

Springcare (Davenham) Limited

Davenham Hall Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

What life was like for people using the service:

Since the previous inspection Davenham Hall has undergone some refurbishments. The unit manager for The Barns (specialist dementia unit within Davenham Hall) told us of their plans to create an environment that was meaningful for people living with dementia; some of these plans had already been implemented during our inspection.

The atmosphere within Davenham Hall was calm and homely; the management team and staff had developed strong, familiar and positive relationships with people and family members. Throughout the inspection the registered manager, management team and staff were observed to be warm and affectionate towards people and often displayed intimate physical contact that was appropriate and accepting from people.

Staff showed a genuine motivation to deliver care in a person centred way based on people's preferences and likes. People were treated with kindness, compassion and respect. Staff used techniques to help relax people with positive outcomes. Everyone we spoke with told us Davenham Hall was a homely place to live and visit and staff told us it was like 'home from home'.

People told us they felt safe living at the service and family members were confident their relatives were kept safe. Risks that people faced were identified and assessed and measures put in place to manage them and minimise the risk of harm occurring. Staff showed a good understanding of their roles and responsibilities for keeping people safe from harm. Medicines were managed safely and people received medication at the right time. The environment was safe and people had access to appropriate equipment where needed.

Sufficient numbers of suitably qualified and skilled staff were deployed to meet people's individual needs. Only agency staff employed by the registered provider were used to cover any shortfalls in staffing levels to ensure that consistent staff were used to support people. Staff received a range training and support appropriate to their role and people's needs.

People's needs and choices were assessed and planned for. Care plans identified intended outcomes for people and how they were to be met in a way they preferred. People told us they received all the right care and support from staff who were well trained and competent at what they did. People received the right care and support to maintain good nutrition and hydration and their healthcare needs were understood and met. People who were able consented to their care and support. Where people lacked capacity to make their own decisions they were made in their best interest in line with the Mental Capacity Act.

People received personalised care and support which was in line with their care plan. People, family members and others knew how to make a complaint and they were confident about complaining should they need to. They were confident that their complaint would be listened to and acted upon quickly.

The leadership of the service promoted a positive culture that was person centred and inclusive. People, family members and staff all described the registered manager as supportive and approachable. The management team showed a continued desire to improve on the service and worked closely with other agencies and healthcare professionals in order to do this. Effective systems were in place to check on the quality and safety of the service and improvements were made when required.

More information is in Detailed Findings below

Rating at last inspection: Good (report published 11 January 2016)

About the service: Davenham Hall is situated approximately half a mile from Davenham village centre. The main house has 31 single bedrooms and four shared rooms. A separate unit named The Barns, provides care for people living with dementia. This has 27 single bedrooms all with en-suite facilities.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

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 ●

This service was safe.

Details are in our findings below.

Is the service effective?

Good ●

This service was effective.

Details are in our findings below.

Is the service caring?

Good ●

This service was caring.

Details are in our findings below.

Is the service responsive?

Good ●

This service was responsive.

Details are in our findings below.

Is the service well-led?

Good ●

This service was well-led.

Details are in our findings below.

Davenham Hall 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 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:

Day one of the inspection was conducted by one adult social care inspector.

One adult social care inspector and an Expert by Experience conducted the inspection on the second day.

An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Davenham Hall is a care home. People in care homes receive accommodation and nursing or personal care. 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. 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.

Notice of inspection:

Day one of the inspection was unannounced and day two was announced.

What we did:

Our plan took into account information the provider sent us since the last inspection. We also considered

information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We obtained information from the local authority commissioners and safeguarding team, Healthwatch and other professionals who work with the service. We assessed the information we require providers to send 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 all this information to populate our 'planning tool' and plan our inspection.

During the inspection, we spoke with seven people using the service and five family members to ask about their experience of care. We also spoke with the registered manager, operations manager, unit manager for The Barns unit, and five members of staff, including care and ancillary staff.

We looked at seven people's care records and a selection of medication and medication administration (MARs). We looked at other records including quality monitoring records, recruitment and training records for five staff and records of checks carried out on the premises and equipment. Details are in the Key Questions below.

The report includes evidence and information gathered by the Expert by Experience.

Is the service safe?

Our findings

People were safe and protected from avoidable harm.

Assessing risk and supporting people to stay safe from harm and abuse.

- People and family members told us they felt safe with comments like "I'm safe here," "I feel safe because there are people around me," "Yes [name] is safe here," and "Very happy with the care, [name] is definitely safe here."
- Individual risks to people had been assessed with the involvement of the person and their family members where appropriate. Care records provided detailed information around people's individual risks in order for staff to keep them safe from avoidable harm.
- Staff received safeguarding training and had access to relevant information and guidance about protecting people from harm. Staff understood what was meant by abuse and were confident about how to report safeguarding concerns.
- The registered manager kept a record of safeguarding incidents that had occurred. Incidents were dealt with appropriately action was taken to minimise future incidents occurring.

