

# The Salvation Army Social Work Trust

## Dewdown House

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

Dewdown House provides care and support for up to 40 older people. At the time of our inspection there were 39 people living at the service. The service is situated overlooking the seafront in Weston-Super-Mare. It is located over three floors with communal lounges, a dining room and with access to an outdoor patio area in the centre.

At our last inspection we rated the service good. At this inspection the service was rated as requires improvement. You can read the report from our last comprehensive inspection by selecting the, 'All reports' link for 'Dewdown House' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

The provider had not ensured that governance systems identified all shortfalls or suitable actions had been taken to those areas found. This was of particular relevance because issues were highlighted to the provider regarding another service using the same systems. This included topical medicines records not being signed, care reviews and care plan updates not being actioned and the reviewing of incidents that may require further reporting or notifying to the Commission.

The provider had not routinely checked hot surfaces. Mixed feedback about the food provided by the service was received.

People were supported to engage in meaningful activities. Upcoming activities were displayed in the service and a newsletter shared information and events. Staff had additional time allocated to spend with people on an individual basis.

The environment supported people's care needs and assisted people in remaining independent. The service utilised the location to ensure people enjoyed the sea views and had access opportunities within the local community.

People told us staff were kind, caring and friendly. There was a friendly and happy atmosphere at the service. Staff worked within the principles of the Mental Capacity Act (MCA) 2005 by ensuring people's choices were promoted and respected. Deprivation of Liberty Safeguards (DoLS) applications were made where appropriate and monitored by the service.

Care plans were person centred. People's preferences were described. People were assisted to access

healthcare when needed. People were supported to develop and maintain relationships that were important to them.

Feedback was sought from people through meetings and surveys. People felt able to raise concerns. Complaints were investigated. Communication systems were in place through meetings and records for the staff team.

Staffing levels were safe. People said staff were responsive to their needs. The provider's recruitment procedures were followed before staff started working at the service. Staff were supported in their role by an induction, supervision and ongoing training.

Infection control policies were followed and the service was clean, tidy and well maintained. Fire safety systems were monitored and procedures were in place for emergencies.

We found one breach of the Care Quality Commission (Registration) Regulations 2009. We made one recommendation in regard to hot surfaces. You can see what action we told the provider to take at the back of this report.

## 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 remained Good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Occurrences at the service had not been identified and reported as required.

The provider had not ensured governance systems identified all areas for improvement or required actions had been taken.

Communication and feedback systems were in place.

Community links had been established.

# Dewdown House

## **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.

This inspection took place on 20 and 23 November 2018 and was unannounced on the first day and announced on the second day. The inspection was carried out by three inspectors and an expert by experience on the first day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second inspection day was carried out by one inspector.

We had not requested that the provider complete a Provider Information Return (PIR) before the inspection. We reviewed the information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us.

Some people at the service were not always able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the service. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

During the inspection we spoke with eight people living at the service and four relatives. We also spoke with nine members of staff including the registered manager. We spoke to two visiting health professionals. We reviewed seven people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

# Is the service safe?

## Our findings

People told us they felt safe living at the service. One person said, "People are around twenty-four/seven. If anything happens, they are here to help me." A relative said, "Very safe. [Name of person] is very happy here."

Radiators at the service were not covered. Measures were in place to control the temperature of radiators. A risk assessment was in place around hot surfaces. Further details included in this would have been beneficial. Regular checks and maintenance were completed on gas and water systems. Health and safety audits were in place but did not routinely check hot surfaces such as radiators, pipework and water urns to ensure they did not present a risk to people.

We recommend the provider reviews The Health and Safety Executive guidelines on 'Managing the risks from hot water and surfaces in health and social care.'

The service had an effective system for ordering and disposing of medicines. Stock checks were conducted regularly. Medicines which had legal requirements around their storage and administration were managed safely. One person said, "[Medicines] are always on time."

The provider could not be assured people received their creams and topical medicines as prescribed. Staff had not always signed topical administration records (TMARs) to evidence cream had been applied. 17 out of 20 records for the last month had missing signatures. The registered manager had systems in place to address this by the second day of the inspection. Protocols for 'as required' medicines were not in place. These protocols give guidance to staff on when an as required medicine may be required, how a person would communicate this and other strategies that can be tried before medicine is administered.

