

Westerman Limited

Scotch Dyke Residential Home

Inspection report

38 Beehive Lane
Ferring
Worthing
West Sussex
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Tel: 01903242061

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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

This inspection took place on 30 August 2017 and was unannounced. The last inspection took place on 22 August 2016. At the previous inspection, we found the provider in breach of regulation relating to safe care and treatment as medicines were not managed safely. Risk assessments were not completed when people managed their own medicines. Records were not kept on what medicine people who self-managed their medicine had taken and what stocks they had of each medicine. At this inspection we saw improvements had been made in this area and medicines were now managed safely. We saw that people who managed their own medicines now had records which confirmed their medicines had been taken. There were also concerns about the lack of guidance for medicines which were prescribed on an "as and when required" basis. We saw that there was now clear guidance for staff on how to ensure these medicines were administered as prescribed. At the previous inspection limited shelf life medicines such as liquid medicines did not have the opening date recorded when they were opened. We saw at this inspection that medicines were now dated on opening.

We also identified concerns around consent; consent had not always been gained for the use of equipment by people who may lack capacity. We also saw that capacity assessments had not always been completed. At this inspection we saw that when there were concerns about people's capacity assessments were completed and when needed people had assessments for the use of equipment such as bedrails. Concerns were raised about a DNACPR form not being in place for someone who did not have capacity as the forms had not been received from their power of attorney. We spoke with the registered manager and they told us that following the previous inspection this had been rectified in a timely way to ensure that the person's wishes would be respected. We saw that a DNACPR form had been stored in the person's file.

Another area which required improvement was the provision of activities. There was a lack of meaningful activities for people to take part in, people described the activities as "childish". We asked the provider to submit an action plan on how they would address these breaches. At this inspection we saw that people's social needs were assessed and planned for. People spoke positively about the activities with where provided.

At the previous inspection quality assurance within the home also required improvement as they were not sufficient to ensure that the registered manager had oversight and ensure that a high quality care was delivered. At this inspection we saw that a robust quality assurance system was in place which was used to identify and resolve any concerns. At this inspection, we found the provider and registered manager had taken appropriate action and these regulations had been met. As a result, the overall rating for this service has improved from 'Requires Improvement' to 'Good'.

Scotch Dyke Residential Home provides care and support for up to 25 older people with a variety of long term conditions and physical health needs. It is situated in a residential area of Ferring, West Sussex. At the time of our inspection there were 23 people living at the home. People had their own room and rooms were en-suite. There was a dining and lounge area and a garden area that people could access.

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.

People were protected by staff who knew how to recognise and report the signs of abuse. Staff had received regular safeguarding training. Safe recruitment practices were followed. Disclosure and Barring Service checks (DBS) had been requested and were present in all checked records. There were sufficient numbers of staff on duty to keep people safe and meet their needs.

People's rights were upheld as the principles of the Mental Capacity Act and the Deprivation of Liberty Safeguards had been adhered to. The registered manager had made an application for DoLS for one person living at the home.

Staff had undertaken a comprehensive training programme to ensure that they were able to meet people's needs. New staff received an induction to ensure they were competent to start work. Staff received regular supervisions.

People received enough to eat and drink. People who were at risk were weighed on a monthly basis and referrals or advice was sought where people were identified as being at risk. People had access to a range of healthcare professionals and services.

Staff knew people well and they were treated in a dignified and respectful way. Staff encouraged people to remain as independent as possible. We saw that the guidance in people's care plans reminded staff to encourage people to be as independent as possible.

The care that people received was responsive to their needs. People's care plans contained information about their life history and staff spoke with us about the importance of knowing people's history. Staff knew people well and knew how they liked their care needs to be met.

People's social and recreational needs were assessed. There were planned and meaningful activities available to people including gardening and baking. There was a greenhouse in the garden which people used to grow their plants. People enjoyed taking part in the activities and also speaking with staff and other people at the home.

