The Trustees of the Lucy Derbyshire Annuity Fund

Derbyshire Haven

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

Overall summary

This inspection took place on 4 March 2015 and was unannounced. Derbyshire Haven provides accommodation and personal care for up to 12 people with or without dementia and people with physical health needs. On the day of our inspection 12 people were using the service. The service is provided across two floors with a passenger lift connecting the two floors.

The service had a registered manager. 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.

At our last inspection in August 2013 we found that the provider was not meeting the legal requirements in respect of management of medicines, staffing levels and records. The provider sent an action plan stating what they would do to become compliant. During this inspection we found that the provider had made the

Summary of findings

required improvements. People received their medicines as prescribed and were cared for by sufficient numbers of staff. Records relating to people and staff were accurate and up to date.

People told us they felt safe living at the care home and were cared for by staff who knew how to protect them from the risk of abuse. People were supported by a sufficient number of staff and the provider ensured appropriate checks were carried out on staff before they started work. People received their medicines as prescribed and they were safely stored and properly recorded.

Staff had the knowledge and skills to care for people effectively and were fully supported by the manager. People were asked for their consent before care was provided. The Mental Capacity Act (2005) (MCA) was being used correctly to protect people when there were doubts about their capacity to make their own decisions about the care they received.

People received support from health care professionals such as their GP and district nurse when needed. Staff took on board the guidance provided by healthcare professionals in order to support people to maintain good health. People had access to sufficient quantities of food and drink.

Positive and caring relationships had been developed between people and staff. People were fully involved in the planning and reviewing of their care and made day to day decisions. People were treated with dignity and respect by staff and supported to maintain their independence.

People received care that was responsive to their needs and staff had up to date knowledge about the support people required. People felt able to complain and knew how to do so. The complaints procedure was displayed and regularly discussed with people.

There was a positive, open and transparent culture in the home. People who used the service and staff felt able to raise any issues with the manager and they were dealt with. There were different ways people could provide feedback about the service which people were made aware of. There were effective systems in place to monitor the quality of the service. These resulted in improvements being made to the service where required.

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?
The service was safe.

There were sufficient numbers of staff to meet people's needs and people received their medicines as prescribed.

People received the support required to keep them safe and risks to people's health and safety were managed.

Good

Is the service effective?
The service was effective.

People were cared for by staff who were provided with training and guidance. People were asked for their consent before care was provided.

People had access to sufficient food and drink and staff ensured they had access to healthcare professionals.

Good

Is the service caring?
The service was caring.

Positive, caring relationships had been developed and people felt well cared for and involved in their care planning.

People's privacy and dignity were respected.

Good

Is the service responsive?
The service was responsive.

People received care that was responsive to their changing needs. People were supported to take part in stimulating activities which they enjoyed.

People felt able to complain and knew how to do so.

Good

Is the service well-led?
The service was well led.

There was an open and transparent culture in the home. There were different ways for people to provide their views of the service and feedback was used to improve the service.

There was an effective quality monitoring system to check that the care met people's needs.

Good

Derbyshire Haven

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 visited the service on 4 March 2015, this was an unannounced inspection. The inspection team consisted of one inspector 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 our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with eight people who used the service, seven visitors, three members of care staff, the cook, the manager and a representative of the provider. We observed the way in which staff supported people in the communal areas of the home. We looked at the care plans of three people and any associated daily records. We looked at three staff files as well as a range of other records relating to the running of the service, such as audits, maintenance records and four medication administration records.

Good

Is the service safe?

Our findings

At our inspection in August 2013 we found that systems weren't in place to ensure medicines were safely stored and properly recorded. During this inspection we found the required improvements had been made and people's medicines were stored and recorded appropriately. People were satisfied with how their medicines were managed and administered to them. One person told us, "They do my medication and they do it right." A visitor told us, "Medication is handled properly now. It's all been reorganised."

Medicines were administered and stored safely. We observed a member of staff administering medicines and saw they followed appropriate procedures to do this. The staff we spoke with told us improvements had been made to the way in which medicines were stored and they found it easier to safely store them. Medicines were stored securely in locked trolleys and kept at an appropriate temperature. Staff recorded the medicines they had administered to people on their medication administration records. People were supported to manage their own medicines should they wish to do so.

