

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	

Overall summary

The inspection was unannounced and took place over two days on the 15 and 30 October 2015.

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.

The service has a registered manager in place. 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.

Summary of findings

People felt safe using the service and staff were able to tell us how they would protect people from harm and knew the signs and indicators associated with abuse. Staff knew what processes to follow if they had any concerns. People told us that whilst they felt safe within the service they also felt that more staff were needed. At the time of the inspection we did not have any concerns about the number of staff, however this information was fed back to management.

Effective recruitment processes were in place, and staff received ongoing training to ensure that their knowledge was kept up-to-date and in line with best practice.

People's medication was effectively managed, and processes were in place to ensure these were securely stored and audited on a regular basis.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We saw that policies and procedures around the Mental Capacity Act 2005 and DoLS were in place to ensure that people's rights were protected in line with legislation and guidance. Applications had been made to the local authority to assess people's eligibility for DoLS. Mental capacity assessments had also been completed which outlined what decisions had been made in a person's best interests and why this had been necessary.

People liked the food that was available. They were offered alternative options where they did not like what was offered, and appropriate options were available for people with specialist dietary requirements.

Staff adopted a kind and caring approach towards people using the service and offered reassurance and support where needed. Staff were responsive to people and families told us they felt confident their relatives were being well looked after. We observed that the atmosphere in the dementia unit seemed flat and that there was a lack of stimulation of people. The television was on, however people did not appear to be watching this, and staff did not seem to have time to talk with people. We raised this with the duty manager who told us they would take this into consideration.

There were a range of activities on offer which included one-to-one and group options. People told us that they enjoyed the activities.

Management had made attempts to engage with residents and their families and had made changes following recommendations being made. People told us that they would complain if they felt they needed to and felt confident that they would be listened to.

The registered manager completed quality audits of the service which produced an action plan on changes that needed to be made. This contributed towards the delivery of good quality care and support.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff knew how to recognise and report abuse.

There were sufficient numbers of staff on duty to ensure people's safety.

Medication was managed safely and people were given their medication as prescribed.

Good



Is the service effective?

The service was effective.

Staff received training that enabled them to carry out their role effectively.

Staff had an understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and this was applied correctly in the service.

People were provided with a choice of food at meal times and received the support where required with eating and drinking.

Good



Is the service caring?

The service was caring.

Staff were kind and compassionate towards people using the service.

Staff respected people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

Care plans were personalised which allowed staff to provide the correct support.

People knew how to complain and felt confident they would be listened to.

Good



Is the service well-led?

The service was well-led.

Staff and people who used the service could identify management and felt they were approachable.

Audit systems were in place to ensure that issues were identified and improvements made.

Staff received group supervisions, however felt that one-to-one supervision would be more beneficial and supportive.

Good



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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.

The inspection took place over two days on the 15 and 30 October 2015 and was unannounced. The inspection team consisted of two adult social care inspectors and one expert-by-experience.. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection taking place we contacted Healthwatch, an independent consumer champion created to gather and represent the views of the public. They did not raise any concerns. We also contacted the local authority contracts and commissioning team and the local safeguarding team, neither of which raised any concerns. We also reviewed information we held about the service, including notifications that the registered provider had sent to us since the last inspection.

During the inspection we spoke to four members of staff, the registered manager, 12 people who used the service and seven relatives. We also spoke with one visiting professional. We observed the care and support given in communal areas and reviewed the care plans for four people and records relating to how the service was managed. We looked at the staff records for two staff.

Is the service safe?

Our findings

People who used the service told us that they felt safe using the service. People's comments included; "I'm safe, it's fine for me", "Oh yes, we're both safe". Families and friends also told us that they felt their relatives were safe; "[name]'s safe here", "[name]'s definitely safe here". Both relatives and people using the service commented that personal possessions were kept secure; "I'm safe and my belongings are safe", "She's safe, and her things are safe", "Laundry [service] is excellent also".