Quality assurance systems were in place to regularly review the quality of the service that was provided. There was an open culture at the home and staff told us they would be listened to and supported by the registered manager if they raised a concern. Relatives and staff spoke highly of the registered manager and felt they would be able to approach them with any concerns. Health care professionals also spoke positively and told us "the staff are friendly and welcoming, I recommend the home to my patients".

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 had received safeguarding training and knew how to recognise and report abuse

There were sufficient numbers of staff to make sure that people were safe and their needs were met

Risk assessments were in place and were regularly reviewed to ensure that they reflected people's current level of risk

Medicines were now managed safely.

Is the service effective?

Good ●

The service was effective.

Staff had received training as required to ensure that they were able to meet people's needs effectively

People were supported to maintain good health and had regular contact with health care professionals

People's rights were protected as the principles of the Mental Capacity Act and the requirements of the Deprivation of Liberty Safeguards (DoLS) were followed.

Is the service caring?

Good ●

The service was caring.

People were treated in a dignified and respectful way

People and those that mattered to them were involved in decisions about their care

Staff were kind, caring and reassuring with people.

Is the service responsive?

Good 

The service was responsive.

There were structured and meaningful activities for people to take part in

People received care which was personalised and responsive to their needs

Complaints were dealt with promptly.

Is the service well-led?

Good 

The service was well led.

People and their relatives were positive about the quality of care delivered.

Quality assurance systems were now in place and were used to improve the service.

Staff felt supported and were able to discuss any concerns with the registered manager.

Scotch Dyke Residential 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.

The inspection took place on 30 August 2017 and was unannounced. One inspector undertook the inspection. 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 any improvements they plan to make. We also checked the information that we held about the home and the service provider. This included previous inspection reports and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We also reviewed feedback from health and social care professionals. We used all this information to decide which areas to focus on during inspection.

We observed care and spoke with people and staff. We spent time looking at records including three care records, three staff records, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints, quality assurance audits and other records relating to the management of the service.

On the day of our inspection, we spoke with three people, five relatives, the registered manager, the chef and three care assistants. We spoke with two health care professionals and following our inspection we also spoke with a health care professional who visited the service regularly.

Is the service safe?

Our findings

At the inspection in August 2016, we found the provider was in breach of a Regulation associated with safe care and treatment. We asked the provider to take action because medicines were not always managed safely. Risk assessments were not completed when people managed their own medicines. Records were not kept on what medicine people who self-managed their medicine had taken and what stocks they had of each medicine. Improvements had been made in this area and medicines were now managed safely. We saw that people who managed their own medicines now had records which confirmed their medicines had been taken. There were also concerns about the lack of guidance for medicines which were prescribed on an "as and when required" basis. We saw that there was now clear guidance for staff on how to ensure these medicines were administered as prescribed. The guidance showed what the medicines was used for, the amount to be given and the maximum to be given in 24 hours. There was also guidance for individual people on how they might show that they needed medicine. Staff told us that they the guidance was helpful and they felt confident supporting people with their "as and when required" medicines. At the last inspection we also saw that dates of opening had not been recorded on medicines such as liquid medicines and creams which had a limited shelf life. We saw that dates of opening were now recorded on oral suspensions and topical creams. Records were also kept on the stocks of medicines which were held.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. We observed staff supporting people with their medicines and saw that staff administered medicines safely. Medication Administration Records (MAR) were in place and had been correctly completed. Medicines were locked away as appropriate and where refrigeration was required; temperatures had been logged and fell within guidelines that ensured the effectiveness of the medicines was maintained. Medicines were stored appropriately. Every three months the registered manager completed an observation of staff to ensure they were competent in the administration of medicines. Fridge temperatures were checked daily. We carried out a random check of the medicines and they matched the records kept.

