanwood Lodge is a secure home and the front door has a key code. Two people told us they did not want to live in the home. We discussed this with the registered manager who described how they were supporting them to ensure the home was suitable involving both family and other professionals. Applications for DoLS were being submitted in respect of these people. The care plan only identified the risk and what staff must record but not how they should respond if this person decided to leave. There was a risk, staff were not supporting the person in a consistent way and protecting their rights. The manager assured us the care plan would be updated with this information. Staff

described to us how they supported people when they expressed a wish to leave by talking to them, offering them access to the garden area and reassuring them that this was their home and they were safe. We were told no one could leave the home unless a relative or a member of staff was with them to ensure their safety.

Most of the people were prescribed medicines. Many could not manage these for themselves. The arrangements for managing medicines on their behalf were safe. Medicines were kept safely and were stored securely. Clear records were kept of all medicines received into the home and given to people and where these were returned to the pharmacy as no longer required. These records showed that people were getting their medicines, when they needed them. Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed by a senior staff member and they had completed training. We were shown reports of regular medicine audits. The GP told us they had no concerns about the ordering of medicines and their administration.

There were safe recruitment and selection processes in place to protect people living in the home. We looked at three newly recruited staff files to check that the appropriate checks had been carried out before they worked with people. This included records relating to an apprentice, a registered nurse and a member of the care team. All appropriate checks were completed prior to the member of staff working in the home including references and a criminal record check.

Findings from the inspection conducted 13 January and 11 March 2015

Although we found no breach in regulations in respect of this key question at the last inspection, improvements were required to ensure that the service was safe. Suitable action had been taken to ensure these improvements were being embedded into staff practice ensuring people were safe.

People told us they felt safe. Some people liked to remain in their bedrooms during the day. They told us since having a stair gate fitted to their bedroom door, they now felt safe in their bedrooms without other people wandering in. The reasons for the stair gate had been clearly recorded in the plan of care and risk assessments and this had been done in consultation with the person and their relatives. One

## Is the service safe?

person told us “I feel safe and I like to leave my door open, I can now”. One relative told us, “I don’t worry anymore about people wandering into mum’s room, she feels secure and is much happier”.

Other measures were in place to ensure people were safe including pressure mats to alert staff to a person’s movement where they were at risk of falls. Where people were at risk of falls regular observations were taking place with records maintained. This minimised the risks to people ensuring they were safe.

Since the inspection in July 2014 and in response to some themes that had been drawn out of safeguarding concerns a new handover record had been developed. This prompted staff to any risks to the person. Staff were aware of the risks to people and what support was required to minimise the risks. For example completing welfare checks on people at frequent intervals and ensuring there was a member of staff present at all times in the lounge area.

People told us the staff responded promptly to call bells and assisted them when required. One person told us “sometimes I can wait up to 5 minutes, but this may be because they are with someone else”. Staffing

arrangements were reviewed by the registered manager and the provider taking into consideration the needs of the people living in Deanwood. Sufficient staff were working in the home to support people. There had been five occasions since November 2014 where there were staff shortages and agency were unable to provide cover at short notice. Assurances were given that attempts had been made to cover the shifts. Recruitment was on going to cover the staff vacancies. Since the inspection in July 2014 two activity co-ordinators had been employed to support people with daily activities.

The registered manager was working as part of the nurse team due to difficulties in recruiting registered nurses. Regular agency nurses were being used to ensure people were supported by familiar staff. The registered manager told us a deputy manager had been appointed and another nurse was returning to work in April 2015 and this would ease the pressure as there would be no nurse vacancies.

The rating for this key question has been revised from Requires Improvement to Good.

# Is the service effective?

## Our findings

Findings from the inspection conducted 29 and 30 July 2014.

Relatives confirmed they were informed of any changes to care and asked their views on the care and support that was in place. People had a care plans which included information about their life history detailing important life events such as family, work and interests.

We looked at the care plans for a person who required support with constipation and another who required support with their catheter care. These care plans lacked detail on how the staff should support the person.

