

Derwent Residential Care Limited

Derwent Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected Derwent Residential Care on 19 and 22 April 2016. This was an unannounced inspection. Derwent Residential Care Home provides accommodation and support for up to 34 people. Accommodation is provided from the original main building and a purpose built extension to the rear of the service. The service provided care and support to people at risks of falls and long term healthcare needs such as diabetes. On the day of our inspection there were 22 people living at the service. The age range of people living at Derwent Residential Care Home is 67 - 102.

We last inspected Derwent Residential Care on 14 November 2013 where we found it to be compliant with all areas inspected.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People appeared happy and relaxed with staff. There were sufficient staff to support them. When staff were recruited, their employment history was checked, references obtained and comprehensive induction completed. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding and knew what action they should take if they suspected abuse was taking place. Appropriate training was provided to ensure staff were confident to meet people's needs.

It was clear staff and the registered manager had spent considerable time with people, getting to know them, gaining an understanding of their personal history and building rapport with them. People were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

People's needs had been assessed and detailed care plans developed. Care plans contained risk assessments for a wide range of daily living needs. For example, nutrition, falls, and skin pressure areas. People consistently received the care they required, and staff members were clear on people's individual needs. Care was provided with kindness and compassion. Staff members were responsive to people's changing needs. People's health and wellbeing was continually monitored and the provider regularly liaised with healthcare professionals for advice and guidance.

Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager understood when an application should be made and how to submit one. Where people lacked the mental capacity to make specific decisions the home was guided by the

principles of the Mental Capacity Act 2005 (MCA).

People were provided with opportunities to take part in activities 'in-house' and to access the local and wider community. People were supported to take an active role in decision making regarding their own daily routines and the general flow of their home.

Staff had a clear understanding of the vision and philosophy of the home and they spoke positively about their work and the management. The registered manager undertook regular quality assurance reviews to monitor the standard of the service and drive improvement.

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.

Staff were trained in how to protect people from abuse and knew what to do if they suspected it had taken place.

Staffing numbers were sufficient to ensure people received a safe level of care. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with current regulations.

Is the service effective?

Good ●

The service was effective.

Mental capacity assessments were undertaken for people if required and their freedom was not unlawfully restricted.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access and were supported to health care professional appointments for regular check-ups as needed.

Staff had undertaken essential training as well as additional training specific to the needs of people and had regular supervisions with their manager.

Is the service caring?

Good ●

The service was caring.

People felt well cared for and were treated with dignity and respect by kind and friendly staff. They were encouraged to make decisions about their care.

The staff knew the care and support needs of people well and took an interest in people and their families to provide individual personalised care.

Care records were maintained safely and people's information kept confidentially.

Is the service responsive?

Good ●

The service was responsive.

People were supported to take part in a range of activities both in the home and the community. These were organised in line with peoples' preferences. Family members and friends continued to play an important role and people spent time with them.

People and their relatives were asked for their views about the service through questionnaires and surveys.

There were systems in place to respond to comments and complaints.

Care plans were in place to ensure people received care which was personalised to meet their needs, wishes and aspirations.

Is the service well-led?

Good ●

The service was well-led.

People were able to comment on the service provided to influence service delivery.

Staff felt supported by management, said they were supported and listened to, and understood what was expected of them.

Systems were in place to ensure accidents and incidents were reported and acted upon. Quality assurance was measured and monitored to enable a high standard of service delivery.

Derwent Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected the service on the 19 and 22 April 2016. This was an unannounced inspection. Two inspectors undertook the inspection.

We reviewed the information we held about the home, including previous inspection reports and the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records at the home. These included staff files which contained staff recruitment, training and supervision records. Also, medicine records, complaints, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We looked at four care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and how they obtained their care and treatment at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we spoke with seven people and two relatives to seek their views and experiences of

the services provided at the home. We also spoke with the registered manager, five care staff, the cook and one member of ancillary staff.

We observed the care which was delivered in communal areas and spent time sitting and observing people in areas throughout the home and were able to see the interaction between people and staff. This helped us understand the experiences of people who could not talk with us.

Is the service safe?

Our findings

People living at Derwent Residential Care Home were supported to remain safe and protected from avoidable harm. A person told us, "I feel totally safe and at home here, lovely place to live." Another said, "My (call) bell is always near to me if I need it, there's an emergency button on it, and I know they come and check on me in the night."