People were cared for by staff who had been trained to recognise the signs of possible abuse. Staff were able to identify a range of types of abuse including physical, financial and verbal. Staff were aware of their responsibilities in relation to keeping people safe. Staff felt that reported signs of suspected abuse would be taken seriously and knew who to contact externally should they feel their concerns had not been dealt with appropriately. A member of staff explained that they would discuss any concerns with the registered manager or the provider. If they did not feel the response was appropriate they knew which outside agencies to contact for advice and guidance. Staff said they felt comfortable referring any concerns they had to the registered manager if needed. The registered manager was able to explain the process which would be followed if a concern was raised.

Systems were in place to identify risks and protect people from harm. Risk assessments were in place and reviewed monthly. Where someone was identified as being at risk actions were identified on how to reduce the risk and referrals were made to health professionals as required. We saw that people had risk assessments in place relating to mobility, choking and skin integrity. Before people moved to the home an assessment was completed. This looked at the person's support needs and any risks to their health, safety

or welfare. Where risks were identified these had been assessed and actions were in place to mitigate them. Staff were aware of how to manage the risks associated with people's care needs and how to support them safely.

Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. Disclosure and Barring Service checks (DBS) had been requested and were present in all checked records. There were sufficient numbers of staff on duty to keep people safe and meet their needs. People told us there were enough staff and they responded promptly to call bells. Comments from people included, "As soon as the bell goes they all run up there" and "I'm surprised by how many staff they do have on". We reviewed the rota and the numbers of staff on duty matched the numbers recorded on the rota. During the day there was a senior team leader, two team leaders and four care staff on duty. There were three members of staff on during the night, one of staff on duty at night was usually a senior carer. There was also domestic staff on duty including the cleaner, chef and laundry assistant. Staff also told us they felt there were enough staff on duty. We observed that people were not left waiting for assistance and people were responded to in a timely way. We looked at the staff rota for the past four weeks. The rota included details of staff on annual leave or training. Shifts had been arranged to ensure that known absences were covered. The registered manager told us that they did not use agency staff as they liked to ensure that staff had a good understanding of people's needs and the care they needed. A member of staff told us, "We never use agency staff, if we are short we all muck in together to make sure shifts are covered".

Is the service effective?

Our findings

At the inspection in August 2016, we asked the provider to take action because capacity assessments were not completed appropriately as needed. One person had bed rails in place however there was no record that their consent had been sought. At this inspection we saw that when people did not have capacity and bedrails were in place, an assessment had been completed and consent had been sought to protect their rights. At the previous inspection we saw that one person did not have DNACPR (Do not attempt cardio-pulmonary resuscitation) in place as this had been sent to but not returned by their power of attorney. This led to concerns that in an emergency situation the person would need to be resuscitated against their wishes. The registered manager told us that following the previous inspection this had been rectified in a timely way to ensure that the person's wishes would be respected. We saw that a DNACPR form had been stored in the file.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Mental capacity assessments were completed and then applications for DoLS were completed as needed where people did not have capacity to consent to restrictions placed on them. We saw the registered manager had made a DoLS application for one person living at the service. Where people had capacity we saw that they had signed care plans to show they had given consent. People were able to make day to day choices and decisions, but where decisions needed to be taken relating to finance or health, for example, then a best interest decision would be made on behalf of the person who lacked capacity to make specific decisions. A best interest decision involved care professionals, relatives and (where possible) the person to make a decision on the person's behalf, in their best interest. Capacity assessments had been completed appropriately for people and were in their care records.

Staff had undertaken appropriate training to ensure that they had the skills and competencies to meet people's needs. The registered manager told us that staff received a combination of online and face to face training dependent on the content of the training. Staff spoke with us about the range of training they received which included safeguarding, food hygiene and dementia training. New staff undertook a comprehensive induction programme which included essential training and shadowing of experienced care staff. Staff had completed the provider's induction checklist which involved familiarisation with the layout of the building, policies and procedures and the call bell system. The registered manager told us that all new staff now completed the Care Certificate. The Care Certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected in the health and social care sectors. It is made up of the 15 minimum standards that should be covered for staff who are new to health and social care should

form part of a robust induction programme. There was a formal supervision and appraisal process in place for staff and action which had been agreed was recorded and discussed at each supervision meeting. Staff received regular supervision and received minutes which detailed what had been discussed. Staff confirmed that they had regular supervisions and told us that they found these helpful. They discussed individual people and how best to support them and any other issues relating to their role.