People felt the service was clean and well-looked after; "They Hoover every day", "It's cleaned and maintained well". There were soap dispensers available in the toilets and staff had access to disposable gloves and aprons, which we saw were being used appropriately to maintain hygiene and minimise the risk of infection. Records kept by the registered provider showed that Legionella checks had been completed as required..

There were enough staff to maintain people's safety and wellbeing. Staff in the unit accommodating people with dementia told us that the registered manager had recently employed an additional member of staff to work over the lunch period. Staff told us that this was "a great help". People told us that staff consistency was good and that they had built up a good relationship with staff because of this; "Three staff are on maternity leave so [there's] some new staff, but 90% are regular", "Staff know me and I know them", "They know me well".

During lunch time on the unit accommodating people who are living with dementia we observed that there were periods of time when staff were congregated around the kitchen area leaving people alone. This could have placed people at higher risk of falls, as some people who used the service were at risk of attempting to walk unaided. We raised this with both the nurse in charge and the duty manager.

Personalised risk assessments were in place and included areas such as skin integrity, falls and management of challenging behaviour. These were reviewed on a monthly

basis. They provided information to staff on how to manage the level of risk presented by an individual's needs and detailed what actions needed to be taken. People had personal emergency evacuation plans (PEEPs) in place which provided information to staff on the safest way of assisting people out of the building.

People's medicines were safely managed and were stored in locked cabinets in a dedicated room on both units. These rooms were kept locked when not in use and were organised and tidy. There was an audit system in place to ensure that correct quantities of medication had been given to people. We checked the quantity of a sample of the medications being stored and found that this corresponded to the audit records. This demonstrated that appropriate procedures were in place to highlight where issues may have occurred.

The registered manager had monthly contact with the local authority safeguarding team, informing them of any low-level safeguarding concerns that had arisen. Staff showed that they had a good understanding of safeguarding and the different types of abuse that could occur, and were also able to tell us what indicators may be evident where abuse is taking place; "people could become quiet, withdrawn or there may be marks like a bruise". Staff told us that they would feel confident in reporting any concerns and demonstrated what processes they would follow; "I would go to management with any concerns", "I'd take any concerns to the nurse, or if she's not in I'd go to managers". This showed us that staff had the necessary knowledge to keep people safe and protected from harm.

There was a robust recruitment policy in place. Staff files contained a minimum of two references and a check completed by the disclosure and barring service (DBS). DBS checks are carried out to check on people's criminal record and to check if they have been placed on a list for people who are barred from working with vulnerable adults. A disciplinary procedure policy was in place which management assured us would be followed if any issues were identified with a staff member. This helped ensure that staff were of good character and were suitable for the role into which they were being employed.

Is the service effective?

Our findings

People told us that they felt that staff were well trained and able to do their job; “They seem very well trained”, “They must be well trained, they’re very efficient and respectful”. People told us that they enjoyed the food that was offered to them; “lunch was lovely, the food is very good”, “Food quite good, there’s plenty. There’s variety and lots of choice, whatever we want. If didn’t like it they’d change it.”

Staff received appropriate training that enabled them to complete their job effectively. New staff members undertook an induction program which covered topics such as fire safety, moving and handling and safeguarding. There were ongoing opportunities for staff to access training to refresh their knowledge and continue their development.

Staff received group supervisions and team meetings which highlighted areas that needed improving within the service, for example one supervision reminded staff not to use mobile phones whilst on shift. Some staff told us that they felt one-to-one style supervision would be more beneficial and supportive. We fed this back to the duty manager who informed us they would take this into consideration.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that people’s human rights and liberties were being maintained in line with government guidance and legislation. Mental capacity assessments had been completed around people’s ability to make specific decisions. Family and professionals had been consulted in determining what was in a person’s best interests where they did not have capacity. During the inspection we had the opportunity to speak with a best interest’s assessor who was assessing people’s eligibility to be subject to the

Deprivation of Liberty Safeguards (DoLS). The assessor told us that the referrals that had been made were appropriate and that people whose liberty was being restricted was being done in accordance with the law. Staff and management demonstrated an understanding of the Mental Capacity Act 2005 and DoLS.

