Appleford Limited

Daneswood Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Daneswood Care Home is a residential care home providing personal and nursing care for up to 17 people with learning disabilities and/or autism. At the time of inspection there were 17 people living at the home. One of these people was on a short stay placement. People living at the home had complex needs so had limited or no verbal communication. Each person had their own bedroom, and everyone had access to a range of communal spaces including a dining room, conservatory and lounge area.

The service was registered and designed prior to the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 17 people. Seventeen people were using the service. This is larger than current best practice guidance. However. the management were working on trying to reduce the service having a negative impact on people by reviewing the building design. Staff did not wear anything that suggested they were care staff when coming and going with people. Although, there were still some identifying signs and industrial bins outside to indicate it was a care home.

People's experience of using this service and what we found
People appeared happy and comfortable around staff and their relatives told us they were happy and safe. However, improvements were required with areas of medicine management and we made a recommendation to the provider about them. The management was responsive to some concerns found during the inspection. Most risks had been identified with ways to mitigate them.

Systems were in place to monitor the quality and safety of care people received. The management strove to be open and constantly develop and improve the support people received. When systems had identified issues, actions were being taken to rectify them. However, some concerns identified on the inspection had not been recognised by the management.

The service did not always consistently apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support. People did not always have choice in the food they ate or at what times meals were served. The location of the home meant some limitations on accessing the community.

People and staff felt there were enough staff. During the inspection people were able to participate in a range of activities due to positive staffing levels. Staff had received a range of training. Specialist training was sourced if a member of staff had a specific role or people had specific needs.

People had care plans which were personalised and provided a range of information for staff to use to support their needs and wishes. There were good links with other health and social care professionals which was important due to the complex needs of people living at the home.

Staff were kind and caring and knew the people living at the home well. Staff respected privacy and dignity throughout the inspection.

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
The last rating for this service was good (published 3 March 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will work with the local authority to monitor progress. We will 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Daneswood Care 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.

Inspection team
This inspection was carried out by one inspector and one assistant inspector.

Service and service type
Daneswood Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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.

Notice of inspection
This inspection took place on 30 September and 2 October 2019 and was unannounced.

What we did before the inspection
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 looked at other information we held about the service and provider before the inspection visit. We also contacted health and social care professionals who were in regular contact with the service. We used all of this information to plan our inspection.

During the inspection
None of the people were able to have full verbal conversations with us. So, we had informal interactions

with people living at the home and carried out observations. We spoke with the registered manager and deputy manager. We also spoke with seven members of staff which included a range of levels of care staff and auxiliary staff.

We looked at three people's care records in various detail. We observed care and support in communal areas. We looked at four staff files. We looked at information received in relation to the general running of the home including medication records, auditing systems and environmental files.

After the inspection
The management sent us further information, and some updates on the concerns found on inspection. We received some responses from health professionals we had contacted prior to the inspection. We also spoke with three relatives on the telephone. We looked at other information in relation to quality assurance.

Requires Improvement

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

● Medicines were not managed safely. One relative explained there had been some issues with medicines being administered for their family member. Following the inspection, the provider gave us an explanation about how they had investigated the concerns and resolved them. Two people had medicines administered hidden in food or drink. One person had documentation in relation to this which had not always followed statutory guidance. Neither was there information about which medicines the pharmacist and prescriber said were safe to mix with food. The other person had no recent checks with the prescriber or pharmacist in place to ensure this practice was safe. Neither had completed checks to ensure it was the least restrictive practice.

● Systems to manage medicine stock did not always identify inconsistencies which meant there was a potential risk of unauthorised people taking the medicine. One person had two medicines which did not match the stock levels. Staff and management were unable to explain where the medicines had gone. Following the inspection, the provider thought some medicine had been dropped or refused and destroyed leading to a discrepancy in one of the medicines.