Health care professionals spoke positively of the care and support offered to people. A visiting health care professional told us, "They offer good care to people. They document any actions we recommend and then follow up on these actions. I am confident they would call the GP if they had concerns about a resident's health". People were supported to maintain good health and had access to health professionals. Staff worked in collaboration with professionals such as GPs and the falls prevention team to ensure advice was taken when needed and people's needs were met. There were individual sections within people's care records which included hospital notes, GP notes and dentist notes. These recorded the date of the visit, the reason for the visit, the outcomes and actions needed. People's healthcare appointments were recorded in a diary which acted as a reminder to staff when appointments were due.

People's dietary needs and nutritional requirements had been assessed and recorded. Weight charts were seen and had been completed appropriately on a monthly basis. The Malnutrition Universal Screening Tool (MUST) tool was used to promote best practice and identified if a person was malnourished or at risk of becoming malnourished. People who were at risk were weighed on a monthly basis and referrals or advice was sought where people were identified as being at risk.

People spoke highly of the quality of the food, we were told, "The food is beautiful". Relatives also spoke positively of the food and one said, "There is lots of variety and choice of food. They offer people regular drinks of juice or coffee". We observed a lunchtime experience and saw that people were supported to have enough to eat, drink and maintain a balanced diet. The food looked hot and appealing. People were offered a choice of alcoholic and non-alcoholic drinks with their meal. We spoke with the chef who told us that they liked to get feedback from people on the food offered. People were involved in choosing the menu which changed every two or three months. The chef also met with people to discuss their individual preferences, they checked they were happy with the quality, temperature and portion size of the food offered. Staff encouraged people to be as independent as possible with tasks. Care plans detailed the support people needed with their meals and staff encouraged people to remain as independent as possible. Staff interacted with people throughout the lunchtime meal and people appeared to enjoy this as they were smiling. Staff knew who liked to sit together at mealtimes and ensured that people sat together. Relatives felt that people had enough to eat and drink and their personal preferences were taken into consideration.

Is the service caring?

Our findings

People spoke positively of the caring manner of staff. One person told us, "It's absolutely lovely, better than the Ritz, you just go and ask and they get you anything you would like, they're fantastic". Another person told us, "Oh they are wonderful! They come and check on me during the night, the support is perfect". A visiting relative spoke with us about the care her loved one received when they were unwell. They spoke highly of the care provided and told us staff were, "Really attentive to her and us when she was unwell". Another relative described it as being, "First class".

We spent time observing care practices in the communal area of the home. We observed staff maintained people's privacy and that they knocked before entering people's bedrooms. Staff spoke with us about the importance of ensuring people's dignity and privacy were respected. One staff member said, "I would always close the door; if there's a knock on the door I'd ask them to wait a minute". At times we saw staff knelt down when talking with people so that they were at the same eye level. Staff took time to make sure people understood what had been said or asked by making eye contact and repeating questions if needed. We saw that staff were gentle and friendly when they spoke with people and were quick to respond to requests in a kind and pleasant manner. People's care plans contained guidance for staff on how to maintain people's dignity while supporting them with personal care tasks. The registered manager told us they ensured staff treated people with respect and dignity by focusing on this aspect of care in the induction of new staff; it was also regularly discussed at supervision and team meetings.

We saw staff spent time speaking with people and sharing jokes while supporting them. People appeared comfortable with staff and enjoyed these interactions. We saw staff hold people's hands when reassurance was needed. People were gently and kindly encouraged when walking from one room to another. Staff knew which people needed equipment to support their independence and ensured this was provided when they needed it.

