St. Denis Lodge Residential Home Limited

St Denis Lodge Residential Home

Inspection report

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Date of inspection visit:
26 January 2016
28 January 2016

Date of publication:
01 March 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

Summary of findings

Overall summary

This inspection took place on 26 and 28 January 2016. It was carried out by one inspector.

St Dennis Residential Home provides residential care for up to 21 older people. There were 19 people living in the home at the time of our visit, some of whom were living with dementia.

There was a registered manager who had been in post for four years. 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 home had recently had building work completed and there was an orangery in place of the conservatory. This created more communal space. As well as being a place to sit it also provided more room for activities. There was direct access to the garden. A path was under construction to enable wheelchair access around the garden. There were activity organisers seven days a week who provided a varied programme of activities which included trips out, social events, crafts and quizzes as well as exercise. People who were unable to attend group activities received one to one time doing something that they enjoyed, for example jig-saws or reading. This meant people were engaged in meaningful activity.

People told us they were safe living in the home and had confidence in the staff. There were sufficient trained and competent staff to meet people's needs. There was one vacant care worker position which had been advertised. There were processes in place to ensure staff were recruited safely. The registered manager monitored staffing levels to ensure there were enough staff to meet people's needs. The home did not use agency staff which meant people received consistent care from staff who knew them well.

Staff had received training in safeguarding adults and knew how to recognise abuse and what actions they would take if they suspected abuse was happening.

People and their relatives spoke highly of staff. They told us staff were kind and caring. They were treated with dignity and respect and had their privacy maintained.

Medicines were administered and stored safely. Medicine Administration Records (MAR) were signed to indicate that peoples prescribed medicine had been taken. Staff had received training and were competent to administer medicines. There were processes in place to ensure that people had received the right medicine at the right time.

Peoples had personalised care plans which were informative and indicated peoples likes, dislikes and preferences. People were provided with choices about all aspects of care and support they received. Staff

were able to talk with us about people and demonstrated to us they knew people as individuals. People told us they enjoyed the food and were offered a choice at mealtimes.

People were provided with single rooms with an en-suite toilet and washing facilities. This helped ensure people had their privacy maintained. People had their own commodes if they needed them for use at nights. The process for cleaning the commode buckets was being reviewed by the registered manager to ensure the correct infection precautions were maintained.

There was a clear management structure. The registered manager was supported by a care manager and there were supervisors who organised the shifts so that people received the care they needed. There were systems in place for monitoring the quality of the service

Staff told us they had access to further training .The home was accredited with the Gold Standard Framework training which a nationally recognised training to ensure people received excellent end of life care. The home had good links with the GP surgery and staff attended their monthly meetings.

There were systems and processes in place to ensure there was good communication with people, their families and staff.

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. There were enough staff to meet people's needs..

Medicines were administered and stored correctly.

People had a full assessment which identified any specific risks. There was a care plan which provided guidance how to minimise the risk.

People were at reduced risk from harm and abuse. Staff had received training and were able to tell us how they would recognise abuse and how they would report it.

The registered manager was making amendments to the guidance for cleaning of commodes, to ensure effective infection precaution procedures were followed.

Is the service effective?

Good

People were cared for by appropriately trained staff. There was a rolling six week programme of training and staff had their competencies assessed.

People had sufficient food and drink. They were provided with choices.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and how this applied to their daily work.

People had access to healthcare from a range of healthcare professionals.

Is the service caring?

Good

People were cared for by staff who treated them with kindness and respect.

People had their privacy and dignity maintained.

People were involved in decisions about their care.

The home was accredited with Gold Service Framework at a beacon status for end of life care.

Is the service responsive?

Good

People had opportunity to engage in a range of social and leisure activities over seven days a week.

People had personalised plans which took into account their likes, dislikes and preferences.

People told us they knew how to raise concerns. There was a complaints policy and complaints were investigated by a member of the management team.

Is the service well-led?

Good

The service was well led. People and staff told us the registered manager was accessible and available.

There were systems in place to monitor the quality of the service and to ensure improvements were on-going.

St Denis Lodge 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.

This inspection took place on 26 and 28 January 2016; it was carried out by one inspector and was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. At the inspection we asked the provider to tell us anything they thought they did well and any improvements they planned to make.

We spoke with six people and three relatives and three visitors, including a hairdresser. We spoke with the proprietor and 12 staff which included the registered manager and the care manager, as well as the cook, domestic, laundry staff, activity coordinator and six care workers. We looked at four care records and five staff files. We also spoke with three healthcare professionals and contacted a representative from the local authority. We saw four weeks of the staffing rota, the staff training records and other information about the management of the service.