The care plan relating to constipation identified the area of need and made reference to an “as and when required medication plan”. The plan did not describe how to monitor or what actions the staff should take to assist the person or other steps they could take for example through their diet. The care plan relating to supporting a person with their catheter did not state when the catheter should be changed and who was responsible. The care plan lacked information in respect of any risks or what staff should do if there they were concerns. We have asked the provider to take action and the action we have asked them to take is at the back of the report. This is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff ensured they knew about the changing care needs of people. This included daily handovers between shifts, team meetings and reading people’s care plans. Staff also sought advice from visiting professionals such as the GP, district nurses or occupational therapists to effectively meet people’s needs. Staff had attended training specifically on supporting people with dementia. The training record confirmed that all the staff had completed e-learning and a two day course on dementia.

Some people living in the home could become frustrated or angry. Staff told us they had received training in supporting older people who could become upset through the use of diversion techniques. For example, the staff would try to engage them in an activity or offer refreshments or change of environment. We observed staff positively engaging with people who were becoming anxious. Three members of staff positively reassured a person at different times during the lunchtime when they

became anxious. The three staff were consistent in their approach with what they said and did to reduce the person’s anxieties. At one point noise levels in the large lounge were heightened. A member of staff went and sat with the two people to offer them reassurance and another member of staff put on some music which had a calming effect.

Staff and the manager told us people were supported to see a dentist, optician and a chiropodist. We were told people could choose whether to retain their own dentist and optician or take up the service used by the home. Where people had been seen by a visiting professional staff had recorded any treatment or follow up required.

People were registered with a GP. We spoke with the GP prior to our inspection. They told us they did not have any concerns in respect of the care and welfare of people living in the home. They told us they had worked closely with the staff and the manager in reviewing and monitoring weight loss. They told us the staff were supporting people better in this area and encouraging people to eat more healthily rather than relying on food supplements such as build up drinks. We also received feedback from a dietitian who confirmed there had been improvements in this area including increased monitoring where people were at risk. This included recording daily food and fluid intake and weekly weight monitoring. We were also told the cook had attended specific training enabling them to support a person who was on a specialist diet. This meant the catering staff could respond to the dietary needs of the person.

The registered manager checked the weekly or monthly weights and we were told these were then shared with the GP. Staff were aware of people’s needs and where additional support was required. Care documentation was in place to guide staff on the support needs of people with eating and drinking and any risks. Two relatives commented positively about how their relatives had gained weight when they first moved to the home and this was being maintained.

Five people commented to us that the food was of good quality and they generally enjoyed what was on offer. One person told us they could order a cooked breakfast every day and it was in front of them within ten minutes. They

## Is the service effective?

said; “I enjoy my breakfasts and I can also get a drink pretty promptly”. We were told the care staff asked people what they would like to eat and there was usually a choice of two dishes.

Each lounge area had a small dining space. Not everyone was able to sit at a table as there were only 24 dining room chairs throughout the three dining areas. This meant 23 people had to eat from their lounge chair using small tables or in their bedroom. Some of the people we observed did not look comfortable, as the tables were either too low or to one side of them. We did observe people being offered a choice to sit at the table however, if they had responded ‘yes’ this would have been very difficult to accommodate as all the seating had been taken. Some people may have benefited from a plate guard as some of their food was ending up on the table cloth. When we looked at care records they did not specify where a person should eat their meal. The staffing in each area reflected the support that people required ensuring they were given appropriate levels of support. The meal time was well organised ensuring people’s food was hot and served to them promptly.

Staff and the manager told us people were supported to see a dentist, optician and a chiropodist. We were told people could choose whether to retain their own dentist and optician or take up the service that was offered by the home. Where people had been seen by a visiting professional staff had recorded any treatment or follow up required.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs, preferences and choices. Staff had completed induction training when they first started working at the home. Staff confirmed they had completed this and shadowed more experienced members of staff. We spoke to three members of staff about the training they had completed. They told us there was ‘lots’ of training available to them including health and safety and training relevant to the needs of the people they supported. They told us since the registered manager had been in post this had increased. Training records confirmed this.

