

Caritas Services Limited

# Dent House Nursing Home

## Inspection report

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Date of inspection visit: 04/12/2015  
Date of publication: 03/06/2016

## 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 04 December 2015, and it was unannounced.

Dent House provides accommodation and support for up to 10 people who have a learning disability. At the time of this inspection there were 10 people living at the home.

The service did not have a registered manager in post. The home is required to have 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 the time of the inspection the manager had applied for registration with the Care Quality Commission.

People were safe and the provider had effective systems in place to safeguard people. Their medicines were administered safely and they were supported to access other healthcare professionals to maintain their health

# Summary of findings

and well-being. They were given a choice of nutritious food and drink throughout the day and were supported to maintain their interests and hobbies. The provider had a complaints policy in place.

There were sufficient, skilled staff to support people at all times and there were thorough recruitment processes in place. Staff were well trained and used their training effectively to support people. The staff understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards.

People were cared for in a manner that promoted their dignity and independence. Where possible they were consulted on all aspects of their care delivery. This included ensuring staff had their consent before delivering care.

People or their relatives were included in drawing up their plans of care. The care plans were clearly set out giving directions to staff on how to ensure people had the care they wanted.

Care was designed to respond to people's needs and wishes. There was a complaints process in place and people knew how to use it.

The manager ensured the service was run and developed around the needs and wishes of people. Staff were encouraged to contribute to the development of the service and understood the provider's visions and values. The manager had applied to CQC for registration.

There was an effective quality assurance system in place.

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People were safe and the provider had effective systems in place to safeguard people. Their medicines were administered safely and they were supported to access other healthcare professionals to maintain their health and well-being. They were given a choice of nutritious food and drink throughout the day and were supported to maintain their interests and hobbies. The provider had a complaints policy in place.

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# 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 enough staff to meet people's needs. People's medicines were being safely managed and administered. People felt safe and they were protected from harm and abuse. Staff recruitment arrangements were thorough.

There were plans in place to keep people safe in the event of an emergency.

Good



### Is the service effective?

The service was effective.

Staff were trained to deliver care in a way that met people's needs and wishes while ensuring they always had the person's consent to care beforehand.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA), and the associated Deprivation of Liberty Safeguards (DoLS).

People were supported to eat sufficient and nutritious food and drink. They had access to health and social care professionals as required.

Good



### Is the service caring?

The service was caring.

Staff interaction with people was caring and people's privacy and dignity was protected.

Friends and relatives could visit the home at all reasonable times.

Good



### Is the service responsive?

The service was responsive.

People or their representatives were involved in identifying their support needs and staff respected their choices.

People were supported to follow their interests.

The service had a complaints procedure and they followed it.

Good



### Is the service well-led?

The service was well led.

The service did not have a registered manager in post. Their registration was underway.

The provider had an effective system for monitoring the quality of the service they provided.

Staff were aware of the provider's vision and values which were embedded in their practices.

Good



# Dent House Nursing 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 04 December 2015 and was unannounced. It was carried out by one inspector and one specialist advisor.

Before the inspection we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

During this inspection we spoke with four people and one relative. We spoke with four staff members and the acting manager. We observed how care was delivered and reviewed the care records and risk assessments. We checked medicines administration records and reviewed how complaints were managed. We looked at three staff recruitment records and staff training records. We also reviewed information on how the quality of the service was monitored and managed.

# Is the service safe?

## Our findings

The people who used the service told us that they felt safe. One said “Sure I’m safe.” Another said, “That’s one thing I don’t have to worry about. You can see my room is secure.”

Staff we spoke with told us that they had received training on keeping people safe and were able to demonstrate that they had a good understanding of how to keep people safe. All the staff we spoke with knew the procedures to follow if they suspected abuse had occurred. They assured us that they would follow up on concerns they had until they were sure the issues had been dealt with. We noted that the manager had reported relevant incidents of concern to the local authority and to the Care Quality Commission. This meant that the people were kept safe from avoidable harm.

People were assisted to have full lives inside and outside the home. This included taking reasonable risks they understood. One person said, “I go out a good bit, and I know that I can’t go on my own.” We saw that staff understood the risk to people and followed risk reduction actions that were in the care plans. For example staff knew who needed support outside the home to keep them safe. This included risk from traffic and from other people in the community who may exploit them. People had individualised risk assessments. Each assessment identified the risk to them, the steps in place to minimise the risk and the steps staff should take should an incident occur. Risk assessment was ongoing. This ensured that the level of risk to people was still appropriate for them. This approach to care protected people from avoidable harm.

