

Caritas Services Limited

Dent House Nursing Home

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 ●

Summary of findings

Overall summary

We inspected the service on 16 November 2018. The inspection was unannounced. Dent House is a registered care home. People in care homes receive accommodation and personal care as a package of care under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Dent House accommodates up to ten people.

The home provides accommodation over two floors and people have shared access to communal rooms and bathrooms. At the time of the inspection the home was fully occupied. Most people had lived there for some time and included people living with learning disabilities and physical disabilities.

The care service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. However, people were given choices and their independence and participation within the local community was being encouraged.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post who was there at the time of the inspection. 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 continued to receive care that made them feel safe and staff understood how to protect people from abuse and harm. Risks to people were assessed and guidance about how to manage these was available for staff to refer to and follow. All staff were clear about action they would take. Recruitment of staff was carried out to ensure that adequate numbers of suitable staff were available to support people. People received medicines as they were required.

People continued to receive effective support from staff who had a sufficient level of skills and knowledge to meet their specific needs. People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible, whilst involving them as much as possible to make decisions. The policies and systems in the home supported this practice.

People continued to be cared for by staff who displayed kindness and compassion in ways that upheld their privacy and dignity. Staff ensured that people were supported to make choices and maintain a good level of

independence in line with their abilities and wishes. People's diverse needs were recognised and support and access to activities was supported and enabled by staff.

The provider had effective systems in place that were used to regularly review people's care and support that had been provided. Care plans and detailed assessments were individual and contained a wealth of information about people, their needs, their wishes and cultural needs.

People using the service were well known by staff and the staff team continued to work consistently to ensure that support provided respected their needs. People's own communications methods were well known and understood by staff who were keen to advocate on behalf of people whenever they were unhappy, wanted to make preferences known, or wanted to raise an issue.

The care home continued to be well-led, with checks and monitoring arrangements used to maintain the quality of the service provided. Staff were positive about the leadership and skills of the registered manager and people using the service had a good relationship with the registered manager too. Required information was available in the home and made available when requested.

Further information is in the detailed findings below.

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 continues to be safe.

Is the service effective?

Good ●

The service continues to be effective.

Is the service caring?

Good ●

The service continues to be caring.

Is the service responsive?

Good ●

The service continues to be responsive.

Is the service well-led?

Good ●

The service continues to be well led.

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.

This comprehensive inspection took place on 16 November 2018 and was unannounced.

The inspection team consisted of two inspectors. Prior to the inspection we reviewed information we held about the service including information from notifications. Notifications are events that happen in the home that the registered provider and registered manager are required to tell us about. We also considered the last inspection report, the Information supplied by the provider (PIR) and information that had been supplied by other agencies.

During the inspection we met all of the people who were living in the home. We spent most of our time in the company of people using the service provided. Some of the people living in the home had limited verbal communication skills but they were able to make known their views about some aspects of the home. Staff were familiar with and understood their communication methods. We spent time observing how people were being cared for and supported by staff to help us understand people's experience of living at the home.

We spoke with three people about their daily lives and experience of living in the home and spent time in their company during the day. We spoke with the registered manager, the deputy manager and a representative of the provider and two care staff. We looked at care records of two people, the medicine management records and some records relating to the management of the home.

Is the service safe?

Our findings

People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents. Staff had received training in relation to keeping people safe and to identify any signs of abuse and to act on those. Staff managed people's behaviour well and there were few incidents. Lessons were learned from incidents, for example staff were able to identify people who got on well together and those whose personalities clashed and made sure those people were not left alone together.

People were supported to participate in activities outside the service. One person did voluntary work in a local charity shop. Other people enjoyed activities such as swimming and going to the local pub. Risks associated with these activities were assessed and managed so that people could participate in them with minimal risk. This showed that the service was not risk averse and promoted independence.

People were supported by sufficient numbers of trained and experienced staff. We saw that there were sufficient staff on duty and we saw people were not left unattended unless they wanted to be. Staff were deployed appropriately and had systems in place to keep each other well informed on people current needs and wishes. Staff knew people well and how best to communicate with them. Staff created a calm atmosphere in the service and this was an important in providing a safe home for people.

Robust recruitment procedures were in place that ensured people were protected from unsuitable staff. Checks were carried out on new staff member's identity, their work history and whether they had a criminal record that would prohibit them from working with vulnerable people. These checks enabled the provider to assure themselves that the person was of suitable character to work with vulnerable people.

People received their prescribed medicines safely. Staff had received training about managing medicines safely and had their competency assessed. Audits were carried out monthly to check that medicines were being given as prescribed. These audits identified and acted on any errors made, for example the dispensing pharmacy recently made an error and the service identified this before any further errors had been made. Medicines were stored appropriately.

There were plans in place for emergency situations. For example, if there was a fire, staff knew what to do in the event of an emergency, and each person had a personal emergency evacuation plan in easy to read formats they could understand. The environment was clean and tidy and staff followed best practice to prevent the spread of infection.

Is the service effective?

Our findings

Staff were trained to meet the needs of people who used the service. People we spoke with said staff knew how to care for them. One person said when they were anxious staff know how to calm them down.