People were encouraged to be as independent as possible. Staff spoke with us about the importance of encouraging people to be independent when possible. A member of staff told us, "I try not to take their independence away if possible, we assist them". We saw that the guidance in people's care plans reminded staff to encourage people to be as independent as possible. One person's personal care plan reminded staff to promote the person's independence and detailed which tasks this person could carry out themselves and which tasks they needed encouragement or physical assistance with. People were involved in the care which they received. People had consent forms within their care plans which they had signed to say that they were in agreement with the care being provided.

People's rooms were personalised with possessions such as pictures, family photographs and bedding. Staff had a good understanding of people's needs and individual likes and dislikes and understood the importance of building relationships with people.

Family and friends were able to visit without restriction and relatives told us that staff were always welcoming and happy to spend time speaking with them about their family members. On the day of our

inspection we saw several family members visited the home. They were all made to feel welcome by staff. Throughout our inspection we saw relatives speaking with people in the lounge area and some chose to spend time in people's bedrooms.

Is the service responsive?

Our findings

At the previous inspection concerns were identified regarding the lack of information relating to people's social and emotional needs. People had mixed feedback regarding the activities and they had been described as "childish". We found that this was an area that required improvement. At this inspection, we saw that there had been improvements in this area. People's social and recreational needs were now assessed. Copies of the activities on offer were available for people to read through and they were displayed throughout the home. We saw people speaking with staff about areas which interested them. Relatives told us they felt there were enough activities for people to take part in. There were activities such as arts and crafts, singing, reminiscence and quizzes available. There were baking and gardening sessions which took place once a week and people told us they enjoyed taking part in these. There was a greenhouse in the front garden which people used to grow their plants. The registered manager spoke with us about the on-going improvements that they were making in this area. They were planning to hire a mini bus and arrange trips outside of the home. People and staff were having discussions about where their first outing should be to.

On the day of our inspection we saw people taking part in a quiz. Staff checked with people whether they would like to take part in the activity and respected people's choices when they chose not to. People appeared to enjoy this activity and were smiling and laughing with the staff member. A varied and engaging programme of activities ensured people's social and psychological needs were met and reduced the risk of social isolation.

Staff knew people well and understood how they liked to be supported. Care plans included information on people's key relationships, personality and preferences. They also contained information on people's social and physical needs. Life history information allowed staff to have a good understanding of people which enhanced the personalised care which people received. Care records also included copies of social services' assessments completed by referring social workers and these were used to inform people's care plans. Staff told us they found care plans helpful and that change to the support people needed was discussed daily at handover meetings.

Daily records were kept in individual diaries for each person. These recorded what the person had to eat and what support had been offered and accepted. The diaries also recorded information about people's moods and behaviours, any concerns and what action had been taken by staff. This ensured the person's needs could be monitored for any changes.

People told us that they could make choices in the support that they received and in their daily routines such as what time they get out of bed. One person told us, "They let me do as I like". Another said, "You can tell them if you don't like something". The registered manager spoke with us about the importance they placed on ensuring that people's choices were respected and that they felt comfortable within the home. She told us about a recent change which had been made to the hallway lighting following feedback from someone. Staff also spoke about the importance of getting to know people's preferences. We were told, "We go and ask them about what they prefer, what time they like to go to bed, do they like a duvet or a blanket. If

people are not able to tell us themselves we would ask a relative".

We saw that people were offered a choice of where they would like to spend their time and most people chose to spend their time in the lounge. People were encouraged to stay in contact with their family and friends. One person told us, "They're always encouraging me to have some company; my family are made to feel welcome". People also told us that when their family visited, staff set up a table in the dining room so that they could enjoy a meal with their loved ones. During our inspection we saw that several friends and family visited people. The visitors we spoke with all told us they enjoyed visiting the home and were made to feel welcome by staff and the registered manager.