People were protected from risks posed by the environment because the provider had carried out assessments to identify and address any risks. Staff knew what to do in the event of an emergency such as a gas or

water leak. Staff were aware of each person’s personal emergency evacuation plan. They were reviewed regularly and easy to access. This ensured that the information remained current. This enabled staff to know how to keep people safe should an emergency occur.

Throughout our inspection we saw there were sufficient and visible staff who provided people with timely assistance when they needed it. Staff we spoke with felt staffing levels were appropriate for the people. They told us they were able to meet people’s individual needs without delay. Staff we spoke with confirmed there was always enough staff to, “Make sure the lads had a good day and generally did what they wanted to do.” The manager deployed staff in accordance with people’s needs and lifestyle.

We found that there were thorough recruitment procedures in place. Relevant checks had been completed to ensure that the applicant was suitable for the role to which they had been appointed. These were done before the person started work in the home and included identity checks, references from previous employers and a security check. This helped to ensure that only staff who were safe to work with vulnerable people were appointed.

People’s medicines were administered safely and as prescribed by their GP. Staff had been trained to administer medicines safely. Medicines were stored appropriately within a locked cabinet. We looked at the medicines administration record (MAR) for two people and found that these had been completed correctly. There was a system in place to return unused medicines to the pharmacy. Protocols were in place for people to receive medicines that had been prescribed on an ‘as when needed’ basis (PRN). This meant that people’s health was promoted as they were given their medicines as prescribed by their GP.

# Is the service effective?

## Our findings

The people who used the service and their families told us that they were well cared for. One person told us that they, “Love living here.” Another said, “Staff are really great, they know what makes me anxious and how to help me.”

Staff were trained to care for people in a manner that met their individual needs. In addition to the provider’s mandatory training, there were additional areas of staff training that the provider considered essential. These included communication and caring for people who exhibited behaviour that could have a negative impact on others. Other more specialised training included caring for people living with autism, and how to de-escalate a situation that could put staff and the person at risk. The effectiveness of any training delivered was checked by the manager who spent time observing staff administer care. This helped to ensure staff understood the training they had completed and had a positive effect on the welfare of the people. This demonstrated the provider ensured staff received the necessary training to maintain their skills to care for people effectively. Staff we spoke with confirmed they had the training they needed to care for people effectively.

Staff told us that they received regular supervision at which they could identify any training and development that they wanted to undertake. They told us that supervision was a two way conversation at which they discussed their training needs, their morale, any concerns they had or any issues they wanted to raise in relation to the care of the people. This ensured people’s changing needs were addressed.

Staff we spoke with had some understanding of the requirements of the MCA and the importance of acting in people’s best interests. The manager told us how they put the principles of the MCA into practice when providing care to people. Records we looked at showed where people lacked capacity to make a decision about their care or support, mental capacity assessments had been completed and people’s best interests established. This meant people’s right were protected.

Staff followed the Mental Capacity Act 2005 (MCA) when required for people’s care. The 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.

Records showed us some people were unable make important decisions about their care and treatment because of the conditions they were living with. Mental capacity assessments had been completed and people’s care records showed how their care was to be delivered in their best interests.

The manager and staff we spoke with understood the circumstances which may require them to make an application to deprive a person of their liberty and were familiar with the processes involved. 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).

People were protected from the risks associated with poor nutrition because staff were aware of the importance of good nutrition. They supported people’s food choices and how and when they wanted to eat. On the day of our visit some people wanted to have lunch in the local town. Staff assisted them to do this.

We saw that there was a good supply of nutritious food available. We saw staff assist people to eat and drink in an unhurried manner. For example we saw staff offer a person a choice of drinks and then wait for the person to indicate which they wanted. This took a long time. Staff waited without showing any signs of impatience. The person was then able to have the drink of their choice.

Where necessary people were referred to a dietician to ensure they had optimum nutrition. We saw that snacks and drinks were freely available throughout the day. This meant that people’s nutrition was promoted.

People were supported to maintain their health and well-being. Staff told us that they made appointments for people to attend healthcare services, such as GPs, dentists and opticians, and they always arranged for a member of staff to accompany people to their appointments. People’s care plans identified any health issues that a person may have that may require particular vigilance by staff to maintain the person’s health and well-being. This ensured the people had optimum physical and mental health.

# Is the service caring?

## Our findings

People and their relatives told us that they were supported by staff who were kind and caring. Discussions with staff and our observations supported this. One person gave staff the 'thumbs up signal, to show they were caring. Another person said "Staff are great."

Staff were aware of people's needs and they were able to understand people's body language in relation to their needs and wishes. We saw that staff interacted with people in a kind and caring manner and that they ensured people were comfortable and took the time to communicate what was happening in a friendly and reassuring manner. We also saw staff giving people choices about what activities they wanted to do, what they wanted to eat, what music they wanted to listen to.