● People were at risk of incorrect dose being administered or a missed dose because medicine administration records (MAR) were not always completed in line with current best practice. One person's change in dose was not supported by a prescriber's instructions. Therefore, it was not clear what dose they should now be taking. Following the inspection, the provider informed us there had been a shortage of one dose of the medicine, so the pharmacist had printed and supplied alternative options. These had not been changed back fully. Another person with complex health conditions did not have their allergies recorded on their MAR. Although details could be found in their care plan. This means they could be administered medicines that could make them ill if not checked by the pharmacist and staff. Following the inspection, the provider told us they did have systems to ensure allergies were recorded in MARs.

● Staff had not always followed actions suggested by a pharmacy visit in March 2019 to improve the management of medicines. For example, the records had not been checked for people who had medicines hidden in food or drink.

● During and following the inspection, the registered manager informed us of improvements they had completed for medicine management. This included assessments for people who had medicines administered hidden in food or drink. They also liaised with people's GPs and the pharmacist to ensure some of the practices were safe.

We recommend that the provider considers current guidance on medicine management in care homes and takes action to update their practice accordingly.

Assessing risk, safety monitoring and management

● Risks in the environment were identified and ways to mitigate them in place. When concerns were found action was taken to resolve them. However, an annual water test had not occurred to ensure water did not contain legionnaires bacteria in it. During the inspection, the registered manager arranged for this test to occur to keep people safe. Following the inspection, the provider informed us the water tests had all come back clear.

● People's care plans identified risks to them and had things in place to alleviate them. Protocols and guidance were in place for people who had specific health conditions such as epilepsy.

● People with specific equipment in place such as air mattresses to prevent pressure ulcers had guidance in place.

Systems and processes to safeguard people from the risk of abuse

● People were supported by staff who knew how to recognise and protect them from potential abuse. Relatives told us they thought their family members were safe.

● Staff knew who to report concerns to internally and externally. All felt action would be taken by the management.

● The management understood their roles and responsibilities in relation to safeguarding. However, one incident had not been alerted to external bodies who monitor safeguarding. Appropriate action had been taken internally to resolve the issue. During the inspection this was rectified by the management.

● People with behaviours which could challenge themselves or others had clear records to reduce the risk of potential abuse when they were supported closely by staff. Staff understood their responsibility and how to support people when they became upset or anxious.

Staffing and recruitment

● People were supported by enough staff to keep them safe and meet their needs. Staff told us recently there had been a shortage of staff and this appeared to be resolved. They said they worked as a team.

● Systems were in place to make sure staff were suitable to work with vulnerable people. Staff had checks completed with previous employers to make sure they were of good character.

Preventing and controlling infection

● Systems were in place to reduce the chance of infections spreading. Staff had access to gloves and aprons when supporting people with intimate care. The home smelt fresh and was clean during the visit.

Learning lessons when things go wrong

● The management demonstrated lessons were learned when accidents or incidents occurred. They analysed them every month to identify any patterns which occurred and what changes would need to be taken.

● Action was taken when something went wrong. When a person started displaying different behaviours staff received training to support them. Clear analysis occurred to demonstrate all factors had been considered.

Good

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 good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were constantly being assessed by staff to ensure they adapted to any changes. This included more formal reviews of the care plans to make sure they reflected people's current needs. One staff member said, "They update us on people's medical needs quite regularly. The team leader or management will tell us at handover. They do inform us quite well."
- Staff and the management were aware of a wealth of standards and guidance in place for the people they were supporting. However, there were gaps in their knowledge about where to find out about best practice with medicine management.

Staff support: induction, training, skills and experience

- People were supported by staff who had received a range of training to meet their needs. Staff told us, "I have been on a lot of training. I have been to a few away trainings; eating and drinking. All the others are face to face apart from [medicine] training." and, "If you don't feel confident you can ask for extra training."
- Opportunities were in place for staff to complete additional health and social care qualifications.
- New staff completed a thorough induction including shadow shifts with experienced staff. One member of staff said, "I had an induction straight away and training before I went out on to the floor." They completed training for staff new to care in line with the Care Certificate. The Care Certificate is a set of standards all staff new to health or care should complete.
- Staff received regular supervisions and annual appraisals. These were opportunities to discuss working practices, training needs and any concerns.