There was a complaints policy in place and the registered manager told us they would respond to a complaint, that they would document the concern, respond promptly and ensure that the person or relative was kept informed throughout. A relative told us they knew how to make a complaint but had never had to complain as issues were dealt with quickly. We reviewed the records relating to complaints and saw that two complaints had been made in 2017. These had been dealt with in line with the provider's policy. Staff demonstrated an understanding of how to deal with a complaint. Staff told us they would pass a complaint on to the registered manager or deputy manager. The registered manager also had a meeting with each person living at the home to discuss any concerns or complaints which they had.

Is the service well-led?

Our findings

At our last inspection concerns were identified around the quality assurance of the home which required improvement. At this inspection we found there had been improvements in this area. Quality assurance systems were now in place to regularly review the quality of the service that was provided. There was an audit schedule for aspects of care such as medicines, support plans and infection control. Specific incidents were recorded collectively such as falls, changes to people's body weight and pressure areas, so any trends could be identified and appropriate action taken. Environmental risk assessments were also carried out and there were personal evacuation plans for each person so staff knew how to support people should the building need to be evacuated.

Staff said they felt valued, that the registered manager was approachable and they felt able to raise anything which would be acted upon. Staff were aware of the whistleblowing policy and knew how to raise a complaint or concern anonymously. A member of staff told us, "The manager is easy to speak with, if there's any concerns we can air them out". The registered manager felt confident that staff would report any concerns. The registered manager valued their staff team and told us that they ensured staff received regular supervision to ensure good standards were maintained.

People and relatives spoke positively of the services provided and staff. A visiting relative told us, "The staff are very kind and caring towards people, they are so friendly". Health care professionals also spoke positively and told us, "The staff are friendly and welcoming; I recommend the home to my patients". Another visiting professional told us, " They are very good, one of my favourites. The management and staff are always so welcoming and easy to speak to. They know the residents so well, I really trust them".

People spoke positively of the registered manager and told us, "She is wonderful, she waits on everyone hand and foot. I've never seen anything like it". We were also told there was a stable staff group at the home, that staff knew people well and that people received a good and consistent service. One person told us, "I can't fault the staff at all, it's always the same faces, and they all know what they need to do". The registered manager told us they rarely used agency staff as they wanted to ensure they maintained the quality of the care that people received. The registered manager spoke with people and staff in a warm and supportive manner.

Regular staff team meetings took place to allow staff to communicate their views about the care provided and any concerns about individual people's care. Staff told us that the registered manager was approachable and they felt comfortable raising any concerns which they had. Staff were aware of the safeguarding and whistleblowing policy and told us they would report this to the registered manager if they had concerns. The registered manager made sure that they had regular contact with care staff to ensure that they were aware of any concerns about staff practice or areas which needed further development or training. A member of staff told us they felt supported by the registered manager and that the staff supported one another and worked well together.

Relatives spoke with us about their views on the home and the support offered. They told us, "It's so

homely" another told us they wanted somewhere homely for their loved one and said, "That's what we were looking for and it's what we've found". The registered manager described the vision and values of the home. She told us, "We use a person centred approach and try to make a friendly, homely atmosphere; we look at it as one happy family". Staff shared the same values of the home and spoke with us about the care they aimed to provide. One member of staff told us, "I enjoy my work, I find it quite rewarding. I look after people like I'd like my own parents to be looked after".

After the previous inspection the registered manager introduced resident, relative, health care professionals and staff surveys to ensure they had feedback from those involved with the home. We reviewed the survey and saw that this was linked to the CQC's key questions and checked people's views on the standard of the care provided, including food, accommodation, staff manner and management. The most recent survey was carried out in August 2017. The feedback was positive and comments included that the home was "Her visitors tell me the home is the "tops", more like a small hotel". One negative comment had been recorded by a visitor and we saw that this had been responded to and resolved in a timely way.