Twenty nine staff had completed a National Vocational Qualification or a diploma in health and social care. The registered manager told us they kept training under review through one to one meetings called supervisions with staff. Staff confirmed they met up regularly with their line

manager to discuss their role and training their required. The supervision record showed all staff had received regular supervision with either the registered manager or a senior team leader. The manager told us they were planning to introduce annual appraisals for all staff in September 2014 as these had not been previously carried out.

The design, layout and decoration of the home met people’s individual needs. Each bedroom door had a memory box containing personalised items to enable people to recognise their bedroom. A member of staff told us these had been chosen either with the person or their family. This is important for people living with dementia because it helps enable them to move around their home with confidence and independence. We observed people moving freely around the home making use of the garden area and the three lounges. Bedrooms were decorated and furnished to reflect people’s personal tastes. People were encouraged to bring their own furniture to enable them to personalise their bedroom. This meant people were supported to recreate familiar surroundings for themselves.

Findings from the inspection 13 January and 11 March 2015

The provider had taken action to meet the requirements of regulation 20: Records. People who use the service were protected against the risk of unsafe or inappropriate care and treatment arising from a lack of proper information about them. People’s care needs were assessed and a plan of care was in place to guide staff. Care staff were knowledgeable about the needs of the people they were supporting.

Care plans were being reviewed monthly to ensure they were effective and reflected the needs of the person. In addition, audits were being completed on the care documentation and guidance was being given to staff on how they could improve.

The service was complying with the legal requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. The registered manager told us that there were three people who had an authorised DoLS. Staff were aware of why there was a DoLS in place. We saw

## Is the service effective?

information was recorded in the plan of care for two people in relation to the authorisation. The manager provided assurances this would be put in place for the third person to enable them to keep this under review.

People's nutritional needs were being met. Where people were at risk of malnutrition, increased monitoring was in place including weekly weights and food and fluid charts being maintained. Staff were aware of the people that were at risk of weight loss and where it was compromising a person's health and wellbeing. Advice had been sought from the person's GP and advice taken from a dietician.

Staff were aware of the individual needs of people ensuring they were receiving appropriate support with eating and drinking. Some people required their drinks being thickened due to the risks of choking where their swallowing reflex was compromised. A concern had been raised by a health care professional that the staff were not following the agreed care plan for a person as a drink had not been thickened. In response training and guidelines had been given to all staff on how to use the thickening agent. We observed staff supporting people appropriately with eating and drinking.

Since the inspection in July 2014 the registered manager had attended a train the trainer course. This enabled the registered manager to deliver training to all nurses and care staff on wound care management. This was in response to a safeguarding concern on how a person's wound care had been managed.

Where people had been assessed as being at risk of developing a pressure wound, a care plan was in place. Staff were aware who was at risk and the actions they had to take to minimise the risks such as assisting a person to change position regularly and making sure they had appropriate pressure relieving equipment. Records were maintained where a person was supported to change their position.

Staff were knowledgeable about their responsibilities in respect of monitoring a person's skin condition and how

risks could be minimised. This included monitoring people for any risks around pressure area care. Staff were aware they must report any concerns to the nurse in charge of the shift or the registered manager.

Staff told us here had been an increase in training since July 2014. This had included a training session from a health professional on meeting people's nutritional needs and training from the registered manager on dementia. They spoke positively about the training and how it was being used to improve their practice and supporting people in the home. One member of staff told us, "I am in the process of learning about dementia; I am learning patience and empathy. It is challenging but I want to train in everything"

Deanwood Lodge supports many people who are living with dementia. However, there was little information to support people with dementia with time orientation such as a clock, pictorial menus, and information about the weather or a calendar. The notice boards contained information in small print which might mean it was not accessible to some people living in the home. There was a some signage to assist people to where they were. For example bathroom and toilet doors had a picture to indicate what was behind the door.

There was heavy staining on some of the carpets in the hallways throughout the service. The provider told us in July 2014 this was being replaced. The registered manager told us the flooring in the lounges and dining areas had been replaced and the flooring in the hallways was next. We observed people trying to step over the stains and metal carpet strips as they thought it was an obstacle in their way. This could be a potential fall hazard for some people.

**We recommend that the service explores the relevant guidance on how to make environments used by people with dementia more 'dementia friendly'.**

We have not revised the rating for this key question.



