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Dulverton House

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

About the service: Dulverton House is a care home providing personal care and accommodation for up to 22 older people, some of whom may be living with a dementia related condition. At the time of the inspection 18 people were living at the service.

People's experience of using this service: People felt safe and well cared for by staff who knew their needs and preferences. People told us they were given choices about their day to day life.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems supported this practice. Staff helped people and their families to make decisions in their best interests. Staff supported people to interact with one another and access the community. People joined in regular activities which supported their physical and emotional well-being.

People felt comfortable with staff that were patient and respected their wishes. Staff were kind and compassionate towards people and their relatives.

Staff paid meticulous attention to detail during end of life care. They were sensitive and professional in their approach and respected people's religious needs.

People told us they felt safe living at the service. Risks had been identified and guidance was in place for staff to help avoid repeat incidents.

Recruitment procedures were robust and ensured prospective employees had values in line with the service's aims and objectives.

Safety checks were regularly completed to make sure the environment was safe and equipment serviced regularly.

Care records were concisely written and person-centred. Staff described how they delivered person-centred care recognising each person's individual needs and preferences.

Staff felt supported by the registered manager and their colleagues.

Quality assurance checks were in place to continuously improve service delivery. Management listened to staff, relatives and people's feedback to make positive contributions to people's lives.

Rating at last inspection: Good. (Last report published 15 September 2016).
For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected: The inspection was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

Good

The service was 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?

Good

The service was well-led

Details are in our well-Led findings below.

Dulverton House

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: This inspection was carried out by one inspector.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on 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: The first day of the inspection was unannounced.

What we did: We reviewed information the provider sent us about important events that had happened at the service. We sought feedback from the local authority, and spoke with other professionals who work with the service. We assessed the information providers send to us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection we reviewed four people's care records, five staff files and records relating to the management of the service. We spoke with three people living at the service, one visiting relative, four staff and the cook. We spoke with two visiting health professionals.

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.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely.
● Trained and competent staff safely managed medicines. Systems were in place to ensure medicines were stored and disposed of appropriately.
● People told us they received their medicines when they needed them and they were administered on time.

Systems and processes to safeguard people from the risk of abuse.
● Staff understood their responsibilities to protect people from avoidable harm or abuse. Procedures supported staff to report any concerns.
● People told us staff kept them safe whilst living at the service. One person said, "Yes, I feel safe here" and a relative advised, "Yes most definitely, never had an issue with safety of the premises and on the whole I am happy with staff."

Staffing and recruitment.
● Staffing levels were appropriate to meet people's needs.
● Safe recruitment procedures were in place to make sure people were of a suitable character to work in a care setting.

Assessing risk, safety monitoring and management.
● Risks were identified and guidance in place to support staff to manage any potential risks to people. Records were reviewed and updated to reflect people's current needs.
● Environmental risk assessments were in place to ensure the safety of people's living space. The premises and equipment were well maintained.

Preventing and controlling infection.
● There were systems in place to ensure the service remained clean and to support staff to manage and control the spread of infection. Staff wore appropriate personal protective equipment, such as disposable gloves, when delivering personal care or administering medicines.

Learning lessons when things go wrong.
● The management team were keen to drive improvements throughout the service. Lessons had been learnt from analysis of accidents and incidents and measures put in place to prevent reoccurrences.

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.

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 assessed and their care plans continuously developed to provide them with person-centred care.
- Staff worked with people and accommodated their choices. One member of staff told us, "[Name of staff] works with [name] as sometimes they only respond to them. They [staff] take their time and [name] has a shower."

Staff support: induction, training, skills and experience.
- People told us staff had the right skills to meet their needs. New staff completed an induction and shadowed experienced staff until they were deemed competent to work alone.
- Staff had undertaken training relevant to their role. The registered manager had recognised that some staff learnt better using different methods of training. This was a work in progress to source more practical sessions to develop staff skills and expertise.
- Staff were supported through regular supervisions and annual appraisals.

Supporting people to eat and drink enough to maintain a balanced diet.
- People were served their choice of food and any dietary requirements were met. For example, people with diabetes were offered a low sugar dessert and people with swallowing difficulties a pureed diet.
- Care plans detailed people's nutritional needs; any changes such as weight loss were reviewed and diets adapted accordingly. The cook told us, "We fortify some people's food with cream or butter, to make sure they have sufficient calories."
- Staff offered drinks and snacks at regular intervals and encouraged people to drink adequate fluids to prevent dehydration.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.
- People were consulted when their care was reviewed and important people invited, such as relatives and advocates.
- Management sourced advice from health professionals when needed. For example, one person had swallowing difficulties and had input from the speech and language therapist and the dietician.
- Staff supported people to maintain their skin integrity by liaising with health professionals and following their advice. A health professional told us, "Staff always follow any advice given to them, communication is very good."