We reviewed staffing rotas from the previous four weeks. One person said, "Yes, enough staff." Two current staff vacancies were being covered by existing and agency staff. The use of agency staff was low. One staff member said, "[Staffing] is really good. Plenty of staff." One person said, "Long time answering the call bell, but this has improved because they had a meeting about it."

Staff had received training in safeguarding adults and were knowledgeable about different types of abuse. Staff we spoke with said concerns would be reported. One staff member said, "I would inform a team leader."

Accidents and incidents were recorded. Records detailed what had occurred and the actions taken. Falls were monitored for patterns and trends.

Care plans contained risk assessments for areas such as falls, safeguarding and nutrition. Guidance was in place to direct staff in how to support people safely. Some risk assessments we reviewed would have benefited from further details being included, for example around specific health conditions.

The provider followed appropriate recruitment process before new staff began their employment. Staff files showed two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people.

People were protected from the risk of infection. All areas of the service, furniture and carpets were visibly clean and free from any odour. Staff knew how to manage the risk of infection and followed the service's procedures to minimise this risk. Staff wore personal protective equipment (PPE) which was disposed of after each person received care. There was an effective system in place for managing soiled waste.

Essential equipment such as hoists and mobility aids were checked on a regular basis in line with the manufacturer's guidance to ensure they were clean, safe and fit for use. Gas and electrical appliances were serviced routinely. Systems were in place to ensure a safe water supply, prevent the risk of legionella disease and deal with foreseeable emergencies. Fire safety equipment was maintained and tested regularly.

## Is the service effective?

### Our findings

People received effective care and support. People said staff were competent. A relative said, "[Staff] skills and knowledge have improved dramatically."

We received mixed feedback about the food provided. One person said, "One weak thing here is the quality of the food." Another person said, "Not terribly happy with the food, can be bland." A relative said, "I have eaten here and I was not impressed." However, a person said, "The food varies on the whole I like it." Another person said, "Lovely and tasty."

People could have their meals in their room or in the dining room. Tables were nicely laid. Condiments and teapots had been put on the table to promote people's individual choice and independence. However, some people were not offered the support they needed to access these things. A small menu board was in place. People were not always sure of the choices being offered as visual aids were not used. Descriptions of what flavour or type of food was on offer were not always given to people. We fed these observations and comments back to the registered manager who said they would review the dining experience.

The environment had been adapted to support people's needs. People's orientation was supported by clear signage, doors painted in contrasting colours and memory boxes which displayed items of individual importance were displayed. Baths and showers were accessible, which meant the use of hoists was minimised. The lounge was spacious with a variety of seating arrangements which made full use of the sea view. We observed people enjoying this space. People commented they liked the ground floor hallway which had been redecorated as a street scene. People had been involved in choosing the new floor in the lounge areas. There were two lifts which meant everybody had access to all areas. A small courtyard garden was located centrally and there were chickens which people could watch and feed. People also had access to the park behind the service.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had applied where appropriate for DoLS. An overview monitored applications and notified the local authority of any changes if an authorisation was in process.

People told us that consent for care and support was sought and they made their own choices. One person said, "I go out when I want, I just let someone know." Another person said, "I like to stay in my room, and that is OK." We reviewed four people's care records and all had been assessed as having capacity. However, one person's consent to treatment had been signed by their relative despite the person having capacity to consent. We highlighted this to the registered manager.

People said their healthcare needs were met. One person said, "The optician came here to see me." Another person said, "I saw the doctor yesterday, no worries there." Staff worked with other health professionals, such as the GP, chiropodist and dentist. Records showed people saw the district nurse, the diabetes



specialist nurse and the re-enablement team. People were supported to attend external appointments, for example to specialist hospital appointments.

People at the service were supported by staff who had received an induction and training in their role. This enabled them to meet the needs of the people they were supporting. Staff spoke positively about recent training in dementia. One staff member said, "It was really good, made you aware of people's situation." Staff told us, and records confirmed, that staff received regular supervision. One staff member said, "Supervision is good, it gives you time to sit and think."