# Is the service caring?

## Our findings

**Findings from the comprehensive Inspection** 29 and 30 July 2014.

We observed staff asking people if they would like assistance and their wishes were respected. Where people had refused personal care we observed staff returning later in the morning to offer assistance. We read daily records which described the support people had received, where care was refused we could see the staff had returned later in the day. This meant people were supported to make day to day choices on when they would like to receive care and these were respected.

A person told us they had been involved in making decisions about their day to day care. They described to us how they had been involved in writing their care plans and telling their story. They told us the staff were generally caring.

We were shown round the home by a senior member of staff. We noted they knocked on people's doors before entering. They also introduced us and explained why we were there. We observed staff asking permission before commencing with any care. This meant staff respected people's privacy and involved them in their day to day care.

We were told some staff had specific roles including a dementia and dignity champion. These staff acted as role models and guided staff to ensure people were treated in a respectful and dignified manner. Staff had completed training to enable them to fulfil their roles and support staff. Staff confirmed they knew who the champions were and they could go to them for advice and support. Photographs of the four dignity champions and two dementia champions were displayed on the lounge wall. This ensured people who used the service or their relatives knew who to contact if they wished to discuss matters relating to these areas.

Staff described people in a positive manner and they were knowledgeable about people's life histories and important family contacts. We spent some time in lounges observing interactions between staff and people. Staff were respectful and spoke to people kindly and with consideration. Staff were unrushed and caring in their attitude towards people. Where people became upset staff responded to the person offering reassurance.

We observed people being supported with lunch. The meal was relaxed and unrushed. Where people required assistance this was done sensitively and at the pace of the person. Staff were observed sitting alongside the person explaining what they were eating and offering encouragement. People were offered cloth aprons to protect their clothes from food spillages. Where people had spilt food on their clothes they were offered to change after lunch.

People confirmed the registered manager sought their views about the service. The registered manager told us they had recently reviewed the resident meetings as not all the people were able to participate. They had introduced a three monthly individual meeting with each person living in the home. People had been consulted about menu choices and activities. The meetings also included questions in respect of whether they were happy or for ideas where the service could improve. The registered manager told us they understood that some people did not have mental capacity to make decisions or fully express themselves however, it was important to gain people's views and include them. Some relatives had been involved in the three monthly meetings and their views recorded in the minutes.

Relatives confirmed there had been regular meetings since the registered manager had commenced in post. These were held every two months and records were maintained of the discussions and who attended. External speakers were invited to attend the meetings for example the Alzheimer's society. Relatives were supported to raise concerns or make suggestions for improvements. The registered manager told us in response to the concerns improvements were being made with activities and ensuring bedroom keys were available to those people that would like one. Some relatives had raised concerns about there not being a staff presence in the lounge especially at weekends. Staff confirmed these were all areas the registered manager was addressing. This meant the views of the people and their relatives were listened to and acted upon.

People's wishes were respected about their end of life care. Care files showed people were asked about their end of life care. Relatives provided further information including their contact details and when and if they would like to be contacted. Some staff had completed training in palliative care including specific medicines to ensure people were pain free when receiving this care.

## Is the service caring?

Findings from the inspection conducted 13 January and 11 March 2015

People continued to be well cared for. People and their relatives spoke positively about the care and support they

were receiving on both days we visited. Comments included “they (staff) are lovely, no complaints” and “excellent cannot fault the care, no concerns they (staff) help me when I need it”.

We observed staff treating people in a respectful and caring manner.

# Is the service responsive?

## Our findings

Findings from the inspection conducted 29 and 30 July 2014.

We asked the staff and the manager what activities were available for people. They told us musicians visited the home weekly and an activities co-ordinator worked in the home five days per week. We found that whilst there were some activities for people improvements were needed in this area.

People told us they did not know what activities were taking place and a relative told us that activities could be random. We were told there was a list of activities in the hallway but this was not in place until the second day of our inspection. This meant people were not aware of what was available. There seemed limited activities for those people that may not be so advanced in their dementia for example quizzes or sharing news from the paper. There were no reminisce groups to keep people's minds active.