At our inspection in August 2013 we found that people were not always supported by sufficient numbers of staff. During this inspection we found the required improvements had been made and people were cared for by an appropriate number of staff. People told us there were enough staff to care for everybody at the home. One person said, "There are enough staff here. They come quickly when I press my buzzer." A visitor told us, "There appears to be enough [staff] here now. There are always staff around when I visit."

There was a consistent presence of staff in the communal areas of the home and people's requests were responded in a timely manner. There was a quick response to people who called for assistance in their bedrooms. There were auxiliary staff employed to carry out tasks such as preparing meals and cleaning. The staff we spoke with told us there were enough staff at all times of day and that there had been an increase in care staff on one shift. Staff rotas confirmed that there were sufficient staff employed to fulfil the rota and cover for unplanned staff absences.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

The people we spoke with told us they felt safe at the care home. One person said, "This place is good. I feel safe here." Another person told us, "Yes I feel safe living here." The visitors we spoke with felt their loved ones were safe at the home, one visitor commented, "My friend is 110% safe here."

People were cared for by staff who had a good knowledge of the different types of abuse which may occur and how they would act to protect people. Staff knew how to contact the local safeguarding authority to share information about any incidents which may occur. Information leaflets about safeguarding were displayed in the home for staff and people to see.

There was information in people's care plans about how to support them to reduce the risk of harm to themselves and others and staff were aware of these. For example, staff told us that one person could at times become distressed whilst being supported. There was information available to staff about how to support this person and reduce their distress which staff were applying consistently.

Risks to people's health and safety were managed without restricting people's freedom. Staff supported people to reduce any risks to their safety whilst encouraging people to remain as independent as possible. For example, one person enjoyed accessing the local community alone. Staff ensured this person had understood the risks of doing so and that they had the necessary equipment to enable them to go out of the home. Staff had noted an increase in the risk of another person developing a pressure ulcer and had ensured they had the required equipment in place to manage this. Staff had access to information about how to manage risks to people's safety and support was provided consistently. There were risk assessments in care plans which detailed the support and equipment people required to maintain their safety.

People benefitted from an environment that was well maintained. Essential safety checks were carried out when required, such as gas safety checks and fire drills. The people we spoke with felt the building was well maintained. One person said, "The building is well maintained."

Good

Is the service effective?

Our findings

People felt they were cared for by staff who were well trained and supported. One person said, "I think all the staff now are very good at what they do." Staff told us they were given training relevant to their role which helped them to provide effective care. People who used the service were also given the opportunity to attend some training courses, such as a recent course on stroke awareness. Records confirmed that staff received regular training relevant to their role and the needs of the people they were caring for.

Staff felt fully supported by the manager who ensured all staff received regular supervision. One member of staff said, "I receive regular supervision, but I can go to the manager any time." New staff received a thorough induction before they provided any care which included time getting to know the people who used the service.

People were supported to make decisions about their care and provided consent for the care to be given. One person said, "They asked me what I wanted when I came here and I have signed my care file." People were asked to give consent before any care was provided to them and we saw that care plans had been signed by people to confirm this. Where staff had doubts about a person's capacity to make a decision the principles of the Mental Capacity Act (2005) were followed. We saw from records and observations that people were fully supported to be able to make their own decisions.

People told us they were free to come and go and we observed there were no restrictions on people's freedom. The manager was aware of the Deprivation of Liberty Safeguards (DoLS) and should they need to take action to restrict someone's freedom they had appropriate procedures in place to do so lawfully.

People were complimentary about the food and said they were given enough to eat and drink. One person said, "There are two good cooks here. I get my choice (of food). I like the food. I get what I want." Another person told us, "The food is good. If I don't like it I can have something else."

We observed that people enjoyed their meals and ate all of the food provided in addition to snacks and fruit. People were offered drinks throughout the mealtime and at regular intervals during the day. The cook told us that they also prepared alternatives each day should somebody not want the menu choice. The cook was aware of people's dietary requirements, likes and dislikes and these were catered for.

People told us that they had access to the relevant healthcare professionals when required. One person told us they saw their GP and a district nurse. Another person said, "If I'm not well I have my own doctor. The nurses come in as well." Healthcare professionals visited the home during our inspection on visits that staff had arranged for people.

