St Andrews Care Homes Limited

Danecroft

Inspection report

3 Dane Lane,
Wilstead, Bedford.
MK45 3HT
Tel: 01234 741573

Date of inspection visit: 15 December 2014
Date of publication: 09/04/2015

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

The inspection took place 15 December 2014 and it was unannounced.

Danecroft is a residential care home which accommodates up to 33 older people. On the day of our visit there were 30 people using the service.

There was 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.

People felt safe living at the service. It was evident from talking with staff that they were aware of what they considered to be abuse and how to report this.

Staff knew how to use risk assessments to keep people safe alongside supporting them to be as independent as possible.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs.

Recruitment processes were robust. New staff had undertaken the providers induction programme and training to allow them to support people confidently.

Summary of findings

Medicines were stored, administered and handled safely.

Staff were knowledgeable about the needs of individual people they supported. People were supported to make choices around their care and daily lives.

Staff had attended a variety of training to ensure they were able to provide care based on current practice when assisting people.

Staff always gained consent before supporting people.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff knew how to use them to protect people who were unable to make decisions for themselves.

People were able to make choices about the food and drink they had, and staff gave support when required. Catering staff knew who required a special diet and this was taken into account.

People had access to a variety of health care professionals if required to make sure they received on-going treatment and care.

People were treated with kindness and compassion by the staff, and spending time with them on activities of their choice.

People and their relatives were involved in making decisions and planning their care, and their views were listened to and acted upon.

Staff to treated people with dignity and respect.

There was a complaints procedure in place which had been used effectively.

People were complimentary about the registered manager and staff. It was obvious from our observations that staff, people who used the service and the registered manager had good relationships. The provider was available and visited the service often.

We saw that effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvements.

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?
This service was safe.

People we spoke with told us they felt safe, one person said “The staff make sure we are safe.”

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs. Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Good

Is the service effective?
This service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision with the manger.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Good

Is the service caring?
This service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Good

Is the service responsive?
This service was responsive.

Care and support plans were personalised and reflected people’s individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

A variety of activities were offered and people were able to choose to join in.

Good

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

The service had a registered manager who was supported by a staff team and the provider.

People and their relatives were able to give feedback and suggestions were acted on.

There were internal and external quality audit systems in place.

Good

Danecroft

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.

The inspection took place on 15 December 2014 and was unannounced.

The inspection was carried out by one inspector.

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. We checked the information we held about this service and the service provider.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people were supported with their personal care and to have meals.

We spoke with six people and the relatives of five people who used the service. We spoke with the registered manager, the provider, five care staff and two catering staff.

We reviewed three care records, four medication records, three staff files and records relating to the management of the service such as quality audits.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe, one person said, "The staff make sure we are safe." Relatives we spoke with told us they felt their relatives were safe and the service took suitable steps to keep people safe. One relative said, "Before coming to Danecroft [relatives name] was vulnerable as they used to leave their door open, this can't happen now."

We spoke with staff about protecting people from abuse. They were able to describe what different types of abuse were and how they would recognise them. They told us they would not hesitate to report any suspicions to the manager. Staff told us, and records confirmed that they had all completed safeguarding training which had been useful. There were notices displayed with advice of how to report suspected abuse. Referrals had been made to the Local Authority Safeguarding Team and the Care Quality Commission (CQC) where appropriate and these had been investigated.

Staff told us that every person had risk assessments in place. They explained that they included moving and handling, physical health, personal care. We were also told that some people had them for helping out around the house for example setting tables, dusting and trips out. They told us that these were completed when people moved in but were reviewed on a regular basis. Risk assessments we looked at were completed and gave staff instructions how to protect the person whilst still giving them independence. This meant that people were protected from risk whilst keeping as much independence as possible.

One member of staff told us they had raised a whistleblowing about a colleague. They followed the providers' policy and procedure and told us they were supported throughout, and that the outcome was satisfactory. Staff told us they were aware of the whistleblowing procedure and explained how to put it into practice. They also told us they would not hesitate to use it if the need arose.

Staff told us that they report any accidents and incidents, and complete the appropriate paperwork. The registered manager showed us the accident reporting records, these were all completed correctly. On the notice board in the staff office was an emergency contingency plan. This detailed what to do and who to contact in case of emergencies. This meant that staff could respond immediately to keep people safe.

The registered manager told us that they employed the services of a professional company who had carried out annual health and safety inspections. A report was produced which detailed any actions which needed to be taken, the registered manager and the provider had then drawn up an action plan. These actions had been carried out. Records we observed confirmed this. This assisted with making sure that the building and environment was managed to keep people safe.