The manager told us they were aware there were not enough activities taken place within the home. However, they told us a second activity co-ordinator was starting on the 16 August 2014. We were also aware the manager was seeking advice regarding activities for people living with dementia. For example on the day of our inspection, the occupational therapist visited the home and discussed with the activity co-ordinator and the manager what resources were available.

One person had a newspaper and they told us this was delivered to them daily and this was important to them. Staff told us there was three people who liked to have a daily paper to enable them to keep up to date with current affairs. People told us the local church visit regularly and it was their choice to participate if they wanted. Relatives and friends were visiting throughout the inspection. A relative told us "I visit every day, the staff are kind and I have no concerns about the care here, the staff are generally very good".

People had their needs assessed before they moved to the home either by the registered manager or a registered nurse. Information had been sought from the person, their relatives and other professionals involved in their care. There was a registered nurse on duty at all times to meet the needs of those people who needed nursing care. For

those people who did not receive nursing care a residential care co-ordinator supervised the provision of their care with the support of visiting professionals, such as the district nurse.

When people moved to the home, a care plan had been drawn up from the initial assessment. People had a care plan covering all areas of daily living and specific assistance they may need in supporting them with their dementia. This included personal care, eating and drinking, sleep, hobbies and interests and any risks associated with their care or medical conditions. The care documentation included how the individual wanted to be supported for example when they wanted to get up, their likes and dislikes and important people in their life. These were reviewed on a monthly basis.

Staff were responsive to the needs of people. We observed one person in the morning was continually asking for help, we observed staff assisting this person kindly and calmly but minutes later they continued to shout out. Again staff would patiently go and assist, offering them refreshments and comfort. We also observed staff responding to a person who was becoming aggressive, staff remained calm and reassured the person which quickly diffused the situation. Another person was seen walking the corridors in a state of undress, staff responded appropriately by ensuring this person's dignity was maintained, by wrapping a sheet around them to enable them to return to the bathroom. During this time the person became agitated we observed staff responding appropriately and the situation was calmed promptly.

Some people had chosen to stay in their bedroom. People had a call bell to alert staff if they required assistance. Staff were prompt to answer calls during the inspection. We were told where people choose to remain in their bedroom named staff were allocated to check on them at regular intervals. Records were maintained of these checks and the care that had been given to these people. Where people were at risk of pressure wounds turning charts were in place to prevent their skin breaking down due to remaining in one position.

One person returned from hospital during the inspection. Staff responded to their needs ensuring there was a meal kept back for this person. We observed a senior member of staff speaking with the ambulance crew to gain information



## Is the service responsive?

about the appointment so that important information could be shared with the team. We were told information would be shared through daily handovers ensuring staff would respond to people's changing needs.

The provider told us in information received before this inspection there had been eight complaints in the last twelve months. These had been investigated and acted upon with the outcome being given to the complainant. The registered manager told us in response to some recent concerns they had completed checks on night staff to ensure they were responding to people's needs. The manager told us these had been unannounced checks to monitor the quality of the care. The manager showed us the outcome and the areas that had been identified for improvement. This had been shared with the staff team during a team meeting to improve the quality of the care. Relatives told us that they could confidently raise concerns with the manager or staff and these would be acted upon.

Some people were being supported by other professionals including community psychiatric nurses, dieticians and physiotherapists. Information about the outcome of the appointments had been recorded in the person's records and included in their care plans. We received feedback from a dietician telling us how the registered manager and the staff had responded to their advice in respect of improvements to meeting people's dietary needs. This included making improvements to care plans and the monitoring. When the dietician completed a follow up visit the advice had been acted upon.

Findings from the inspection conducted 13 January and 11 March 2015

Although we found no breach in regulations in respect of this key question at the last inspection, improvements were required to ensure that the service was responsive. This was because there was a lack of regular planned activities for people with dementia. Action had been taken to ensure these improvements were being embedded into staff practice ensuring the service was responsive to people's needs.