People received input from healthcare professionals when required. For example, staff contacted one person's GP because they were not feeling well and another person received some new glasses which staff had supported them to obtain. People also had access to specialist services such as the dietician and dementia outreach therapist team. For example, staff were concerned about a decline in one person's mental wellbeing and contacted the dementia outreach team for support. Any guidance provided by healthcare professionals was incorporated into care plans and followed in practice.

Good

Is the service caring?

Our findings

People were very complimentary about staff and told us staff were kind, caring and compassionate. One person said, "The staff, both day and night are wonderful." Another person said, "There are good relationships between residents and staff here, we all get on very well." A visitor commended staff who had gone out of their way to spend extra time with a person who had been unwell. The manager had ensured that a member of staff was with the person throughout the night to ensure they were not alone.

We observed that people were cared for in a kind and compassionate manner and staff had taken time to form positive relationships. For example, one person had recently moved into the care home and commended the way that staff had made them feel welcome. Staff had formed relationships which respected people's individual characteristics, such as whether they wished for staff to hold their hand when spending time with them.

Staff went out of their way to cater for people's diverse needs. For example, a member of staff who attended a place of worship also took a person with them to services. Religious services were also provided in the home for people who did not wish to leave the home. People's preferences about the gender of care staff were respected and this information was available in people's care plans. One person said, "They asked me if I minded what gender of carer I had when I moved in."

Staff knew about the preferences of the people they cared for and could describe the different ways people wanted to be cared for. Staff were finding out about people's life history and had access to information about how this might impact on how care and support was provided.

People were routinely involved in making decisions and planning their own care. This started when each person moved into the home and the manager ensured people remained involved in making decisions. Staff told us they also ensured that people were empowered to make decisions for themselves. The care plans we viewed contained evidence that people had been involved in providing information upon moving into the home. This information about people's preferences was then built into the guidance provided to staff about each person.

People were given choices such as how they wished to spend their time and whether they required staff support with personal care. Staff told us they encouraged people to make day to day decisions and we observed this happening. People were provided with information about how to access an advocacy service; however no-one was using this at the time of our inspection. The manager had arranged for a representative of a charitable organisation which advocates for elderly people to visit the home to talk about the services they could provide. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

People felt they were treated with dignity and their privacy was respected by staff. One person said, "We have privacy in our rooms. They always knock on the door before they come into my room." Another person said, "The staff are getting to know me and they are definitely kind to me." The relatives we spoke with told us they felt staff treated people with dignity and respect.

We observed that people took pride in their appearance and everybody was supported to maintain their appearance in the way they preferred. People were supported to remain independent where possible and staff spoke about the importance of helping people to be independent. A member of staff said, "We are there to support if needed, but we try to encourage people to do what they can for themselves". For example, one person required their meals to be cut up into smaller pieces so that they could continue to eat independently. Staff provided this support which ensured the person could then eat their meals without any further support. Staff spoke with people in a polite and respectful manner whilst at the same time maintaining a sense of humour which demonstrated their understanding of people's differing personalities.

Staff clearly understood the importance of respecting people's right to privacy and providing dignified care. Staff described how they waited to be invited into people's bedrooms before entering and we observed this happening. People had access to their bedrooms at any time should they require some private time. Visitors were able to come to the home at any time and there were many visitors on the day of our inspection. Staff ensured that people had access to a private area to speak with their visitors.

Good

Is the service responsive?

Our findings

The people felt that staff provided the care and support they needed. One person said, "I don't really need much support, but when I do the staff are there." Another person told us, "[Staff] always make sure I am alright." The visitors we spoke with also felt that their loved ones received the support they required.

Staff ensured that people received the care and support they needed. The staff we spoke with had an up to date and in depth knowledge of people's needs and what they could do for themselves. We observed that staff responded to any requests for support people made in a timely manner, whether in a communal area or in a person's bedroom. There was an effective handover system which ensured that all staff were made aware of any changes in people's needs.

Staff had access to information about people's needs and this information was kept up to date. The care plans we viewed were up to date and reviewed on a regular basis. Changes were made to the information in care plans when required and this was communicated to staff. The staff we spoke with told us they had time to read people's care plans.