People told us that they thought there was enough staff on duty at all times, one person said, "I think so, there always seems to be plenty around." A relative said, "There's always staff going past and popping in to see if [relatives name] is ok." Another said, "That's one of the things I liked about the home, that there were enough staff." The registered manager explained that they used the dependency levels of the people using the service to develop the staffing rotas. This ensured the correct amount of staff with the right levels of skills were on duty to meet peoples individual needs.

Records we saw confirmed that most shifts were staffed over the numbers calculated. This ensured staff were able to spend more time with people.

A new member of staff told us how they had applied for the job and what checks had been carried out before they were able to start working. They also told us they had completed an induction programme and shadowed a more experienced staff member until they felt confident. The registered manager explained their recruitment process which included obtaining a minimum of two references, proof of identity and Disclosure and Barring Service (DBS) checks before anyone could be employed. Staff recruitment records we saw confirmed these checks had been undertaken. This meant that people were cared for by staff who were suitable for the position.

People told us they got their medication on time, one person said, "I always get it on time and it has never run out." Staff told us that no one was assessed as being able to administer their own medication, but were aware of the

Good

Is the service safe?

process to follow should this happen. They would complete risk assessments and make sure the person had secure storage and were able to sign for them. We saw the provider had policy and procedure In place for this.

We observed staff administering medication to people and found that this was carried out correctly. Staff told us that they were only allowed to administer medication after they had completed their training and their competency was checked regularly. We saw evidence to confirm this.

Medication was stored securely in locked trollies. We found that most medicines were administered through a Monitored Dosage System (MDS) which was a safe system as there is less room for error.

Staff told us that one person had a lot of medication so two staff always administered it; this ensured there were no errors. Staff showed us the Medication Administration Records (MAR). These included a photograph of the person, their name, GP, allergies, list of medication and their medication protocol. These were checked and there were no errors. We found that medicines were managed safely.

Good

Is the service effective?

Our findings

People told us that they thought the staff had the right training to care for them, when asked one person said, "Oh yes, they know what they are doing." A relative said, "They all seem very competent."

Staff told us they received a lot of training including moving and handling, health and safety and infection control. Also training to assist with the specific needs of people who used the service, for example dementia awareness. Some care staff told us they had achieved a National Vocational Qualifications (NVQ) in Health and Social Care which had helped them to understand their role better. The catering staff told us they had had achieved Level two in Catering. The registered manager and the provider had both attained their Registered Managers Award (RMA). A training matrix was in the office to evidence this. There was also notice advising staff if they had any training outstanding. This showed that there was an effective system in place to ensure staff had the correct knowledge to provide care and support to people.

A new member of staff told us that they had received a full induction. They said they had spent one week shadowing more experienced staff to make sure they knew what the job entailed, before attending internal training in a variety of subjects including health and safety, moving and handling and communication skills. They said, "I have felt very supported through my induction, and could ask anything. I have learnt such a lot." This showed that new staff had received satisfactory induction before they were able to work with people.

The provider told us that they were involved with local care homes providers' association to enable them to keep up to date with best practice. They had recently attended a presentation on the new inspection methodology of CQC. The manager told us that when she had been invited to any presentation she took a member of staff with her so that information could be cascaded to the whole team. This ensured that staff were kept as up to date as possible with best practice.

Staff told us they received regular supervisions on a one to one basis with the registered manager which they found useful. They also said that the registered manager was always available to speak with and was supportive, they could raise any issues either work related or personal and they knew she would help if she could. The registered manager said, "I feel very supported by [providers name]." We saw evidence of staff supervision records in staff files and a matrix for supervisions was on the notice board.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people who could make decisions for themselves were protected. Where people lacked the capacity to make decisions about something, best interest meetings had been held and documented in people's care records.

A relative told us that they were aware the home had applied for a DoLS assessment for their relative and they had been involved in the process. The registered manager explained that due to recent changes they had re assessed each person and had applied for DoLS for several people. Copies of all documentation had been kept. This meant that people who needed to have their liberty deprived had been assessed and approval had been gained.

One person told us, "The staff are very respectful, they always knock on my door and wait for me to say come in." Staff told us, and we observed, that they always asked for consent before assisting with any support, for example people were asked if they would speak with the inspector and if it would be ok to go into their room to clean. One staff member said, "Their room is their home within the home, you would not just walk into someone else's house." This showed that staff respected people and their personal space and possessions.

The registered manager told us that four people who used the service had Do Not Attempt CPR (DNACPR) agreements in place. Staff were aware of who the people were. The forms had been completed correctly in consultation with the person, doctors, and family where appropriate, and were in a prominent place in the care plan. This meant that people's wishes would be carried out as requested.