Since the inspection in July 2014 two activity co-ordinators had been employed one in October 2014 and the second in February 2015. One of the activity co-ordinators and the registered manager were in the process of completing a diploma in sensory stimulation enabling them to plan and deliver activities for people with dementia to develop the

five senses. They spoke passionately about the benefits of the training in improving the quality of life for people. They told us that people were more engaged with them during and after the sessions. We observed an activity that had been organised. The staff showed excellent communication skills, they were well organised and ensured that everyone was engaged and supported. Within the session they addressed differing abilities and ensured that all were able to be active participants.

Each person had an activity file containing information about their interests, hobbies and what activities they liked to be engaged in. Relatives had been involved in drawing together the information to ensure it was person centred. Where people had taken part in activities information had been recorded on whether they had enjoyed the activity or not. This enabled the staff to review the activities to ensure they were appropriate.

Information was available on notice boards throughout the home for people and their relatives detailing the activities that were taken place. People were observed taking part in a sing-a-long session and making smoothies. There was a church service in the main lounge for those people who wanted to attend. Relatives spoke positively about the increase in activities. One relative told us "My wife has improved so much, she looks so happy in the group, she comes alive for the time" and another relative told us, "She loves the activities the staff are so kind and always full of beans".

The registered manager and provider had provided an action plan on improving the service to ensure it was responding to people's changing needs. This was in response to some themes from safeguarding alerts and from concerns from visiting health social care professionals. This included ensuring staff were aware of people's individual care needs to ensure care was consistent. A comprehensive handover record had been developed. Each member of staff had a copy which detailed any known risks to the person such as falls, nutrition, aggression, wound care management, weight loss and topical creams that were required during personal care. Staff told us this meant they had a quick guide to meeting and responding to people's care needs.

We used the handover sheet to check that people were receiving appropriate care. We found that care was delivered in accordance with their plan. For example, everyone who had been identified as needing a pressure

## Is the service responsive?

relieving cushion had one in place. A member of staff had been delegated the responsibility to ensure that the handover record was current and reflected the needs of each person. Staff told us they felt the handover record had improved the delivery of care as it acted as a gentle reminder to staff. In addition the registered manager was able to track back who had delivered the care to a particular person enabling them to monitor how individual staff were supporting people.

Records were being maintained in respect of people who were observed every 15 minutes, food and fluid charts and positional change charts. There had been an improvement from our inspection in January 2015 when there had been some gaps in recording. Staff told us that senior carers complete checks on daily records and the recording charts as part of the handover to ensure care had been delivered in accordance with the plans of care and there were no gaps. This meant that staff could respond to any concerns flagged up and ensure people's care needs were being responded to appropriately.

Some people were funded for residential care which meant their personal care needs were met by the care staff. People's nursing care needs were met by the district nurses for example wound care management. The registered manager was able to show us how they were proactively monitored the changing needs of these people and made referrals where people's needs had changed. This was in response to concerns raised by the safeguarding team and other health and social care professionals. For example where a person required more nursing care support such as end of life care where the nurses employed in the home could administer a syringe driver for pain relief. Syringe drivers were used to give medicines continuously through a pump just under the skin.

The rating for this key question has been revised from Requires Improvement to Good.

# Is the service well-led?

## Our findings

Findings from the inspection conducted 29 and 30 July 2014.

We had not always been informed of all incidents that were reportable to us. This included an incident where the police was called to the home, an authorisation of a deprivation of liberty and three allegations of abuse. This meant we were unable to monitor how the service was responding to these areas of concern to ensure people were protected. This showed that the registered manager did not understand their responsibility to report this to us. This is a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009.

The culture in the home was changing following the appointment of a new manager in January 2014. All the staff told us that the running of the home had improved and the new manager was committed to the people living in the home and the development of the staff team.

The registered manager had a 'hands on' approach and worked alongside the staff team. The manager assisted with lunch and supported and spoke with people throughout the inspection. People and their relatives were comfortable talking with the registered manager and actively sought her out. The registered manager told us they had an 'open door' and people who used the service, their relatives and staff could always come to speak with her.

The registered manager organised regular meetings with relatives, people who used the service and the staff. Staff and relatives told us about the improvements the registered manager had implemented to improve the quality of life for people. This included communication with all people who used the service their relatives and staff. Other improvements included training and implementing the dignity and dementia champions.