We used the Short Observational Framework for Inspection (SOFI).This is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

There were sufficient staff to meet people's needs. One person told us staff "always come if I need them." A relative told us "I think it's very well staffed." The registered manager told us they had one care worker vacancy which they had received applications for. They did not use agency staff. Unfilled shifts were put on a noticeboard and staff could mark down the shifts they would like to work. The care manager told us that if shifts needed covered at short notice, regular staff would cover or either the care manager or registered manager would fill the shift. This meant people were supported consistently by staff who knew them well. The roster was planned at least four weeks in advance and staff were allocated which section of the home they would be working. For the purpose of staff allocation the home was divided into three sections. This meant staff knew who they would be providing support to in advance. The registered manager told us they observed staff and listened to feedback to continually review and ensure there were sufficient staff.

Staff were recruited safely. The provider ensured all the necessary checks were carried out prior to the person starting work, for example references were obtained and relevant criminal records checks were completed.

People received their medicines safely. All care workers were trained and had a competency assessment to ensure they were safe to administer medicines. Medicines were stored appropriately and at the correct temperatures. There were systems in place to check that medicines had been given to the right person at the right time. The medicines administration records (MAR) had been signed . There was a pain assessment record which was used when people had pain relieving medicine prescribed as required. Staff were allocated a section of the home to administer medicines.This meant one member of staff was not responsible for all of the medicine administration in the home and staff told us it made administration more " personalised."

People were at reduced risk of harm and abuse. Staff had received training in safeguarding vulnerable adults and were able to describe to us how they would recognise abuse. Staff were aware of the correct processes to follow in order to report abuse, including how to report concerns about poor practice. Staff were aware of whistleblowing procedures. People told us they felt safe living in the home, one person said "it's marvellous we know we are safe and in good hands." There had been one safeguarding enquiry raised in the home in the last 12 months. This was related to moving and handling practices. However this was investigated and there was no further action.

All staff were trained in moving and handling and there was sufficient equipment. Where specialist equipment was used there was a risk assessment and guidance for staff. For example one person required specialist equipment to assist them to stand. The person's care records demonstrated there was sufficient guidance for staff to support them to stand safely.There was advice from a healthcare professional on how far the person could be supported to transfer when using the equipment. Staff were able to describe the safe use of it.

People had a full assessment of their needs which included specific risk assessments, such as pressure areas, eating and drinking and mobility. When a risk was identified there was a care plan which provided guidance to staff how to support the person in such a way as to reduce the risk. For example one person was at risk of not having enough to drink. Staff had assessed the person and identified that the person had some days when they drank very small amounts. Staff discussed the person with a healthcare professional to ensure they supported the person safely. This meant the person had sufficient drinks to protect them from becoming dehydrated. People who needed support to remain independent with walking had a risk assessment to identify what support they needed to minimise the risks of a fall. For example one person's care plan indicated their risks of falls were reduced when they used a particular walking aid.

There was a system in place to ensure regular maintenance was carried out on the premises and equipment. There was a schedule which indicated when contractors conducted relevant checks or if these were carried out by the home.

Staff told us there was sufficient availability of personal and protective equipment such as gloves and aprons. One healthcare professional told us there was appropriate hand-washing facilities and safe disposal of clinical waste. Relatives told us the home "always smells fresh" and was kept clean and tidy. There were appropriate laundry facilities to ensure soiled laundry went through a sterilising cycle. There was not a sluice room in the home. People who needed a commode for use during the night had their own commode and they were emptied and cleaned in the en-suite areas. We discussed this with the registered manager. Staff were using water from the sink after emptying the commode. The registered manager told us they would update the procedure for cleaning commode buckets and would purchase jugs for each of the rooms to ensure the commode buckets did not come into contact with the sinks There was a system of cleaning to ensure all areas were cleaned using an appropriate cleaning agent.

Good

Is the service effective?

Our findings

People had sufficient food and drink. People had nutritional assessments so that any concerns were identified and if needed a special diet was provided. Staff were able to tell us about people's dietary needs for example one person was on a diabetic diet and staff understood what food and drink the person was able to have and when. There was list in the kitchen of people's diets,likes and dislikes. People told us the food was good and was served hot. One person told us they enjoyed the dining experience and liked to sit in the same place. Another person told us the food is so good they have "over indulged."