People told us they enjoyed the meals and were given choices. One person said, "Staff have a list of what I like and do not like, they do a good job." A relative told us they felt the food was good and that people ate very well, and said, "What I have seen is very good." Another told us that their relative could not make up their mind in advance so staff

Good

Is the service effective?

showed them at the mealtime and they chose then. The daily menu was displayed in the dining room. This enabled people to see what options were available and to make an informed choice.

The catering staff told us they were aware of people's special diets and tried to make sure that everyone's meals appeared the same if possible, for example, milk puddings were cooked without sugar, then an amount was taken out and sweetened with an alternative for people who were diabetic, then the rest was sweetened using sugar. Both ordinary and diabetic jams and marmalade's were used so people appeared to be having the same. We observed the lunchtime meal. People were given a choice of where they ate, and were given support when required. The atmosphere was relaxed and enjoyable, and people were given plenty of time to eat and chat with others at the table. The service had been awarded five stars from the local authority food hygiene rating scheme.

People told us that they saw the doctor when they need to, one person said they had recently asked to see someone about their hearing; the registered manager told us an audiology appointment was being arranged. We observed the registered manager making a call to request a visit from the complex care team for one person who appeared slightly unwell. Documentation in people's care plans showed that health care professionals including district nurses, complex care team, opticians and chiropodists had been involved in peoples care. This demonstrated that staff ensured people had access to appropriate health support when required.

Good

Is the service caring?

Our findings

People told us that staff were very kind. One person said, "They are wonderful." A relative said, "Staff are very welcoming." Another told us, "Staff care for [relative name] like he is their own granddad."

We observed positive interactions between staff and people who used the service, for example, one person wanted to go to a private area to speak with the inspector but had arranged for their room to be cleaned and bed changed at the same time. The person kept their room locked at all times. Staff suggested two alternatives and gave the person time to make a decision. They decided to leave their key with the registered manager who would unlock the room and lock it again afterwards. The person was happy with this as they knew their room and possessions were safe.

A relative said, "I think we chose the home because of the staff and the atmosphere and how caring they all are." Staff demonstrated that they knew people's needs and preferences very well. We observed staff chatting with one person about their family. One person was becoming unsettled and staff knew how to respond to help the person settle. They sat with them and spoke to them about what they were wearing and what they were going to do; this helped the person to calm down. Staff explained that the person liked to wear particular colours and talking about their clothes of that colour made them relax. Staff were able to tell us about individuals and the contents of their care plan. This demonstrated that staff knew the contents of peoples care plans and what was important to them.

People told us they had been involved in their care plan and updates. A relative told us they had input when the care plan was originally produced and had been involved in regular reviews. Another relative said, "There is regular contact to give updates on [relatives name] and we get letters to inform us of any changes," and, "I always get my questions answered by somebody who knows [relatives name] and how they have been."

The registered manager told us that there was access to an advocacy service if required. People were informed of this on admission, but staff would recommend it if they felt it was appropriate. The manager would then contact the service and ask for a visit.

The provider told us that they were registered with the Information commissioner's Office for Data Protection. This meant that the service must adhere to set guidelines as to confidentiality of information, how it should be used and disposed of. This showed that the manager had taken responsibility for confidentiality of information. Staff were aware of this and were able to explain the importance of confidentiality of information.

One person told us that they had a key to their room and were able to keep it locked whenever they were not there. They said that staff always knocked and waited before entering their room, and staff were always polite and respectful. They went on to tell us that they were quite independent but staff were always checking if they needed assistance. There were small areas within the home where people could go for some quiet time without having to go to their rooms. This showed that people could be as private and independent as they were able.

People told us they could have visitors when they wanted, and they could make a drink with them. A relative said, "I visit when I want and I am made to feel welcome." Another said, "I can visit when I like and staff are very welcoming."

The registered manager told us that they had prepared for a new person to use the service. As they were of a culture and religion that she was not aware of, she had spoken to the family to gain as much information as she could. She wanted to ensure that in the event of illness or the person passing away, they were aware of any specific cultural or religious needs. The registered manager explained that the staff would not want to do anything which would offend the person's culture and religion in such circumstances.

Good

Is the service responsive?

Our findings

People told us that they were involved in their care plan reviews. One person said, "[staff name] is very good, she always asks me if anything has changed." A relative told us that their relative was now receiving a higher level of care as a result of a recent review.

Staff told us that before admission to the service people had a thorough assessment. This was to ensure that the service was able to meet the person's needs at that time and in anticipation of expected future needs. This information would be used to start to write a care plan for when the person moved in.