Staff were able to confidently describe different types of abuse and the action they would take if they suspected abuse had taken place. There were up-to-date policies in place to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed all care staff had received safeguarding training. We saw that safeguarding referrals were made appropriately and external agencies notified in a timely fashion. One staff member told us, "We all know our number one priority is to keep residents safe."

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, legionella, staff safety and welfare. Maintenance and servicing of equipment such as fire alarm, portable appliance testing (PAT) and boiler were seen to be routinely undertaken. Staff were clear on how to raise issues regarding maintenance. One member of staff told us, "Things don't get left; if something is broken we report it and will get quickly fixed or replaced."

The service had clear contingency plans in place in the event of an emergency evacuation. People had individual personal emergency evacuation plans (PEEP) which staff were familiar with. These reflected the change in staff requirements based on the time of day or night. The service had an 'emergency grab bag' available which contained information such as copies of people's PEEP for the emergency services, key contact numbers and copies of people's medicine requirements. All care staff were trained in first aid and resuscitation techniques.

People's support plans contained detailed risk assessments for a wide range of daily living needs such as falls, nutrition, skin pressure areas. Risk assessments included clear measures to protect people, such as identifying the number of staff required to support people to move safely around the service. Staff demonstrated they were clear on the level of support people required for specific tasks. One staff member told us, "We know people's capabilities and adapt tasks so as they are safe but can be as involved as much as they choose to be." Care plans contained further risk assessments for example room and environmental risk assessments. Information had been reviewed and updated to reflect people's changing needs.

Following an accident or incident completed forms were passed to senior staff for review. The registered manager told us, "This ensures I have overview of all accidents." We reviewed records and saw actions had been taken as a result and a clear follow up process was evident. For example, following a fall we saw an accident form identified the various options which had been considered to mitigate further risk; such as the installation of a floor sensor mat. Accident and incidents forms were audited on a monthly basis by the

registered manager, they said, "Although I see all forms as accidents happen, the audit allows me to see if any patterns are happening." Care staff were clear on the reporting process and that documentation was required to be completed in a timely manner.

There were enough skilled and experienced staff to ensure the safety of people who lived at the home. People told us there was always sufficient staff on duty to meet their needs. One person told us, "I never have to wait long for assistance, they come immediately." Another said, "Can't remember ever having to wait, they make sure I am all set up before leaving me." The rota reflected where alternative cover arrangements had been made for staff absences. Staffing levels were sufficient to allow people to be assisted when needed. We saw staff giving people the time they needed throughout the day, for example when accompanying people to the toilet, and helping people to move to the dining area at meal times. Staff were relaxed and unrushed and allowed people to move at their own pace. We also saw staff checking people who were in their rooms regularly throughout the day. When people used their call bells we saw that staff responded immediately. A relative told us, "Always enough staff around, I come in at different times of the day and never any concerns." The registered manager told us that people's dependency levels were reviewed as part of their support plan and adjustments in staffing levels would reflect any changes. The service published a rota which identified which senior staff were 'on call' when one was not in the building or during the night. All staff spoken with said that they felt the home was sufficiently staffed.

Each person had their own medicine profile. The profiles provided clear information on people's medicine history and what each medicine was prescribed was for. There was information available for staff on the potential side effects of medicines. Medicines in current use were stored in locked cabinets. We observed medicines being administered. The care staff gave the medicines and checked and double checked at each step of the administration process. Staff also checked with each person that they wanted to receive the medicines. We looked at a sample of medication administration records (MAR) and found them competently completed. Medicines were ordered correctly and in a timely manner that ensured they were given as prescribed. Medicines which were out of date or no longer needed were disposed of appropriately. One staff member told us, "I feel very confident in assisting people with their medication, the training and support is very good." There were robust systems in place to manage medicines which were PRN 'as required'. Individual medicines profiles identified clear lines of accountability as to when and who could administer these.

Records demonstrated staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and staff had undertaken Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff described the recruitment process they had gone through when they joined. One said, "It was clear from the outset what was required and the importance of being open and honest."

Is the service effective?

Our findings

People received effective care from appropriately trained staff. One relative told us, "I am always impressed with the quality of staff, very on the ball. Certainly know what they are doing."

