

HC-One Limited

Daneside Court Nursing Home

Inspection report

Chester Way
Northwich
Cheshire
CW9 5JA

Tel: 0160640700
Website: www.hc-one.co.uk/homes/daneside-court

Date of inspection visit:
25 May 2021
01 June 2021
10 June 2021

Date of publication:
28 July 2021

Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

Daneside Court is a residential care home providing personal and nursing care to 47 people aged 65 and over at the time of the inspection. The service can support up to 64 people. The care home accommodates people in purpose-built premises over two floors.

People's experience of using this service and what we found

The nutritional needs of people were now better recorded and dining experiences for people had improved through regular checks by the registered manager. People were satisfied with the food provided but when issues were raised; these were dealt with promptly.

Systems used to monitor the quality of care provided were more effective with actions being identified and addressed in a timely manner. Staff considered that the registered manager was supportive and approachable. People told us that they knew who the registered manager was and they had regular contact with them. Relatives told us that the service was well-run and transparent.

People told us they felt safe living at Daneside Court. For those who could not express a view, observations found people were relaxed and comfortable with the staff team at all times. The recruitment of permanent registered nurses had been achieved and there were sufficient suitably recruited and trained staff available to respond to people's needs. Robust measures were in place to mitigate the risk of people being infected by COVID-19 and relatives commented that despite their concerns about the health of their relations during the pandemic; the service had kept them safe.

People and relatives told us that the staff team were knowledgeable about their needs and sought to prevent adverse health conditions developing further through prompt contact with other medical professionals. The design of the building assisted people to mobilise independently and signage assisted with their orientation.

Care plans were person-centred and included the health and social needs of each person. People and relatives told us that they knew how to make a complaint and any received were responded to promptly. The wishes of people reaching the end of their lives and relatives were recorded and respected.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 14 January 2020) and there was a breach of a regulation relating to good governance and nutrition. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Require Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Daneside Court on our website at www.cqc.org.uk.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Daneside Court Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Daneside Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service. We spoke to five staff including the area director, registered manager, care assistants and housekeepers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at five care plans and risk assessments.

After the inspection

Due to the impact of the COVID-19 pandemic we limited the time we spent on site. Therefore, we requested records and documentation to be sent to us and reviewed these off site and continued dialogue with the manager by email. We contacted two relatives about their experience of the care provided and contact with two registered nurses employed by the service and two care assistants.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we recommended the provider review both the number and deployment of staff to ensure they meet people's care needs effectively. The provider had made improvements.

- A drive to recruit registered nurses had been successful and permanent staff were now available to ensure stability and continuity.
- Staff were appropriately allocated to those people who required one to one support.
- People told us there were enough staff around. They said, "There is always someone around to help me" and "They [staff] are very kind and helpful".
- We observed peoples' requests and needs being responded to in a timely manner.
- Recruitment processes were robust.

Using medicines safely

- At our last inspection we found some people, with swallowing difficulties, had been prescribed 'thickener' added to fluids to make them safer and easier to swallow. However, this was not always recorded. This visit found that improvements had been made and checked through regular medicines audits.
- At our last visit we had also found no evidence that the effectiveness of "when required" (PRN) medicines had been monitored. Again, improvements had been made with this.
- People told us they had their medicines on time. Staff were trained and competent in medicines management.
- Records continued to reflect what was prescribed and administered along with any special instructions.

Assessing risk, safety monitoring and management

- Assessments were in place which reflected specific hazards people faced from individual health conditions as well as the wider environment.
- Two personal evacuation plans had not been reviewed over the past twelve months. This was subsequently addressed by the registered manager.
- Certificates confirmed that equipment and utilities were serviced regularly.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Daneside Court. This was echoed by relatives who commented particularly on how their relations had been kept safe during the COVID-19 pandemic.
- The registered provider had processes in place for the reporting of abuse and co-operated with any subsequent investigations
- Staff were aware of how to raise any safeguarding concerns, had received training and recognised signs of abuse.

- Incidents of care concerns were reported to the local authority

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- All falls were analysed and reflected upon to ensure future reoccurrence was minimised.
- Records indicated reflective practice had been undertaken when improvements were identified. It was the registered providers policy to share lessons learned with other services it managed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection the provider had failed to ensure people received the necessary support to eat and drink. was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- Our last visit found people requiring support did not receive this consistently and the dining experience for some was not positive.
- People were now appropriately supported and encouraged to eat in line with their nutritional needs.
- Staff assisting at lunch responded promptly to people's preferences and needs.
- Records relating to malnutrition and dehydration risks were fully now completed.
- Mealtimes were regularly audited by the registered manager to ensure it was a good experience for all.
- People were happy with the food provided. People had the opportunity to make suggestions and these were reported to catering staff.