People were positive about the provision of different activities both inside and outside of the home. One person said, "We play bingo. I like the bingo [staff member] is funny." Another person told us, "On Monday I do exercise for the activity." A visitor told us, "There is a lot for my friend here." We observed that people enjoyed the activity that was provided on the day of our visit, whether taking part or watching. Staff also spent time with people on a one to one basis, one member of staff spent time providing a manicure and chatting with a person.

There were regular trips to different venues outside of the home. People had recently been supported by staff to attend a local restaurant for a meal and told us they had greatly enjoyed this. There were also trips to the seaside and a local garden centre. Special events were celebrated and occasional themed events were also provided, such as a film night. The staff we spoke with were positive about the provision of activities in the home and they also enjoyed providing these.

People told us they felt they could raise concerns and make a complaint. One person said, "I have never had to make a complaint. I am very happy here. If there was something that I wasn't happy with I could speak to the manager." Another person said, "The manager makes an effort to come to talk to me. She wants to know if I have any complaints." A visitor commented that they would be happy to speak with the manager about any complaints they may have.

People had access to the complaints procedure which was displayed on a notice board. This was also provided to people on admission to the home as well as being discussed in meetings for people who used the service. There had not been any complaints in the 12 months prior to our inspection so we could not assess how complaints were responded to. The staff and manager had received several compliments and thank you letters during this period.

Good

Is the service well-led?

Our findings

At our inspection in August 2013 we found that people's care plan and medication records were not always kept up to date. During this inspection we found the required improvements had been made and there were accurate, up to date care plan records and medication administration records were accurately completed.

The people we spoke with told us they felt the service was of a good quality and they were aware of how they could provide feedback. One person said, "We have residents meetings. They ask about the meals and the activities." Another person told us, "I have had problems and she [the manager] has sorted them out quickly." A visitor said, "The manager will sit with relatives for half an hour just to talk to them and make sure that they are all right."

People were provided with different ways of giving feedback about the quality of the service and the manager ensured any feedback was used to improve the service. There were regular meetings which people were encouraged to attend and contribute to. We saw that people regularly made suggestions during these meetings which were taken on board where possible. For example, suggestions made about food had been used to redesign the menu. Satisfaction surveys were provided to people, visitors, staff and healthcare professionals. Recent results showed that there was a high level of satisfaction with the service being provided. One person had commented that their chair was not comfortable and they had been provided with a new chair.

The service had a registered manager and she understood her responsibilities. Everybody we spoke with knew who the manager was and felt they were a good leader. The staff we spoke with told us they felt the manager inspired them to provide a quality service. One staff member told us that the manager led by example and regularly spent time 'on the floor' and talking with people.

Staff understood their role and what they were accountable for and there was a 'key worker' system in place. This ensured that each person had a key point of contact as well as being able to talk with the manager. Resources were provided to drive improvements in the service. For example, there had been investment in improvements to the building since our previous inspection.

Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

The manager regularly assessed the quality of service people received by auditing areas such as medication and cleaning standards. Where the audits identified improvements were required this resulted in action being taken to remedy any issues. The provider also completed visits to the home to check that people were receiving a good quality of service and to support the manager.

Each person we spoke with told us they knew who the manager was and felt comfortable in approaching them. One person said, "The manager makes an effort to come to talk to me." Another person told us, "The manager is always here, I would have no hesitation in going to see her if I needed to." Visitors also told us they felt comfortable speaking with the manager, with one visitor commenting, "I would feel comfortable talking to the manager. She's always around."

During our inspection the manager was visible in the different areas of the home and spent time talking to people who used the service and staff. The staff we spoke with felt there was an open and transparent culture in the home. One member of staff said, "The manager is very helpful to talk to. She has helped me a lot with my work." Another staff member told us, "The culture here is very open, no-one is afraid to put their hand up and say they made a mistake or need some help."

Regular staff meetings were held and we saw from records that staff were able to contribute to these meetings. The manager discussed expectations of staff during meetings and how improvements could be made to the quality of the service. The manager or deputy manager was available each day to ensure that any issues that may arise could be swiftly dealt with.