People told us that staff sought their consent prior to completing personal care interventions; “They always ask for my consent before they do anything. I’m treated as an individual”, “Staff always ask before they do anything, speak with respect and say what’s right”. We also saw examples of staff seeking consent prior to attending to people’s needs, for example we saw staff ask one person if they wanted to move from their wheelchair into an armchair, before supporting them to do so.

Staff supported people with eating and drinking where they were unable to do this for themselves. Staff encouraged people to eat and drink sufficient amounts and offered alternative options when people did not like the food. People told us that there were different options available and they generally liked the food; “Food ok for me. I ask and get something else if there’s something I don’t like .They know I don’t like eggs”, “Food quite good, there’s plenty of variety and lots of choice whatever we want. If didn’t like it no trouble they’d change it”. We saw that people’s care plans contained information about special dietary requirements and saw that people were given options that were appropriate to their needs, for example soft food diets and diabetic meals.

People told us that they had access to a variety of health professionals; “[I] see a chiropodist if I need to”, “Doctor comes if needed”, “GP comes to see me if I need him. I’ve had my flu jab”. People’s care plans also contained input from the Dietician for those with special dietary needs.

Is the service caring?

Our findings

People told us that they received good care and support from staff who worked in the service, and that staff were kind and considerate; “Staff are friendly. They look after me, they’re kind and caring”, “I’m really happy. Staff are good as gold to me. They’re really looking after me”, “Staff are marvellous, they work hard. They’re kind and caring, I couldn’t ask for better”. One family member told us “staff here are very caring,” and gave an example of how their relative’s bed had been moved so that they had been able to look out the window after a decline in their health had meant that they were unable to get out of bed.

The atmosphere throughout the service was calm and relaxed and the interactions between staff and people who used the service indicated that a good rapport had been developed. Families told us that they were made to feel welcome when they visited; “We’re made to feel very welcome here, staff are great”. One family told us that the spouse of their relative who used the service had “become part of the family” and that staff “keep an eye on [name] too” which was reassuring for the family as they lived far away.

People who used the service were treated with dignity and respect. Staff ensured that doors were closed when attending to people’s personal care, and were discrete when asking people if they needed to use the toilet. Staff were compassionate and sensitive in their approach to people with dementia, communicating clearly and using

reassuring language to help minimise levels of anxiety. We saw one example of this when staff supported a person to transfer using a hoist. Staff were aware that this person would become anxious and gave clear instructions when putting the sling in place and offered reassurance. Staff positioned the hoist so that the transfer would take the least amount of time possible, and worked efficiently which minimised the amount of discomfort to the individual. In another situation a member of staff saw that a person was becoming anxious and helped distract them by offering a fresh cup of tea and a biscuit and then sat with the person until they were calm.

We saw that people had their own bedrooms and that these were kept clean and tidy by staff where people were unable to do this themselves. People had personalised their bedrooms with ornaments and pictures of their family. The duty manager told us that when people wanted to stay in their own rooms they were able to do so, however they also had the option of spending time in one of the communal areas. We raised with the duty manager that staff lockers were an alcove in one of the corridors, and that staff belongings were not kept tidily in this area, which was not considerate of the people who lived in the service. The duty manager told us she would ask staff to tidy this up, and we later saw that this had been done.

People within the service had the opportunity to access advocacy services and we saw that there was a leaflet on the notice board in the main entrance giving details of the local advocacy service.

Is the service responsive?

Our findings

People told us they were happy with the care and support they received. They told us that there were activities available on a daily basis for them to join in; “We went to Blackpool a few days ago, the trip was very good. Also lunch at Pettypool was good the other day.” Other activities included arts and crafts, visits to a local garden centre, pampering sessions and lunch at a local carvery.