## Is the service caring?

### Our findings

People were supported by staff who were kind and caring. One person said, "The staff are lovely." Another person said, "They [staff] are kind to me and friendly." A health professional said, "Staff are always lovely to the residents."

People were supported to remain independent. One person said, "I know I am deteriorating but while I can manage, I do. Staff help me when I can't do things." We observed staff supporting people to mobilise safely. Chairs were available in corridors and on landings so people could sit down when they needed. People had access to small kitchen areas on each floor where they could make hot and cold drinks and snacks. One person ran the 'tuck shop' which stocked snacks, drinks and toiletries. We observed people being supported to access this facility. People went out individually, with friends or family.

Staff spoke to people with respect and kindness. One person said, "The staff are always polite." We observed staff engaged in friendly conversation of people's preferences, laughing and having fun with people. Staff with spoke with told us how the staff team had a positive attitude to ensure this reflected within the service. When one person was anxious as they did not know where they were, a staff member gently reassured and explained to them. The staff member stayed with the person until they were content and settled.

People's privacy and dignity was maintained. One person said, "Staff always knock on the door before entering." We observed staff do this on several occasions.

Staff respected people's choices. For example, one staff member went to see if a person wished to get up for the day. They did not. The staff member said they would come back later. The staff member returned later and checked if the person was ready to get up. The person chose to get up and dressed at that time.

The service had received several compliments. One read, "I wanted to thank all the staff for the love and kindness shown to [name of relative] during her 15 months stay in her 'hotel'."

The atmosphere at the service was happy and friendly. One person said, "It is very homely." Another person said, "It is friendly and relaxed." Staff spoke passionately about the service being people's homes and ensuring that was how it felt.

Visitors were welcomed at the service. One staff member said, "Visitors can visit whenever they like, meals are provided and they can stay." We observed a person receiving visitors for their birthday.

Staff were knowledgeable about confidentiality. One staff member explained how records were stored safely and how staff were made aware of policies around the use of social media and photographs of people.

## Is the service responsive?

### Our findings

People received care and support that was responsive to their needs. Positive feedback was given about the activities provided by the service, such as daily exercise, dog therapy, music journals, quizzes, regular religious services, baking and spa and pamper sessions. Events were celebrated and there were regular outings. One person said, "Very good activities." People were being supported more effectively in activities of their choice on an individual basis by the introduction of a new system where staff's time was protected. Staff commented that this had a positive impact in strengthening relationships with people and enabling wider opportunities. For example, one person did not like leaving their room but wanted to have a cream tea. A staff member enabled the person to have a similar experience by creating a café style overlooking the seafront in their room.

Care plans were person centred. Plans included people's life information, preferences and routines. One person's care record said, 'Likes helping. Happy when helping others, often found doing the washing up.' Care plans contained guidance about how to support people for example, when they became anxious. One person had their dog stay overnight in their room to provide comfort.

People were supported as individuals including, equality, diversity and human rights. For example, one person whose first language was not English had been supported with their communication through picture cards and a translation application on their electronic device. People were supported to develop and maintain relationships. One person had been assisted to attend a relatives wedding.

Care plans promoted independence by providing information about what people could do themselves and what they needed assistance with. For example, one person's plan stated, 'I can wash my hands and face independently, I can pour my own tea and don't need help cutting up food.'

People had been involved in reviews of their care. People's comments and requests had been recorded and actioned on a monthly basis. For example, one person had discussed their preferences around night checks. The service had a 'You said, we did' noticeboard to inform people about actions taken in response to feedback. For example, people had requested that staff wore name badges. This had been implemented and a design chosen which took account of people who were living with dementia.

The complaints procedure was displayed within the service. Two complaints had been received since January 2018. We highlighted to the registered manager that whilst recommendations following a complaint investigation were documented it was not clear if these had been completed. The registered manager said this would be addressed. People said they were able to raise concerns or complaints. One person said, "I could speak to the manager or team leader. All approachable."