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

- People were supported to eat a healthy balanced diet. Choices were offered at meals and people were shown two plates of food to choose from. However, one person had limited choice because of their specialist diet at lunch on the first day; they did enjoy the food which was given to them.
- Special diets were catered for and staff had received training about those who required softened food to prevent choking.
- Staff ate with people to act as role models. The staff supported people to eat. When people required space, so they could concentrate this was facilitated.

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

- People were supported to see a range of professionals in line with their health needs. One person had

records of several specialist appointments they had attended. One relative explained their family member had become unwell recently and the staff immediately took them to see their GP.
● Guidance and protocols for health conditions had been developed in conjunction with health professionals. Relatives were positive in most cases these were followed. Staff were aware of them and knew how to follow them.
● Close links had been developed with most local health professionals, so they could work together to ensure people's complex needs were met. When changes to people's health needs occurred, meetings were held to update all staff.

Adapting service, design, decoration to meet people's needs
● People had bedrooms which were personalised to their needs and wishes. This included personal belongings and specialist equipment when it was required.
● Areas of the home were designed to begin the process of providing additional communal spaces and kitchen areas. This was so people would not all have to come to the same area and could develop independence skills.

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.
● Staff sought consent from people wherever it was possible. For decisions where people lacked capacity systems were in place to ensure other important people were consulted. They recorded decisions being made in the person's best interest and demonstrated it was the least restrictive option. Relatives all felt they had been involved in important decisions for their family member.
● People who lacked capacity and were at risk of having their human rights restricted had DoLS applied for or in place. Systems were in place to monitor DoLS and make sure any conditions were being followed.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind, caring and patient staff. All people were comfortable in the presence of staff. Throughout the inspection, staff were supporting people closely whilst considering their needs.
- Relatives were positive about the staff supporting them. One relative said, "Staff are really nice. Really friendly and helpful". Another said, "It is a very caring service" and, "The standard of care is first class".
- The management led by example. On occasions people would come into the office. The registered manager and deputy manager would stop what they were doing and interact with the people.
- Compliments reflected what we found on inspection. One read, "We really do appreciate the care [person] is given at Daneswood and we think the staff are brilliant." Another from a health professional expressed how impressed they were with two members of staff supporting a person. They said, "How kind and caring" the staff were.

Supporting people to express their views and be involved in making decisions about their care

- People were supported in a range of ways to help promote them making choices. One member of staff said, "We always give her a choice of clothes and activities. She needs a bit of encouragement to do things, but she has got a lot of choice." This was echoed throughout the inspection by staff.
- People were free to move around the home and staff would support them with their preferences. However, there were key times during the day when less choice was offered. For example, there were set lunch sittings for specific people and prior to going to the dining room they had to attend a 'circle time'. Staff told us it was important for some people to have a set routine and time to calm before eating.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to protect people's privacy and dignity. They knocked on people's bedroom doors before entering and respected when people needed private time. One person had adapted shutters on their bedroom windows to help preserve their privacy and dignity.
- Staff respected people's dignity and privacy when supporting them with intimate care. They knew to shut doors and keep curtains closed. In addition, staff knew to involve people and encourage as much independence as possible.

Good

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 good. At this inspection this key question has now remained the same. 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

- People's care plans were personalised to their individual needs and wishes. When it was possible people and their relatives were involved in discussions about their care plan. Detailed guidance was in place for staff to follow.
- Staff knew people well and this supported them giving personalised care in line with the person's needs and wishes. They were able to talk through any health conditions and how each person's differed.
- People had regular reviews of their care needs to ensure their care plans reflected their current needs. When changes were needed these were made. One relative told us they were always invited to their family member's annual review.
- Each person had named members of staff that were their key workers. One staff member said, "We have key worker meetings every three months." They continued if things have changed then the care plans get updated.

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.

- Information was shared with people in a variety of ways to meet their needs and differences. Some people had their day mapped out using symbols or pictures. Posters were written in simple language with symbols to support the words.
- Staff used a range of methods to communicate with people. For example, they used symbols and pictures to support instructions. Staff communicating with some people used a simple sign language to support their speech.