The cook was recently appointed and told us they planned to attend the monthly meetings with people so they could encourage discussion about the meals and ask for suggestions. People had a choice of two meals although the cook told us they would prepare an alternative if requested. An example of this was they told us one person had requested a toasted sandwich. The registered manager told us there were snacks available throughout the day and we saw fresh fruit was available for people to help themselves.

The registered manager told us they had a system in place to encourage staff to support people to drink more. They had a monthly staff fluid champion. This was a system to encourage people to have sufficient drinks. Staff kept a record of when they had supported people to have extra drinks. The member of staff who had achieved the highest amount of drinks received a prize, such as a gift voucher. Staff told us this encouraged them and was a reminder to them. Staff recognised the importance of people having enough to drink for example one member of staff told us "it stops people getting urine infections, constipated and confused."

People received care and support from staff who had the appropriate skills and training. The care manager coordinated and planned the training which was provided through an external training company. There was a six week rolling programme. This included all essential training such as safeguarding, health and safety and infection control. Once staff had completed all the essential training there was further training such as diabetes, stroke awareness and person centred care. Staff were required to complete a knowledge test to the training company to assess their competency in the subject. The training records demonstrated that staff were up to date with required training or were booked to do it. New staff and some existing staff were enrolled in the new nationally recognised industry specific Care Certificate, which 15 staff had commenced and nine had completed. Some staff were working towards level two or three health and social care qualifications. The care manager had been trained as a trainer in moving and handling.

New staff completed an induction period. The registered manager told us the induction period was flexible and was dependant on what experience the member of staff had. Staff told us the induction was good. One member of staff told us they did not have any previous experience working in a care environment and they needed additional support during their induction period, which they said they received. As well as staff completing written learning they were observed in practice for example in administration of medicines. Staff would need to shadow a senior member of the team and would need to be observed and pass a competency assessment. The same occurred to ensure staff were competent with moving and handling equipment.

Staff received regular supervision and appraisals in line with the supervision and appraisal policy. Sessions were recorded and staff told us they felt supported during their supervision. They told us they could approach their supervisor at any time if they felt they needed additional support. One member of staff told us they asked their supervisor questions about how they were performing so that they knew if they were doing a good job.

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 by 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)

Staff understood the principles of the MCA and how it applied to their work. Staff were able to explain to us about consent and we saw several examples of staff asking people first before proceeding to assist them. Mental capacity assessments had been completed appropriately. Some people did not have capacity to consent to being in the home and to receive care and support. The registered manager had made the appropriate DoLS applications to the local authority. Two people had been assessed by the local authority and had a DoLs in place. Staff were able to identify who had restrictions and what these were. One person had a condition applied to their DoLs authorisation . We saw staff had completed the condition which was to refer the person to the community mental health team.

When people lacked capacity to consent to particular aspects of their care we saw the correct processes had been followed to ensure a best interests decision had been made. For example one person who had continence needs lacked capacity to make decisions about personal care and would sometimes refuse. There had been involvement from a healthcare professional and family to ensure personal care was provided in the persons best interests. Staff were able to describe how they used different approaches to support the person, for example rotating different staff and using distraction.

There were leaflets on display on the sideboard regarding advocacy support. This meant the home were aware that this was a service some people may need and meant that people had access to information about it.

Some people had a Power of Attorney (POA) appointed to manage either their finance or health and welfare when they were no longer able to do so. The home had a system in place to ensure that they had a record of the POA's and a copy. This meant that when the person was unable to make decisions for themselves the home knew who had been appointed to manage their affairs correctly.

People had access to a range of healthcare professionals based on their health and social care needs. For example, community nurses and the community mental health team, physiotherapists and a chiropodist. The registered manager told us they had a patient passport. This was used when the person was admitted to hospital and gave hospital staff useful information about the person. The registered manager told us they had received good feedback from hospital staff. Healthcare professionals were positive about the home for example one told us, "staff are proactive, they refer people to us early" and "staff are helpful and people are happy, it's a beautiful place."

Good

Is the service caring?

Our findings

People were cared for by staff who were caring and kind. One person told us "staff are marvellous I'm so happy , it's so good." Another person told us "You couldn't find better anywhere else." A relative explained to us they have been visiting the home for several years and visited at different times. They told us they have heard staff talking with people as they have been walking around the home and said " most poignant, staff talking with people- kind and caring- they don't do it for show."