When new staff joined the care team at Derwent Residential Care Home they underwent an induction. This consisted of training and shadowing more experienced staff. One staff member told us, "For a new starter it is important for them to build their confidence to work with residents." Mandatory training covered areas such as infection control, moving and handling, dementia and challenging behaviour. Throughout our inspection we saw staff applied their training whilst delivering care and support. One staff member said, "The training here is very good, always face to face which is much better for me to learn." We saw that staff assisted and addressed people in a respectful manner and were aware of people's potential anxiety and triggers. We observed that people who required additional time to respond to questions were afforded this by staff. One staff member told us, "I can see the direct relevance of training to my role which makes it more interesting."

People commented there was a stable staff team at the home. One person said, "Most of these (referring to care staff) have been here years." We saw one new member of staff had recently started and were on a six month probation period during which time the registered manager told us they were more closely supported. There were systems in place to provide all staff with supervision on a rolling three monthly cycle. One staff member told us, "It is a chance to talk about what has happened since the last one and look at ways things can be done differently or better." All staff told us they felt well supported in their roles.

People were supported to maintain good health and received on-going healthcare support. People commented they regularly saw their GP and other health care professionals such as chiropodist and optician. Relatives felt staff were effective in responding to people's changing needs. One visiting relative said, "The staff are good, they are very quick to pick up if there is a change in health or a problem." One staff member told us, "We check for signs, changes in mobility and eating habits which may indicate their health is deteriorating." On the day of our inspection staff were seen to be carefully, yet discreetly, monitoring a person whose food intake had recently reduced. Where concerns had been identified regarding people's food intake, with their consent, the staff weighed people regularly and used this information to inform any referrals to dieticians speech and language therapists (SALT).

People were complimentary about the food and meal times. Everyone we spoke with told us, they had enough to eat and drink. Positive feedback included, "Very good food, always plenty". Menus and food choices were advertised in a communal area and staff spent time on a one to one basis to establish preferences. Dining tables were set up neatly with fresh flowers, table cloths and condiments. Most people ate communally in the home's dining room however people could choose where they wished to eat and this decision was respected by staff. People were given time to enjoy their food, with staff ensuring they were happy with their meals. Food was served in an efficient manner, once all people had been served staff withdrew. The registered manager said, "From feedback and observation we have found residents eat well when staff are not buzzing around between them." A staff member said, "We stay within people's eye line in

case they need anything but we try to create calm, relaxing space." We saw that when people were not eating their main meal choice, an alternative was offered. We saw people were encouraged to drink plenty of fluids. This was in addition to servings of tea and coffee throughout the day. Staff ensured specific people had drinks offered 'little and often' if they were struggling to drink enough fluids. One staff member said, "We offer drinks regularly and always make sure they can reach their drinks."

Staff understood the principles of the Mental Capacity Act (MCA) and gave us examples of how they would follow these in their daily care routines. Mental capacity assessments had been completed on people living at the home and these were seen to be reviewed. Where people had been deemed to lack capacity for a specific decision of daily living there was limited documented evidence with individual assessments of best interest discussions, however the registered manager was able to demonstrate that these were in the process of being developed and had a clear understanding of the areas they would progress. Care staff were aware any decisions made for people who lacked capacity had to be in their best interests. During the inspection we heard staff ask people for their consent and agreement to care. For example we heard staff say, "Are you ready to take your medication?" and "Can I help you to the bathroom." All care staff had attended MCA and Deprivation of Liberty Safeguards (DoLS) training, one told us, "The key point is to involve people as much as possible when making decisions."

The CQC is required by law to monitor the operation of DoLS. Although no one living at the service was living under a DoLS authorisation we saw the registered manager had worked with people's social workers where there had been concerns about people's freedoms and applications had been made to the appropriate managing authorities.

Is the service caring?

Our findings

People were treated with kindness and consideration in their day-to-day care. People and their relatives stated they were satisfied with the care and support they received. One person said, "The care and staff here really are very good, always kind and caring."

We saw that people's individual preferences and differences were respected. We looked at all areas of the home, including people's bedrooms. We saw rooms held items of furniture and possessions which people had prior to moving into the home and there were personal mementoes and photographs on display. People were supported to live their life in the way they wanted. We spoke to people that preferred to stay in their room. One person told us, "I am happy in my room, I have all my things around me, my photos and puzzles. If I wanted to sit in the lounge more I know I could but I don't want to, all the staff know this." Another told us, "We get lots of choices, but it's always my own decision; staff always respect this."