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

- People participated in a wide range of activities to meet their needs and interests. When a person was unable to verbally communicate staff would support them to try new activities. They would watch the reactions and responses from the person to determine if they liked it.
- Some people had sensory issues, so activities were developed taking that into consideration. There had been a 'silent disco' arranged that people could attend and had control of the volume of music.
- People were supported to maintain relationships with those who were important to them. Some relatives were unable to visit the home due to their health and arrangements were made to take people to them.

● The staff were aware of the location of the building potentially leading to social isolation. As long as there were enough staff willing people would actively be accessing the community.

Improving care quality in response to complaints or concerns

● Staff were able to recognise when people were upset and provided support. Relatives knew who they could raise concerns with and felt listened to. One relative knew they could speak with the registered manager or deputy manager. They said, "They would immediately come back to me" and, "I would get a call". Another relative knew who they could speak with and felt it would be resolved although there could be a delay.

● Systems were in place to manage complaints and concerns. Records showed they had been managed in a timely way by the management. When patterns of complaints emerged, arrangements were made to meet and find solutions.

End of life care and support

● No one at the time of the inspection was receiving end of life care.

● People's care plans reflected discussions with them, where possible, and their family members about any arrangements in relation to their death.

Requires Improvement

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management had a clear understanding of their roles and responsibilities to monitor quality and risks in the home. There were detailed action plans created with who was responsible and completed dates. However, systems had not identified the range of concerns with medicine management. Neither had it identified the missing legionella water checks.
- The management were familiar with most current national guidance. They were in the process of reviewing how they could adapt the home further to meet 'registering the right support' guidance. However, they were not as familiar of the guidance around managing medicines in care homes. During the inspection the registered manager started to source this.
- External providers were used to help manage risks related to specialist areas of running the home. When they identified actions were required these were usually taken. For example, a recent fire risk assessment identified changes needed to some windows in the home; this had all been actioned or in the process. However, not all the external pharmacist review actions had not all been followed.
- The management were proactive at trying to resolve any concerns raised during the inspection. For example, when concerns were raised about a person's daily dose of a medicine, a senior member of staff liaised with the person's GP to rectify the situation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People had positive relationships with the management. Relatives and staff were positive about the registered manager and deputy manager. One relative talked about how much the deputy manager had helped them recently. Another relative said, "They are very good. Clearly have the interests of the clients at heart."
- The management had been working on the values of the home. They had taken input from staff, people, where possible, and relatives. Staff were aware of them and posters around the home acted as prompts.
- There was a culture of openness in the home and the registered manager's office was always open for people, relatives and staff to enter.

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 and deputy manager were aware of their legal responsibilities to be open and

honest with people. Relatives confirmed that phone calls were received when things had gone wrong. One relative was impressed the owner included their phone number in a recent piece of correspondence as another point of contact.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The management sought feedback from relatives through an annual survey. One had just been completed. One relative told us they had just received the results. Last year's annual survey had identified improvements were required with communication. Action had been taken to seek relatives preferred methods of communication.

● The management valued the staff who worked for them. They provided vouchers and incentives like 'employee of the month' to retain them. This provided consistency for people who lived at the home.

● Staff attended meetings where they could discuss the service, any changes and contribute to the running of the home. In a recent meeting there were discussions about the redesign of some communal areas in the home. This provided opportunities for staff to make suggestions and feel valued.

Continuous learning and improving care

● The management wanted to continuously learn and improve the care for people. They had built links with other providers to share good practice with and learn from.

● Changes were made in line with shortfalls recognised by the management. For example, they had identified concerns with how many staff supported people and the shift patterns. Actions had been taken to rectify this.

● The provider and management had action plans to demonstrate what they had identified as priorities to improve the home for people. These had details about the timescales and steps needed to be taken.

● Relatives, staff and care consultants formed part of the company's 'advisory board'. This provided opportunities for discussing strategic developments and direction of the home.

Working in partnership with others

● The management had been developing links with other care providers. This was so they could share good practice and continue to improve the home for people.

● Community links had been developed. This included the people maintaining planters in a local communal shared space.