A relative told us that staff know people well and notice when someone is not their usual self, they told us "Staff saved my (relative's) life, they knew straight away they weren't themselves." They described how by knowing what their relative was usually like and noticing straight away it led to prompt action. The emergency services were called and the person went to hospital and had surgery. They recovered and returned to the home.

We saw staff interacting with people in different situations they were polite and respectful. One person told us they like to " banter" with staff and there was appropriate use of humour.

Staff talked warmly about people and were enthusiastic and motivated about their work. One member of staff told us "I really enjoy my job, it's so rewarding." Another member of staff told us "I'm really happy working here." This was endorsed by another member of staff who reiterated the staff worked well as a team and "help each other." A relative told us "staff are kind to each other."

Staff were respectful of people's privacy and dignity. We saw staff knocking before entering peoples rooms and personal care was carried out discreetly. Each person had an en-suite toilet and washing facilities in their bedrooms which gave them additional privacy. People were required to use a communal bathroom for baths. Staff told us they ensured people's dignity was protected when being assisted to the bathroom. Staff were able to describe to us how they talk with people first and check it is okay with people before supporting them with personal care.

One person had difficulty hearing and staff used a whiteboard to communicate with them. We saw this was an effective way of communicating with the person and they were able to express their needs to staff.

People and their families had involvement in decisions about their care. The care records indicated that people had been involved in their care plans and had signed to agree to the care which was being provided. One relative told us they were asked for feedback about the care and that they were informally being consulted "all the time."

The home was awarded accreditation with the Gold Standards Framework in Care Homes and achieved a beacon status. This is a nationally recognised award which recognises the high quality of care provided for people at the end of their life. Healthcare professionals told us the end of care life was excellent. They told us the home attended monthly meetings at the GP surgery to ensure that people who were approaching their end of life are identified and the right care and support was provided. Relatives told us the end of life care

was "excellent" they told us it was respectful of the person's wishes and that staff treated the whole family sensitively and kindly and kept them informed. The registered manager told us the home provided a sitting service for people at the end of life. This meant if family were unable to be with them or they needed a break the person had someone sat with them at all times. The registered manager told us many people have told them, they are afraid of dying alone so they provided this service.

Good

Is the service responsive?

Our findings

People had access to a wide range of social and leisure activities seven days a week. There was an activity coordinator who was supported by an activity assistant. Activities were organised according to people's needs and their preferences. The activity coordinator told us they gave people choices and ask what people wanted to do. They provided both group activities and one to one time with people. The home had recently completed adding additional space and the orangery was open and in use. This gave people more room for activities as well as additional space for sitting; it had direct access to the garden. There was additional work to be completed in the garden to create a wheelchair friendly path around the garden. The home usually had bantams at the bottom of the garden. The proprietor told us it provides a focus for people when they go outside particularly when they have visitors.

People told us they enjoyed the activities, one person told us "I try to do all the activities, bowling is my favourite." A relative told us the activity staff are on "a mission to make sure care is individualised." Activities were displayed on a notice board in picture format and on programmes. There were also bi-monthly newsletters , the November/December 2015 one was in the process of being printed. The one before that gave information about recent activities, trips and money raising events held in the home, for example a charity coffee morning raised money for a cancer charity.

Group activities were varied for example quizzes, crosswords, crafts flower arranging and trips out. Some staff used their own cars to take people out or they used taxis or buses. There were links with the community and people were booked to come into the home to do specific activities. For example each week there were people coming in to do exercises, painting and music. In the build up to Christmas local choirs and school groups had attended the home. The activity coordinator told us that some people in the home enjoyed orchestral performances, however when they explored this, performances were in the evenings which restricted people. They contacted a local orchestra and they now have representatives from the orchestra doing performances in the home.
One person told us how they enjoyed an event at the home. A company had been booked to bring in snakes, rats and spiders, the activity coordinator told us people enjoyed it so much they have rebooked them.

Following a visit from a pet store, the home decided to purchase two rabbits to keep as indoor pets. The registered manager told us that people had enjoyed the pets and the decision to get the rabbits had been made through informal discussion. People told us they enjoyed having the rabbits in the home, one person told us "I love the rabbits." They were kept in secure cages and were let out in a pen under supervision. There had been one incident of a person getting a superficial scratch from one of the rabbits. However the incident had been reported correctly and in discussion with the family it was agreed the person got enjoyment from petting them so would continue to do so, with some additional support, such as long sleeves and closer staff supervision.