The registered manager told us about an assessment she had recently carried out. It was for a person who was from a different culture and had different religious beliefs. She explained that her assessment had involved the person and their family and they had spent quite a long time on the assessment to ensure that the service could meet the person's needs. As the person had English as a second language, the family input had been very important. The registered manager and the family had made suggestions as to what could be done to assist with this, for example, having photographs of a cup of tea, the bed or bathroom, and it written in both English and the persons native language to assist with understanding. Staff we spoke with told us that the registered manager had discussed the person and their needs with the staff to ensure that every one was aware of what needed to be done to meet the person's needs.

During our inspection we observed positive interactions between staff and people, who used the service, and that choices were offered and decisions respected. For example, where people wanted to eat, where they wanted to sit and what they wanted to do. One person wanted to watch a music dvd and staff asked others if they wanted it on in the lounge area. People then watched and sang along. A relative told us that their relative was able to make choices about their everyday life which included what to eat and drink, have their hair done or even refuse to take their medication. This demonstrated that people were able to make decisions about their day to day life.

One person told us that there were activities, but they did not like to join in and staff respected this. They had been on an outing and enjoyed that. There were photographs displayed of people enjoying a variety of activities including, outing to the safari park, tea parties and entertainers in the service. This showed that activities were offered and people were able to decide if they wanted to participate or not.

Throughout our inspection, we observed that staff were not rushed and spent time with people. For example, chatting about what the day's news was, the contents of the newspaper and spending time in the lounge interacting with everyone. Care offered was person centred and individual to each person.

One person told us they had never had cause to complain, but would do so if necessary. Relatives told us they knew how to complain if they were unhappy about anything, and felt their comments would be taken seriously and acted on. One relative said, "I know if I did have a complaint I wouldn't hesitate and I know where to go." We saw evidence of the complaints log which showed the correct procedure had been followed.

People who used the service and their relatives told us they had been asked for feedback on the service and suggestions on how improvements could be made. One suggestion had been a suggestion box; we saw that this had been put in place. This meant that people were aware that their ideas were listened to and acted on.

The registered manager told us that an annual survey was sent out to people who used the service and their families or representative. Results had just been analysed and a response letter sent out. The provider told us that they had changed the survey to reflect the new CQC inspection methodology. Results showed that 97% of respondents thought the service was 'good.' The response letter gave a breakdown of the responses and also answered some questions which had been raised. This demonstrated that people were asked for their feedback and it was responded to.

Good

Is the service well-led?

Our findings

People told us that they had been included in many decisions regarding the service, including the re decoration. Staff said that there was an open culture, they could speak with the registered manager or the provider about anything and they would be listened to.

A relative told us, “The manager does not stay in the office; they are out in the home working with the staff.” The registered manager told us that they often worked on the floor alongside the staff. This gave them a good opportunity to be aware of peoples changing needs and to understand what staff were experiencing on a daily basis. Staff told us that they appreciated this as they knew the registered manager was then aware of what was actually happening.

Staff told us that they felt able to approach the provider if they had any issues. On the day of our inspection, the provider visited the service and was seen walking around the building and engaging with people who used the service. Staff told us that they felt supported by the registered manager and the provider. One staff member told us, “The manager is new but she doesn’t feel new as she is so friendly.” The registered manager told us that the provider was very supportive and was always available.

The provider told us that they represented providers on local and regional committees including dementia steering group and Safeguarding Of vulnerable Adults (SOVA) board. They also worked with other organisations to drive improvements in care services. This meant that the service was aware of up to date practice and involved at ground level decisions to drive improvements.

There was a registered manager in post. People we spoke with knew who she was and told us that they saw her on a daily basis. During our inspection we observed the registered manager assisting staff and chatting with people. We also observed her on the telephone talking to a relative; it was obvious that she knew the person they were discussing as she was answering all questions.

A relative we spoke with told us, “The registered manager is available for us to talk to if we want and we can also phone the owner.”

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. The manager was able to tell us which events needed to be notified, and copies of these records had been kept.

The manager told us there were processes in place to monitor the quality of the service. This included fire equipment testing, water temperatures, medication audits and care plans. These audits were evaluated and, if required, action plans would be put in place to drive improvements. The service had also been assessed by outside agencies for example, fire officer, pharmacist and food hygiene. The provider had carried out unannounced quality assurance visits. Records viewed showed that these had been carried out regularly. This showed that a variety of audits had been carried out to ensure a quality service had been delivered.

The registered manager told us that all accidents and incidents were reviewed by them and the provider. This was to see if any patterns arose and what could have been done, if anything to have prevented it happening. They told us that recently someone who used the service had lost some jewellery, following the investigation a new policy had been developed with the staff to take close up photographs (with permission) of all jewellery, especially rings, that people wore. We saw evidence in this in people care records. This showed that lessons had been learnt and acted on.