Staff spoke in a positive manner about the people they supported and cared for and they had taken the time to get to know people's preferences and wishes. We found staff had a good knowledge of people's needs and we saw that this was demonstrated in their responses to people and

recognition of when people required additional support. Staff had good communication skills. We saw they gave people time to express their wishes and to check with people they had understood them.

One staff member told us that they found their work very fulfilling and we saw that they had formed a good professional relationship with people. We saw there was equality and respect in the way staff and people interacted. For example one staff member said, "This is their home, we are invited in and we never forget." This led to a caring atmosphere in the home.

Throughout the day we saw that people had their care delivered in a manner that promoted their dignity and privacy and where possible people were involved in decision making. This included when and what to eat and how to spend the day.

People's privacy was respected at the service and people had space to be able to spend time alone with relatives. This meant that the provider understood the importance of supporting people to have a personal and private relationship with their relatives.



# Is the service responsive?

## Our findings

People had their needs assessed and a plan of care drawn up to assist staff to care for people.

One person said that the staff make sure they go through the care needed together so that the staff can be sure they are being cared for as they wish. The plans included information on people's nursing needs, how they communicate, behavioural and care needs and detailed how people wished to be supported in these. Information and input from relatives and people who knew them well had been included when the plans were developed. This ensured the care delivered was what people wanted.

One person we spoke with said "The staff are great and always check what I want." Records we looked at detailed decisions people had made about their care and recorded people's likes, dislikes and personal preferences. People's care plans had been reviewed and regularly updated by the staff team and where possible with people. This showed that people's individual needs, wishes and preferences had been taken into account. This meant that staff had up to date information on the person's needs and wishes. Staff told us that this helped them assist people to get the most out of their life. The people we spoke with confirmed this.

The staff we spoke with were knowledgeable about people. As well as their care needs, staff were aware of people's interests and hobbies. Staff knew what was significant to people in assisting them to live well. We saw people were supported to pursue their hobbies. One person was supported to write to their sporting 'hero'. This resulted in both of them meeting up. The person was assisted to make a record of this event and they told us this was very important to them. On the day we visited people were busy and were in and out of the service pursuing their social life. This approach to care ensured people had the opportunity to live a full life. Families and friends were welcomed to the home at all reasonable times. The provider provided IT equipment to assist people to stay in regular contact with their families.

Staff told us they kept up to date with people's changing needs and preferences through handovers which took place at the beginning of each shift. Records supported this. This meant that staff were made aware of changes in people and were able to respond appropriately.

The home had a complaints process in place. The home was proactive in receiving feedback and was open to listening and making changes before they became a problem. Details on how to make a complaint were freely available. No complaints had been made since the service opened.



# Is the service well-led?

## Our findings

The service did not have a registered manager. However the current manager had applied to CQC for registration and the application was being processed and a registration interview had been arranged.

People and staff we spoke with told us that the manager was approachable and easy to talk to. A relative told us that they are, "Very very caring."

One staff member said that the managers, "Put the care and welfare at the centre of all we do and any ideas we have are listened to and if they are good they are acted on." Another said that "The manager knows how emotional this work is and they make sure we are well trained and supported. Another said, "It's great working here." Staff we spoke with told us that they were very proud of the improvements that had been made in the people's lives.

The home was managed in an open manner where the opinions of the people and staff were sought and where possible put in place. This created a positive culture in the home and allowed people and staff to freely give their opinions thus allowing them to be part of how the home was run and managed.

Staff felt the manager was easy to talk to and they were confident in raising any issues or concerns they had. One staff member said, "I can speak with any of the senior staff about anything. They are very supportive". Another staff member told us the manager was, "Approachable and responds and listens to what we need". We were told, "We all work together for the lads."

Staff told us that the manager was "A wonderful manager" who had, "A good rapport with staff." Staff were able to demonstrate a good knowledge of the provider's whistleblowing policy which they would use if they were concerned about issues of poor or inappropriate care or support. They were confident that any concerns raised would be dealt with in accordance with the policy and they would be informed of the outcome of any investigation. This meant that poor practice was addressed before it had an adverse effect on people.

There were regular staff meetings and staff were encouraged to share their views and opinions to help improve the quality of service provided. Staff were involved in developing the service and had opportunities to give feedback at supervision and staff meetings. We saw that staff had contributed to discussions at a recent staff meeting. Staff told us that the culture at the home was very open and person-centred. This meant that the care of people was central to how the home was managed.

Due the small size of the service it was not possible to conduct an anonymous survey, however those people spoken with assured us that they were listened to.

A range of quality audits had been completed, including infection control, people's finances and health and safety. Where actions had arisen from these audits we saw that these were monitored until the registered manager was sure solutions were in place.