The registered manager told us they considered peoples cultural and spiritual needs and would ensure any arrangements were made to meet these needs. They had a weekly visit from both the Roman Catholic and

Church of England churches. One person attended their own faith services in the community.

People received personalised care and support based on their individual's preferences, likes and dislikes. Care plans contained a summary of people's life story. Staff were able to talk with us about people as individuals for example one member of staff told us about who they had been supporting that day. They were able to tell us about the person's occupation and family as well as their usual routines, likes and dislikes. People told us they can get up when like and go to bed at a time that suits them. Some people preferred to eat in their rooms.

People had their care plans reviewed on a monthly basis. One relative told they were kept up to date with any changes and were asked regularly for their opinion. People told us if they were able to talk with staff if there was any aspect of their care that they were unhappy with and they felt they would be listened to. Relatives confirmed this .For example one relative told us their loved one was very anxious and benefitted from a certain type of approach , they told us they felt listened to and staff responded to their feedback. Another relative told us staff were very responsive and were actively encouraged their relative to be as independent as possible.

There were meetings held on a monthly basis which were an opportunity for people to express their views and make suggestions. For example we saw that people had asked for more cups and saucers and this had been arranged. Some suggestions were made about meals for example one person wanted moussaka, which was added to the menu.

There was a complaints policy and complaints were logged and there was an investigation of the complaint. For example on one occasion a relative complained the bedroom was too cold. It was investigated and a plumber was called who removed an airlock in the system, a static heater was used until the problem was resolved.

Good

Is the service well-led?

Our findings

The service was well led. There was a clear management structure which included the registered manager and a care manager. They were supported by the proprietor who was in regular attendance at the home. There was a supervisor on each shift to coordinate the shift and to ensure people received the care and support they needed.

People told us the home was well managed and were able to tell us who the registered manager was. One relative told us "it's well managed, they go out of their way." Healthcare professionals told us the service was well led and they had confidence in the management team. They told us there was good communication with both the registered manager and care manager.

Staff told us they worked well as a team, the care workers were supported by the laundry and domestic staff and the activity coordinators as well as the management team. One member of staff told us "we work really well together" someone else said "if anyone sees me struggling, they'll help me out- we pull together.".

Most of the staff told us the registered manager was approachable and supportive. They told us they were confident about making suggestions and felt they were listened to and their ideas were responded to. Staff were mostly positive although one member of staff did not feel able to openly speak to management.

There were staff meetings, the last one was held in July 2015. Staff made some suggestions for example , more help with the rabbits. There was a chart started to record when the rabbits had been, cleaned, fed and given exercise so that staff could monitor their upkeep.

The registered manager told us they valued staff contribution. They did a monthly ABCD award which stood for Above and Beyond the Call of Duty. This was awarded to a member of staff each month in recognition of their contribution to care. For example one month a member of staff drove to Yeovil Hospital at nine o'clock at night to get some end of life medication which had just been prescribed. Another member of staff resourced activities in their own time.

There was a system for quality monitoring within the home and there was a schedule of when checks were due. Actions were taken following the checks for example unsigned MAR, staff who were responsible were spoken with and we saw there had been an improvement in signing when medicines were administered. When the standard required was met and identified, it was recorded positively. For example in a food and fluid audit it was identified that staff were achieving the standard of frequency of when people were supported with repositioning. It was recorded as good as they were achieving good practice. This meant good practice was being recognised as well as identifying areas which needed improvement.

Accidents and incidents were reported in accordance with the service policy. There was an accident and incident analysis log which was monitored by the registered manager. The registered manager told us the analysis form ensured there was learning from accidents and incidents. For example one person had an increase in the number of falls. They were referred to a healthcare professional and staff received guidance

on how to support the person safely. Staff had reported an incident relating to when a hoist was in use. The person sustained a minor injury, it was reported appropriately in the accident and incident book and staff spoke with the registered manager. The family were notified. One of the staff received input during their supervision to advise them to take more time when getting someone ready for personal care. The registered manager told us this was being followed up during future supervisions.

There was an annual quality survey distributed to visitors, healthcare professionals people living in the home and staff. The last surveys were sent out in 2015. Feedback from visitors, healthcare professionals and people who lived in the home was positive. Staff gave feedback which was mostly positive with some comments about safety and security of belongings and clutter in the staff toilet. This was responded to as there were lockable cupboards available and clutter was removed. Staff made suggestions about a wet room, which was considered although no decision had been made.