Staffing levels

- Sufficient numbers of suitably qualified and trained staff were deployed to meet people's needs and keep them safe. A dependency tool was used to ensure staffing levels were appropriate. Nurses were on duty both during the day and night to ensure that people's needs were met.
- The registered provider employed a team of bank staff and called upon them when required to maintain safe staffing levels. This helped to ensure people received consistent care from staff who knew them well.
- We received mixed feedback from people regarding staffing levels. Comments included "Staff seem overstretched, sometimes [name] is still in bed at 11am because [staff] are too busy," "Yes there is enough staff, [staff] always seem to come when I ask" and "Sometimes staff are very busy but [staff] do a good job." The registered manager was aware of the current staffing issues and was working to rectify this.

Using medicines safely

- Medicines were managed and stored safely by appropriately trained staff. Medication administration records (MARs) were completed correctly and staff had access to information and guidance about how to safely administer people's prescribed medication. This included guidance for the use of medication to be given 'as required' (PRN) and the application of creams, ointments and patches. Records were completed when medication was received into the service, destroyed and returned to the supplying pharmacy.

Preventing and controlling infection

- Staff had received training around preventing and controlling the spread of infection and had access to relevant guidance and information about good infection prevention and control. Staff used personal protective equipment (PPE) and followed good hand washing techniques to minimise the spread of infection. The cleanliness of the service was maintained to a good standard.

Safety monitoring and management

- Regular safety checks were completed on the environment to ensure it remained safe.
- Equipment used to assist people with their mobility, comfort and independence was regularly checked and maintained to ensure it remained safe to use.

Learning lessons when things go wrong

- Record of any incident or accidents that occurred were kept and reviewed monthly to identify any patterns or trends so that lessons could be learnt when things went wrong. The information was used to re-evaluate dependency levels and staffing.

Is the service effective?

Our findings

People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on best available evidence

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

- Assessments of people's care needs were completed in good detail and included expected outcomes for people based on their needs and choices. Assessments were obtained from other health and social care professionals prior to people receiving support and used to help plan effective care for people.
- Staff knew people well and how to best meet their needs. Staff used the training and experience they had received to support people and provide good outcomes and a good quality of life.

Staff skills, knowledge and experience

- People and family members told us "[Staff] seem to know what they are doing, they look after me well I can't complain" and "When our [person] was ill staff knew exactly what to do, they were excellent, couldn't fault them".
- Staff were competent, knowledgeable and skilled and carried out their roles effectively. Newly recruited staff had completed a comprehensive induction and continued to receive training throughout their employment to maintain up-to-date skills and knowledge. Training received was appropriate to people's needs and the requirement of the role.
- Staff were supported to obtain further qualifications and maintain professional registration.
- Staff felt supported in their role. Staff did not attend regular one to one supervision, however they described on-going support they received enabled them to discuss their work concerns or leaning development when needed. The registered manager was aware of the need to conduct regular supervision and plans were in place to support this.

Eating, drinking, balanced diet

- People's comments about food and drink included; "The food is alright," "Yes I enjoy the food and get plenty of drinks during the day" and "Sometimes I have to chase staff fir drinks." One person told us "I prefer to eat my food on my own and so a tray is brought through to the blue lounge for me and I have a glass of chilled white wine as that is my favourite."
- People were supported to maintain a healthy balanced diet and were provided with regular food and drinks throughout the day. Kitchen staff were aware of people's individual dietary needs, including their likes and dislikes.
- People were protected from risks associated with poor nutrition, hydration and swallowing difficulties.

Healthcare support

- Where people required support from healthcare professionals this was arranged and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as hospitals.
- Where staff had identified changes in people's needs, referrals to appropriate healthcare professionals were completed in a timely manner; this included healthcare professionals such as dieticians, speech and

language therapists, tissue viability services, community mental health nurses and the falls team.

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

- Both Davenham Hall and The Barns had recently undergone some renovation and redecoration. There was signage around The Barns to help people with their orientation and way-finding. The unit manager and activities co-ordinator were working towards providing memory boxes and memorabilia to further promote stimulation for people living with dementia. In addition they used new techniques and sensory equipment to help provide a more meaningful and calm environment for people.
- Technology and equipment was used effectively to meet people's care and support needs. People had access to call bells to alert staff to when they required support. Those who were unable to use a call bell had a sensor beam in their in room to alert staff.

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 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). 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 were being met.
- Where people lacked the capacity to make particular decisions, they were supported to have maximum choice and control over their lives and were supported by staff in the least restrictive way possible.
- Where decisions needed to be made in people's best interests, relevant people were involved and appropriate records had been completed.
- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation to ensure decisions made on behalf of people were lawful.

Is the service caring?