We saw there was a strong bond and rapport which was underpinned by the staff's knowledge and understanding of people's needs. Staff strove to provide care in a happy and friendly environment. One person said, "I felt at home from the moment I arrived, I love having Bella (the registered manager's pet dog) around." We heard staff patiently explaining options to people and taking time to answer questions. We heard laughter and good natured exchanges between staff and people throughout our inspection. One person said, "You can't beat a laugh and a joke, keeps me young." The staff approach was thoughtful and caring. A staff member was seen to discreetly tell a person their clothes had been ruffled whilst sitting and asked if they would like support rearranging these in private. Another staff member was seen commenting to a person how impressed they were with how they had managed the stairs that day.

People looked comfortable and were supported to maintain their personal and physical appearance. For example people were seen talking about the jewellery they were wearing. Men had been supported to dress smartly in line with their prescribed preferences in their care documentation. People told us that staff were caring and respected their privacy and dignity. People were consulted with and encouraged to make decisions about their care. One person told us, "They involve me in everything they do". Another said, "I just do as I want to, I'm not dictated to. I choose when I get up and when I go to bed." One staff member said, "Everyone is different. We respect their choices, we can't treat everybody the same." Staff supported people and encouraged them, where they were able, to be as independent as possible.

People's care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, their family and staff. Staff told us they knew people well and had a good understanding of their preferences and personal histories. The registered manager told us, "Residents likes and dislikes are recorded; we get to know people well because we spend time with them." People and or their relatives confirmed that they had been involved with developing care plans.

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality. Visitors were welcomed during our inspection. A relative told us they could visit at any time

and were always made to feel welcome.

Is the service responsive?

Our findings

A relative told us they felt fully involved in the care of their family member; they said they were updated with any changes or issues that affected care. People's care plans clearly identified support needs and reflected individual preferences for all aspects of daily living. Care documentation contained a personal profile and a section which had contributions from people's families. A staff member told us, "I find the support plans helpful when a new resident joins us; you get an understanding of their background." Care plans contained a detailed assessment of people's individual needs and clearly identified how these should be met. One section was titled, 'A typical day' and included guidance for staff on what would be a person's usual preferences in respect to daily routines. Another section with the care plans included information on people's support needs in regard to areas such as mobility, nutrition, personal hygiene, continence and communication. People's likes and dislikes identified where people were able to make choices and retain control in aspects of their daily routines such as clothing and meals. All care plans were reviewed monthly by senior staff.

Staff had a good understanding of people's individual needs and said they were given time to ensure care documentation was up-to-date. One staff member told us, "There is a fair bit of paperwork but it doesn't get in the way of supporting residents." We saw daily care records provided clear informative descriptors of people's mood, behaviours and how they had spent their time. Staff told us these were useful to review if they had been off duty for a few days. We saw within one person's daily care notes it stated; they 'had a poor night's sleep, chose to stay in bed later than usual.'

People were provided with opportunities to take part in various 'in-house' activities and to access the local and wider community. One person told us they enjoyed the visiting musical entertainer. Another said they looked forward to the regular Bingo sessions. Another person took pleasure in showing us some of the prizes they had won playing Bingo. We saw consideration was given to people's music and television preferences. People were asked what they wanted to watch or listen to and came to a decision based on the most popular choice. We saw people relaxing in the lounge undertaking various pastimes such as reading a newspaper, doing a puzzle and another person dancing with the activity co-ordinator. People commented positively on the home's garden and how accessible it was. One person said, "Such a lovely space, very well looked after." People were seen to return to their room at a time that was decided by them. One person said, "I get bit jaded in the afternoon and like to have a nap." Three people we spoke with enjoyed staying in their room, either reading or watching their television. Special events were planned and people told us they enjoyed attending them. On the day of our inspection decorations were adorned around the communal areas to celebrate the Queen's Birthday. One person said, "We had a lovely day yesterday and will keep the decorations up for St George's day."

The registered manager told us they worked hard to encourage people to be involved with their families and friends. They said, "Keeping strong links can be really important and can lift people's spirits." A relative told us, "I visit all the time, and that is so important." One person said, "I look forward to my family coming to see me. It always brightens my day." We saw that visitors were welcomed throughout our inspection. We saw one person was disappointed they were unable to go out for lunch with their relative as they were awaiting a

visit from their GP however staff were quick to encourage the relative to join the person at the dining room table for the lunchtime meal.