Adapting service, design, decoration to meet people's needs

- Some areas of the building required some attention and redecoration where wheelchairs and other mobility aids had damaged paintwork. The registered manager was aware of this and it was anticipated this would be addressed in the future.
- The physical layout of the building was accessible to people. Those who used mobility aids such as electric wheelchairs were observed moving freely around the building.
- Signage was in place to help people find their way around.
- People's rooms had been decorated in a personalised way.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Appropriate information was gained before people came to live at Daneside Court. This covered their health and social needs and what was important to them.
- Assessments were in place to monitor the risks people faced from malnutrition, changes in weight and pressure ulcers.

- People's needs were regularly reviewed to ensure the service could meet them.

Staff support: induction, training, skills and experience

- People were complimentary of the staff team. They told us "They [staff are really good" and "They [staff] know what they are doing and how to help me".
- New staff received a structured induction accompanied by a period of shadowing existing staff until such time as they could work independently.
- Training records were in place with these being audited to ensure staff had the required skills.
- Staff told us they received regular and relevant training.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us the staff team were prompt in assisting with health issues. They said "I can always get to see a Doctor if I am not well"
- People's experiences were reflected in records which provided an ongoing commentary of the health needs of people and health professionals involved.
- The service had strong links with doctors, speech therapists and dieticians

Ensuring consent to care and treatment in line with law and guidance

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.

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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments had been completed to determine people's ability to make informed decisions.
- Two people were subject to deprivation of liberty orders and these were current.
- When people were not assessed as having capacity; appropriate applications were made to the Local Authority.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans provided a person-centred approach to meet the needs of each person.
- As well as the support required, reference was made to their social history and interests.
- All care plans were reviewed, audited and were accompanied by daily records indicating people's progress.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The communication needs, and preferences of people were recorded within care plans.
- Despite wearing facemasks, staff were able to communicate effectively with people.
- Information was displayed with pictorial images to support it. The activities board, for example was prominent and designed to enable people to understand it.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A programme of activities was in place and the specific interests of people were recorded.
- A member of the residents committee oversaw the provision of activities and provided feedback from others on activities provided.
- Evaluation sheets were completed on how people had enjoyed or otherwise an activity.

Improving care quality in response to complaints or concerns

- A complaints procedure was available outlining the process for raising concerns.
- Records showed complaints had been dealt with in a timely manner.
- People told us they had not had to make a complaint but knew how to do this.

End of life care and support

- The wishes of people were recorded in the event of reaching the end of their lives.
- These included religious and cultural considerations as well as the presence of "do not attempt cardiopulmonary resuscitation" documents.

- The service had ensured, during the COVID-19 pandemic, relatives were able to visit their relation safely as they neared the end of their lives.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure effective monitoring of the quality of the care provided which resulted in a breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

- The provider had established systems in place to monitor and assess the quality and safety of the service. These were now more effective.
- The shortcomings identified at our last visit in relation to record keeping, dining experience and meeting nutritional needs had been addressed with ongoing audits in place to ensure good governance.
- The Care Quality Commission now received notifications of all key events affecting the welfare of people.
- Systems to check quality included internal monitoring by the registered manager during daily walk around, meetings with other key staff and quarterly audits from a representative of the provider.
- The setting up of a residents' committee had enabled the views of people to influence various aspects of the service, for example, catering and activities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People spoken with were very happy with the care provided and were complimentary of the registered manager and their approach.
- This view was echoed by relatives who stated the service was well managed and transparent with information about their relations' wellbeing; especially during the COVID-19 pandemic. One relative commented, "I am always told straightaway [about any health issues]".
- Staff considered the registered manager to be approachable, supportive and open to any suggestions. Staff meetings were in place for the exchange of information and updates.
- People's views were captured through staff interactions with them on an individual basis, the holding of residents' meetings and views from the residents' committee.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood duty of candour and had acted on the improvements required following the last inspection.
- One relative commented, "They [staff] are very open and make no attempt to hide any issues".
- The registered provider demonstrated transparency by placing the most recent inspection rating on display in the building and on the provider's website.

Working in partnership with others

- The service had worked closely with a number of agencies during the Covid-19 pandemic, aiming to keep all those connected with the service safe as safe as possible.
- These links extended to local schools and other resources within the local community.