Our findings

The service involves and treats people with compassion, kindness, dignity and respect

Treating people with kindness and compassion and ensuring people are well supported

- People were treated with kindness and were positive about the caring attitudes of staff. Comments included "[Person] could not be better placed," "Staff are very good here" and "I am happy with the care."
- Staff knew people well and displayed positive, warm and familiar relationships when interacting with them. There was a mutually genuine, kind and compassionate relationship between staff and people living in the home.
- Staff understood and supported people's communication needs and choices. Staff observed body language and maintained eye contact and listened patiently and carefully when speaking with people.
- People and family members had been given the opportunity to share information about their life history, important relationships, likes, dislikes and preferences. Staff used this information as well as positive interaction, to get to know people and engage them in meaningful conversations.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and provided compassionate support in an individualised way; people felt listened to. Staff knew how people liked to be addressed and called people by their preferred name or title. Staff provided support and comfort to people who were upset and anxious to help relax them.
- People's right to privacy and confidentiality was respected. Staff ensured they delivered personal care to people in private. Staff knocked on doors and waited for a response before entering bedrooms, bathrooms and toilets and people told us this was usual.
- Records relating to people's care were kept confidential and staff understood the importance of discussing people's care in private.
- People were given choice and control in their day to day lives and supported to maintain their independence wherever possible. Staff were keen to offer people opportunities to spend time as they chose and where they wanted.
- People were supported to maintain and develop relationships with those close to them, social networks and the community. This included people who had moved into the home together. One person told us "We are here because we can be together, we have been married 66 years". One family member told us that staff supported them to arrange a family event to be held at the home so that their relative could be involved as they knew this was important to them.

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

- People, along with family members, were encouraged to share their views about the care people received with regular reviews and meetings.
- Staff signposted people to sources of advice and support or advocacy; and provided advisors or advocates with information after getting permission from people.

Is the service responsive?

Our findings

People received personalised care that responded to their needs

Personalised care

- The care people received was person centred and based on their individual needs. Staff knew people's likes, dislikes and preferences and used this knowledge to care and support people in the way they wanted, such as, how they preferred to spend their time.
- People's needs were identified, including those related to protected equality characteristics, and their choices and preferences were regularly met and reviewed. Reasonable adjustments were made where appropriate and the service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- People were supported to access a range of activities on a regular basis. The role of an activities coordinator was recently introduced at the service. and they planned activities based around people's needs and preferences.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care. The service provided a range of accessible ways to do this through care review meetings, regular surveys and other meetings held with people and their relatives.
- People and family members were given information about how to make a complaint and were confident that any complaints they made would be listened to and acted upon in an open and transparent way.
- Complaints that were made were dealt with appropriately by the registered manager and where required were used as an opportunity to improve the service.

End of life care and support

- People were supported to make decisions about their preferences for end of life care, and were involved in developing care and treatment plans. Care plans included people's advanced decisions about their end of life wishes and appropriate professionals were involved throughout.
- Staff ensured that family members and friends were supported before and after a person had passed away and ensured that a person's death was treated in a respectful and dignified manner.
- One person's family members "[Person] passed away recently, we couldn't fault the care, [staff] were very dignified and respectful, they gave [person] everything they needed and wanted. We stayed as long as we wanted and nothing was an issue or too much. Staff were very supportive but professional at the same time. Fantastic care."

Is the service well-led?

Our findings

Leadership and management assure person-centred, high quality care and a fair and open culture

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements and leadership and management

- The service was well-led and well-run with a clear management structure in place. The registered manager, unit manager and staff understood their roles and responsibilities.
- People and family members felt confident in the abilities of the management team and the leadership of the service.
- Staff felt extremely supported by the registered manager and unit managers and were confident about discussing any issues and concerns in an open manner.
- The registered manager and operations director planned to implement champion roles in various areas of care so that staff could focus on best practice in their area in order to further improve the standard of care.

Promotion of person-centred, high-quality care and good outcomes for people

- The registered manager promoted a culture of person-centred care by engaging with everyone using the service and family members. People and family members felt listened to and involved in the care provided. Comments they made included "I can go to [manager] about anything and I know they will listen," "I can talk to all the staff even [manager] if I need to" and [Manager] is great, always there to listen."
- There was an open-door policy at the service whereby the registered manager and other senior staff positively encouraged feedback from people, family members and staff.
- Learning took place from accidents and incidents and concerns and complaints were listened to and acted upon to improve the service.
- Staff understood the registered manager's vision and were keen to implement this within the home to ensure that people received the best care possible. Staff told us they felt 'it is a home from home environment' and enjoyed working at Davenham Hall.

Engaging and involving people using the service, the public and staff and working in partnership with others.

- The service involved people and family members in thorough meaningful discussions about the care. Their views were obtained through regular surveys and meetings and information obtained was used to improve the service.
- The service had helped develop a strong community of support amongst family members of people living with dementia; this support network had helped family members to better understand the needs of people living with dementia and how to effectively support them. As part of this process the unit manager for The Barns had invited family members to take part in dementia awareness training.
- The management team and staff worked closely with other partner agencies and community groups to achieve good outcomes for people. This included working in partnership with external healthcare professionals, commissioners, safeguarding teams and dementia specialists.

Continuous learning and improving care

- Quality assurance systems were in place and used effectively to monitor key aspects of the service. Audits

and checks were completed on a regular basis by the management team and registered provider to identify areas of improvement. Clear action plans were created by both the registered manager and provider and tasks were allocated to appropriate staff to complete.