The registered manager had systems in place to capture feedback from people and their relatives. We reviewed meeting minutes from the most recent 'residents' meeting'. This demonstrated it was well attended and provided people with the opportunity to have input into the running of the service. Ideas and opinion was recorded regarding food choices. The registered manager was seen to have reminded people on how to make a complaint if they were unhappy with any aspect of the service. Families were surveyed for their opinion on a quarterly basis, results were sent to the providers head office who collated the results. The most recent survey was undertaken in March 2016 all responses were seen to be positive. The registered manager used a 'You Said, We Did' tool to communicate their responses to comments, for example they had constructively responded to a suggestion from a relative regarding the addition of second lounge area.

Senior staff told us about the importance of handover between shifts. They said these meetings provided them with a clear summary of the routines of the home that day. Staff allocation of duties was discussed along with individual updates on people. Staff had the time and opportunity to ask each other questions and clarify their understanding on issues.

The PIR stated, 'We have a complaints and comments book, where the residents and relatives can raise any concerns they may have which we reply to accordingly.' We saw a complaints policy was available to people within the home, this was available in a communal area for people. People's care plans identified how and when staff had covered the key information contained within the policy to ensure accessibility. In the previous 12 months there had been one complaint which was seen to have been responded to appropriately and in a timely manner in line with the provider's policy.

Is the service well-led?

Our findings

The registered manager took an active role with the running of the home and had good knowledge of the staff and the people who lived there. A relative said, "The manager is very professional, runs the home well." The registered manager had notified us of all significant events which had occurred in line with their legal obligations. A staff member commented; "The manager is very hands on and supportive, she works with us, which is good."

All staff were positive and spoke highly of the registered manager and their leadership. One told us, "I can approach them about anything and they would make time for me." Staff demonstrated a clear understanding of their roles and the lines of accountability. One told us, "I would normally speak to the floor manager first if I had a concern but I know I could always go to the manager." The registered manager was at the service five days a week. All staff were aware of the 'on call' system in place when a senior member of staff was required 'out of hours.' One staff member said, "You can always get to speak to a member of senior staff if you need one."

Staff were clear on the vision and philosophy that underpinned the service. One staff member told us their saw their role as, "Supporting people to be safe, comfortable and happy in a homely environment." People commented throughout the inspection that there was a 'homely feel' to the service. The registered manager contributed these positive comments, in part, to 'remaining true' to the provider's statement of purpose. They said, "With the age and design of parts of the building we are restricted to the types of care needs we can meet, by assessing people carefully and close monitoring of changing needs I am able to keep the home running smoothly."

Staff meetings were held regularly. Meeting minutes demonstrated they provided an opportunity for staff to raise and discuss issues and for senior staff to remind colleagues about key operational messages. For example the importance of the signing of people's cream MAR. Staff told us they found these meetings useful and provided an opportunity to share ideas and provide each other with updates on individual people.

Robust quality assurance systems were in place to monitor the running of the home. The registered manager undertook monthly audits for a wide range of areas, such as medicines, care plans, health and safety and catering. The registered manager told us the audits allowed them to, "Constantly review what parts of the service may require attention." The most recent catering audit in March 2016 had identified the microwave needed replacing, at our inspection we noted this had been actioned. The PIR identified routine 'spot checks' were undertaken by the registered manager to check the effectiveness of the service in a range of areas. We saw they had completed a 'care delivery' spot check in February 2016. The registered manager had observed staff undertaking their routine care duties. The findings were seen to be positive, the registered manager said, "Staff know that I may observe them and provide feedback to make sure we are being consistent and doing things correctly."

The registered manager told us they were well supported by their manager and the provider; they added

they felt the communication between themselves and 'head office' was effective. During our inspection we saw a member of administrative staff preparing to liaise with the providers head office to update the home's website with recent photographs of people enjoying an event at the service. The provider routinely produced data on the effectiveness of their group of services. The registered manager demonstrated pride in evidencing to the inspection team that Derwent Residential Care Home consistently outperformed over services run by the provider. The registered manager produced annual business plans for the service which included forecasting and planning and prioritising which aspects of the home required updating or renovating. They said, "I go through these plans and documents as part of my annual appraisal."

Staff we spoke to were positive about their roles and the people they supported. Staff were surveyed for their opinions via a quarterly satisfaction survey. We saw there was a 100% response rate and all responses were positive. Staff told us they registered manager ran a 'recognition scheme' where staff could be nominated for a prize. One staff member said, "It is nice to get acknowledged for your good work."