End of life care plans and people's priorities of care were in place but contained limited information. The registered manager said this would be an area for development. However, we reviewed one end of life care plan which showed how the person was supported in their preferred way. This included guidance for staff about the person's music and religious preferences. A remembrance book was displayed in the foyer.

## Is the service well-led?

### Our findings

The service was not always well-led. From reviewing incident, accident and falls audits we found the provider had not always identified some instances where further referral and notification may be required to the local authority and Care Quality Commission. We identified two incidents in October and November 2018 where a notification had not been submitted. A notification is information about important events which affect people or the service which the service is legally obliged to submit.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Whilst the provider had quality audit systems in place, these did not identify all shortfalls. Audits were often in a tick box style which did not record details that were needed to identify and make quality improvements. This was of particular relevance as similar issues were found in governance arrangements at another service managed by the provider. The specific learning had not been shared fully yet with staff, although this was in progress. Audits had not identified gaps in TMARs. Medicine audits did not include direct reference to check TMARs. On the medicine audits we reviewed 'as required' medicines (PRN) had been ticked as being given in line with a written protocol. However, PRN protocols were not in place. Where areas had been marked as a cross on medicine audits indicating further actions, details were not always recorded. For example, in September 2018 it was noted that medicines were missing, but actions were not recorded. Dining and food audits had not been fully utilised to give details on how people's experience could be improved. The system for unexplained injuries or safeguarding concerns was unclear, including how this information was reviewed to ensure it was investigated if required and reported as appropriate.

A selection of care plans were audited monthly. However, actions identified had not always been taken in a timely manner. For example, additional information had not been included in people's care plan or a review of care had not been arranged. This had been identified and recorded by the service and a new system within senior staff meetings was being implemented to ensure necessary actions identified in care plan audits were completed promptly.

Relatives had not always been involved in reviews of people's care. Some people had not had their care reviewed with those they wished to be involved since arriving at the service, which in some cases was several years ago. One relative said in regard to a care review, "Not recently I don't think." This meant that relatives did not always feel fully informed. One relative said, "A little adhoc sometimes, don't feel I am kept in the loop." Another relative said, "Updates are not very regular."

Health and safety audits were in place but did not routinely check hot surfaces such as radiators and water urns to ensure they did not present a risk to people. Risk assessments of specific areas of the service such as communal spaces were not undertaken. Call bell responses were not currently audited. People told us improvements occurred in response to their feedback. The registered manager said call bell responses would be included in audits going forward.

The registered manager sent us an action plan immediately after the inspection demonstrating the actions

they had already taken and planned to take in regard to the areas identified at this inspection.

People and staff said managers were approachable. One person said, "The [registered] manager listens and will help if possible. A staff member said, "The management is good, helpful. You can raise ideas and suggestions."

Feedback was sought from people, relatives and staff. Annual questionnaires were undertaken. Results overall were positive, although the staff response rate was low. Feedback we reviewed said, 'Care provided is excellent, staff and very friendly and caring.' We saw actions had been taken. For example, around the food quality. Changes had been made to vegetables served.

A monthly newsletter in an easy read format shared news about the service, such as staff changes, redecoration progress and upcoming social events.

Meetings for people were well attended. The minutes were distributed to keep people informed who chose not to attend. One person said, "I go, it is an opportunity to say what you think needs doing." Another person said, "It is very useful to be kept informed."

Systems to communicate to staff were in place. A verbal and written handover was completed daily. Diaries recorded staff allocation and people's appointments. Regular meetings occurred with different groups of team members. Information was communicated to staff and discussions took place in areas such as health and safety, dignity and systems of work. Management meetings occurred to communicate and review areas of care.

There was a positive staff culture. One staff member said, "It is a friendly nice team." Another staff member said, "We get along together." An employee of the month scheme was in operation to recognise individual staff's contribution

The service had developed community links such as with local churches and by supporting a cross generational project. The service provided placements for local students training in health and social care. People were involved in fundraising activities for causes meaningful to them such as the poppy appeal.

The provider had displayed their CQC rating on their website and within the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The provider had failed to identify and notify the Commission, as required of two safeguarding incidents.  18 (1) (2)