Professionals we spoke with from other agencies all said their communication with the registered manager was good and they had a good relationship with staff in the home. The registered manager told us they had recently completed surveys with external professionals as they felt it was important to seek their views on how the service was doing and could improve. Written comments from professionals included; "the manager and the clinical lead have been very informative regarding people's nutritional

needs and implemented my advice." Another professional wrote: "care documentation and communication has significantly improved in the last few months and the dementia champions will really benefit the service."

There was a staffing structure which gave clear lines of accountability and responsibility. There was always a registered nurse and a senior care worker on duty. The registered nurse was responsible for ensuring any nursing care needs were met. The senior care worker took the lead role in ensuring people's personal care needs were met. The senior care worker was responsible for ensuring the care staff knew what their role was for each shift. We were told daily handovers took place to ensure important information was shared and to delegate areas of responsibility. Care staff told us they felt supported in their roles and they could speak with the manager or the residential care co-ordinator either to raise concerns or make suggestions for improvement.

People's views were sought through the one to one meetings that had been set up by the registered manager. The registered manager was able to show where people had made suggestions these had been actioned, for example, with activities and the menu planning. Relatives confirmed they were involved in care reviews and were kept informed of any changes to their relatives care. They also told us communication had improved and there were regular meetings for them to voice their concerns or make suggestions.

The provider had employed an external consultant who checked the quality of the service on a regular basis by looking at care plans, speaking with staff and people who used the service, looking at other records including supervisions, training and completing monthly audits on the medicines. There was a record of these audits including any actions that were being taken in respect of any shortfalls. The registered manager was able to show us that the audits had generated an action plan and these shortfalls had either been addressed or were in the process of being completed. The registered manager told us they met up with the external consultant on a weekly basis to discuss what actions were required. Staff were aware of the actions through team meetings or emails. However, these audits had not identified that some care plans lacked information to fully guide staff on meeting the needs of people as identified in this report under effective.

## Is the service well-led?

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. Incident reports were produced by staff and reviewed on a monthly basis by the manager. The registered manager compiled a report on the incidents that had occurred including any action they had taken to reduce the risks of the incident reoccurring.

Findings from the inspection conducted 13 January and 11 March 2015

The provider had taken action to meet the requirements of regulation 18: Notification of other incidents. Since July 2014 we have been receiving notifications in respect of allegations of abuse, serious incidents and any authorisations of deprivations of liberty. This meant we were able to make contact with the registered manager to ensure appropriate action had been taken to address the situation. We checked the accident and incident records to ensure that all incidents had been reported appropriately. This breach in regulation had been met. The registered manager was aware of their legal responsibility to report to the Care Quality Commission.

The provider, the operations manager and the registered manager met with us on the 5 February 2015. This was because we had received concerns about the number of safeguarding alerts and concerns raised by professionals. They provided us with assurances about the responsiveness of the service to meet people's care effectively and safely. We were provided with an action plan which clearly showed where improvements were required and what actions were being taken to ensure those improvements were embedded into staff practice. Regular updates have been received since on the actions

being taken. Where the provider told us they were taking action such as training, improving the communication with staff, improving care planning and delivery, these had been actioned as evidenced during visit.

Relatives and people using the service spoke positively about the registered manager. Comments included "She is smashing, she listens and has made some real improvements", "she is busy, but I feel confident she will deal with any concerns that I have" and "she leads by example, she will spend time with people living here, she sat with my wife helping her with a yoghurt, she was kind and patient and a good role model for her staff team".

Staff told us they felt supported in their roles and found the manager approachable. One member of staff said "I hope she does not leave once she completes her masters in dementia, we have had a few managers, they come in and make changes and then leave" another staff said "the manager has some great ideas and I hope she stays". Staff told us about the changes that had recently taken place and felt positive about the leadership in the home.

The registered manager had been working in Deanwood since January 2014. The registered manager told us they were enrolling to complete a 'masters' in dementia care to enable them to improve the care and support to people living with dementia. This would include making the environment more dementia friendly and enhance her understanding of how to manage a best practice service for people with a dementia.

The rating for this key question has been revised from Requires Improvement to Good.