The activities co-ordinator told us that they considered a person’s individual needs when planning activities, for example people who were in their bedrooms, or did not like group activities had the option of one-to-one sessions. One family member told us “staff are very responsive. They regularly go into [my relative’s] room to talk to [them] as they cannot get out of bed. We feel reassured that they are here”.

We observed that the atmosphere unit that accommodates people living with dementia seemed flat and that there was a lack of stimulation for people. The television was on, however people did not appear to be watching this, and staff did not seem to have time to talk with people. One person told us “[the television] gets on my nerves sometimes”. At lunch time staff put music on, however this finished playing after a short period of time and was not put back on. We fed this back to the duty manager who told us that they would take these comments on board.

Each person had a care plan that outlined people’s needs and specific risks. There were photographs of the person on the first page inside the care plans and important information such as allergies and any concerns. Assistance

people needed on a daily basis, communication needs and nutrition were included. The information was person-centred and was easily accessible, which made it clear to staff how to support people. For example one person’s care plan stated “Encourage to socialise with peers to prevent social isolation”, whilst another included ‘triggers’ which may lead to challenging behaviour, allowing staff to anticipate and respond to needs quickly. Where people were unable to make decisions for themselves we saw that staff and family had discussed the situation and made a decision in the person’s best interests.

Staff completed daily progress notes which showed that people received the care and support they needed. Staff also updated a falls diary and behavioural chart for people which was used in monitoring and planning people’s care and support. One family told us “My [relative] is very variable and staff respond well. We saw a big decline in her health, but then she picked up and staff helped her with getting out of bed and helping her walk.” During the inspection we saw care staff updating the daily notes for people, and that monthly reviews were carried out on individual care plans to keep them up-to-date.

Residents and relatives told us that they would feel comfortable raising any concerns if they needed to; “I would tell [staff] if I was not happy”, “My relative has mentioned concerns before and this has been responded to by staff”. Management also kept a record of compliments and complaints which also included their response and action taken to rectify issues. This showed that they were responsive to people’s concerns.

Is the service well-led?

Our findings

The service had a registered manager in place. People who used the service and their families told us that they knew who the manager was and that they would feel confident in approaching her if they had any issues; “The manager is very professional and approachable. So are the nurses”, “I met with the manager she’s very approachable”, “The manager’s approachable and she listens. Nothing is too much trouble”. During the inspection the registered manager was on holiday, however there were sufficient processes in place to ensure that her role was covered by the duty manager who had a good understanding of the service.

There was a positive culture throughout the service which was evident in the way that staff interacted with people using the service. Staff told us that they felt it was their duty to keep people safe and well.

Staff within the service knew who the management team were and felt that managers were supportive. Some staff also told us that they felt that supervision could be more supportive, and that it generally occurred in response to an issue. One staff member told us, “It’s not a dialogue. Supervision should be helpful, but it feels more like a telling off”. Staff told us that they would approach managers with an issue and mentioned that a recent additional staff member to support during lunch time has been a “positive response by management” to comments about staffing levels. These comments were fed back to the duty manager.

There were audit systems in place to quality check care plans, the environment, medication and other aspects of the service. Information on the frequency of an audit was contained in a matrix so that the registered manager knew what aspect of the service needed auditing when. Information from the audits was used to develop an action plan, for example one audit found that not all care plans were standardised and as a result work had been done to ensure that they all followed the same format.

A questionnaire had been sent out by the registered provider which asked for the opinion of relatives of those who used the service. The results had been collated and were on display in the entrance to the service highlighting that feedback had been positive. The registered manager also held meetings for residents and their families, and we saw evidence that changes had been made in response to suggestions made within these meetings. An example of this was a fenced area around the patio of one of the lounges where people could sit. This helped to maintain the safety of people living with dementia and gave them to access the outside area.

The registered manager had monthly contact with the local safeguarding team and there was regular contact with other professionals such as the GP, dietician and social workers. This contributed to maintaining a good standard throughout the service by drawing upon the experience of other professionals.