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

● Some good practices were in place, and further developments in progress to encourage a more dementia friendly environment.
● People's rooms were personalised with photographs of relatives, personal items and fresh flowers.
● People had access to the gardens which had plenty of seating. One person had regular breaks outside which staff supervised to ensure their safety.

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 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● Staff involved people in decisions about their care and understood how to ensure decisions were made in people's best interests.
● Mental capacity assessments were completed when necessary to help people make important decisions.
● Where appropriate, applications had been made to the local authority to ensure restrictions were lawfully authorised.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.
- Staff were considerate and patient with people, showing empathy when appropriate. People felt comfortable approaching staff. For example, one person walked up to a member of staff, cuddled them and kissed them on the cheek.
- Staff were knowledgeable about people's individual needs. For example, one person sometimes became anxious and staff worked with them to provide one to one support in a quiet room with music so they could relax and sing along.
- Staff knew people's diverse needs and built positive relationships to support them. People were supported to practice their faith.
- Staff encouraged positive interactions and exercises to promote people's well-being. The registered manager told us, "I always encourage people to come downstairs rather than staying in their rooms, it's nice for them to socialise with one another."

Supporting people to express their views and be involved in making decisions about their care.
- People and their families were involved and supported to make decisions about their care. A relative told us, "I feel able to make suggestions. We observed [name's] condition deteriorating and more supervision was needed to help choose clothes and brush their teeth. Behaviour charts were put in place to monitor when I spoke with staff. They [staff] are really supportive in that way."
- Staff understood people's communication needs and these were recorded in people's care plans.

Respecting and promoting people's privacy, dignity and independence.
- Staff respected people's privacy and maintained confidentiality. For example, staff spoke quietly to people when necessary and knocked on people's bedroom doors before entering.
- People told us staff helped them to remain as independent as they could be. Staff encouraged people to eat independently by putting cutlery into their hands or serving finger foods.
- Staff discussed changes in people's needs during handovers, which ensured people were monitored and their dignity preserved.
- Staff showed people they were valued as individuals and enabled them to make decisions. For example, staff told us one person was unable to cut up their food. They asked if the person would like them to assist rather than just presuming and taking over.
- Systems were in place to ensure people's personal information was secure. Staff had signed to acknowledge they understood the providers confidentiality policy.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care plans were concise and detailed people's levels of independence, needs and likes. Staff told us, "We observe people that have difficulty swallowing and have recently updated a care plan to support staff in what to do and sourced additional training." Staff regularly reviewed care plans to ensure they reflected people's current needs.
- Activities were planned daily and people were supported to interact. One person said, "I can go out when I like and in the summer, I like to sit in the garden or go for a walk." Activities included pamper sessions and reminiscence work.
- People were given information in a way they could understand. Where people had communication difficulties staff were aware to look for non-verbal signs. For example, one member of staff said, "I observe facial expressions and know they can listen but are unable to communicate back. [Name] was fidgeting and I understood what they needed. I called for assistance to reposition them and they settled well."

Improving care quality in response to complaints or concerns.

- People and their relatives knew how to make a complaint or raise concerns.
- The manager was proactive and sensitive to people and relative's needs. One relative told us, "If I have an issue I can go to [registered managers name] or any of the seniors and it will be actioned. [Name registered manager] will text me at 10pm at night to check I'm alright and asks about [family members name]. It's a big thing especially when you have had bad experiences before. The amount of support is really appreciated."

End of life care and support.

- Staff spoke passionately about end of life care and paid attention to people's wishes. For example, one member of staff read prayers and ensured a person's religious beliefs were upheld as they had wanted during their last days.
- Some staff had received training in end of life care and were aware of good practice and guidance. For example, oral hygiene was carried out sensitively and privacy maintained for the family. Health professionals told us, "Staff are quick to contact us to ensure people are made comfortable when needed."
- Management had a system in place for people receiving end of life care which by passed the GP and hospital; people could remain in the care home and receive timely pain relief or emergency support from the local hospice.
- Relatives were exceptionally well supported.

Good

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager and staff worked with health professionals to provide high quality person-centred care which effectively met people's needs.
- The registered manager maintained good relations with families to inform them of any changes to people's needs or well-being. One person told us, "The manager is lovely and things seem to be well run here."

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

- Staff understood their role and responsibilities. They old us, "Constructive feedback is given by [registered manager] which helps us to improve."
- The registered manager was supported by experienced and knowledgeable owners.
- Regular checks were in place to maintain and improve standards of care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- Staff felt valued for their contribution to people's care. Comments included, "The registered manager is very approachable" and, "We look after each other. We are a good team and I think of everyone as a second family." Staff told us how the registered manager looked after them in their professional and personal lives.
- People and staff had equal opportunities to ensure they reached their full potential.
- People and their relatives participated in the running of the service and mad suggestions to improve practice. For example, quarterly satisfaction surveys were distributed; informal chats with management were welcomed.
- The registered manager had good links with the local authority.

Continuous learning and improving care.

- Staff developed their skills and knowledge through further training and accessing support from visiting health professionals.