Staff were supported by the management team. All the staff we spoke with said they were able to meet people's need and if they had any issues. One staff member said, "The manager knows everything so there is never a problem." Staff told us because they can approach the manager for anything they never have to worry. Personal issues were also dealt with in a kind and sympathetic manner. Staff said this allowed them to focus totally on people while they were at work. A staff member told us their confidence had increased since joining Dent House. Training was an important part of life at Dent House and all staff were encouraged to identify their training needs or areas of interest they wanted to explore.

People at Dent House were supported to eat and drink enough and maintain a balanced diet. A person told us they enjoyed their meals because they were 'home made' from fresh ingredients. Snacks and drinks were freely available. People who had nutritional issues such as needing to gain weight were assisted to. One person had put on a good amount of weight since starting to live at Dent House.

People had access to the healthcare services they required. Staff were knowledgeable about people's healthcare needs. For example, some people did not like going to the dentist. Staff took this slowly and took people to the dentist just to say hello and then to sit in the dentist chair. This went on until they built up confidence to have treatment. Staff recognised when a person was unwell, for example, if they had a seizure or were about to have one. All the staff we spoke with knew how to respond in these circumstances.

Communal areas included quiet areas. People's rooms were personalised to reflect their life history and interests. Two people we spoke with told us that they liked their room. People had access to the local town and the amenities it provided.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and we found that conditions on authorisations to deprive people of their liberty had the appropriate legal authority and were being met.

Is the service caring?

Our findings

People were treated with kindness and compassion. People told us that staff were caring and knew how to provide reassurance when this was required. We saw that staff had developed very positive relationships with people. The atmosphere at the service was homely and people were relaxed chatting to staff and to each other. Staff knew how to offer emotional support when people were upset. Staff knew people very well and knew how to meet their needs. They knew about the things that people found upsetting or may trigger distress. We saw staff spending time with people and offering them support.

People's relatives were made welcome at the service and where appropriate, they were involved in making decisions about people's care and support. Staff supported people to make visits to their family home where this was possible. People's relatives were invited to all celebrations held at Dent House. People had access to advocacy services if they required support to make decisions. An advocate is a person who assists people to make decisions that are in their best interest. People were supported to be as independent as possible. Care and support plans focused on people's strengths and abilities and encouraged people to be as independent as possible.

People were able to express their views and were actively involved in making decisions about their care and support. Regular reviews were held and each person had a named nurse who was responsible for ensuring people's care and support was reflective of people's current and changing needs and preferences.

People had their privacy and dignity protected. Staff had received training about privacy and dignity they knew how to protect people's privacy when providing personal care. We saw that staff knocked on people's doors before entering and addressed people in a kind and caring way. We saw that throughout our inspection staff were sensitive and discreet when supporting people, they respected people's choices and acted on their requests and decisions. Staff were aware of and following procedures designed to maintain confidentiality and ensured that records were stored securely and only shared with appropriate people involved in the person's care and support.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People were involved in the care planning process as far as they could be. Their preferences about the way they wanted to receive care and support were recorded. People's care plans included a section about what was important to them and what they liked and disliked. Staff told us that they had read the care plans and found the care plans to be a valuable source of information they needed to be able to support people.

People were supported to follow their interests and take part in activities that were socially and culturally relevant. A person was supported to do voluntary work. Another was supported to go swimming. Several people were safe to come and go as they pleased and had an active social life. People were supported to pursue relationships with people outside the service. To aid social activities the service linked up with a service in Manchester. This allowed good social interaction with people outside the people who live together. People who used the service had made friends they socialised with in a local pub.

People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard (AIS). From August 2016 onwards, all organisations that provide adult social care are legally required to follow the AIS. The standard sets out a specific, consistent approach to meeting the information and communication support needs of people who use services. People had access to their care plans which were in formats that suited their needs. Some people's plans included information in an 'easy read format' they understood. Staff used photographs, pictures, objects, gestures, sign and verbal language to communicate with people in ways that suited them. During our visit we saw and heard staff and people use a variety of communication techniques to engage with each other.

The provider had a complaints procedure which was accessible to people and relatives. At the time of the inspection there were no outstanding complaints. The service had received many complements about the service they provided.

No one was at the end of their life and we did not look at this area.

Is the service well-led?

Our findings

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. The registered manager understood and carried out their responsibilities to people and staff.

There was a clear vision and culture that was shared by managers and staff. The aim and ethos of the service was to provide excellent levels of person centred care and support that increased people's independence. People had been taught skills such as making drinks and light meals. A person told us that they were getting more independent every day and explained how they had progressed since they moved into Dent House. This showed that staff put the provider's vision into practice.

The registered manager ensured staff were aware they were 'visitors' to Dent House and respected the fact it was people's home. People who lived there invited us in and offered us hospitality. This showed they understood and took responsibility for visitors to their home. This approach highlighted the manager's approach to ensuring people's rights and welfare were at the centre of all they did in the service.

The registered manager carried out checks to ensure people were safe and receiving the care and support that met their needs. This included observations of how staff supported people, checks of daily notes staff made about how people had been supported, reviewing care plans and obtaining people's feedback about their experience of the service. Checks were carried out to ensure that the premises were safe.

The service worked in partnership with other agencies. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.