

Dauntsey House Care Limited

Dauntsey 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

Dauntsey House 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.

Dauntsey House accommodates 21 people in one adapted building, some of who are living with various degrees of dementia. At time of the inspection there were 21 people living there. Dauntsey House has 19 single and double bedrooms spread over two floors with access to a communal lounge, dining room and conservatory on the ground floor.

The inspection took place on 6 and 7 March 2018 and was unannounced.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager in post. 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.

People, relatives and visiting professionals spoke very highly of the care people received at Dauntsey House. People told us they felt safe and appeared comfortable around staff.

Staff knew the people they supported and were able to explain the risks relating to them and the action they would take to help reduce the risks from occurring.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. At all times during the inspection, staffing levels meant people were well supported.

There were safe medicine administration systems in place and people received their medicines when required. Only senior staff who had received medicines administration training and had been assessed as competent, were able to administer medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff told us they were able to provide unrushed care and were able to spend time talking to people.

Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. People told us they were able to make choices about their daily routine.

Care, treatment and support plans were personalised. The examples seen were thorough and reflected people's needs and choices. We saw care plans included background history and what was important to people, for example what careers people used to do and what hobbies and interests they had.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. People and their relatives were given information on how to make a complaint, however relatives told us they had not needed to make any complaints.

There was an active programme of entertainment and activities daily. We observed people taking part in singing and dancing. Dauntsey House had a busy and happy atmosphere.

Staff spoke positively about management and told us they felt supported. The registered manager also told us they valued their staff team. Relatives said the manager's door was always open.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Dauntsey House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 6 and 7 March 2018 and was unannounced.

One inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before we visited, we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with four people and four visiting relatives about their views on the quality of the care and support being provided.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records, which included three care and support plans, daily records, staff training records, staff duty rosters, personnel files, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices.

We spoke with the registered manager, deputy manager, three care staff and other staff with roles that included housekeeping, maintenance, catering staff and the activities coordinator. We received feedback from a dementia specialist who worked alongside the service.

Is the service safe?

Our findings

Some people were not able to tell us if they felt safe living at Dauntsey House. From observations people appeared comfortable around staff and did not shy away when staff approached them. People who were able to comment on their safety, said "I feel safe because they are always around if I need anything or have a problem, someone can help me sort it out", "There's always someone here, and they don't just leave you to your own devices, they take notice of what you're doing", "The staff are always calling in to see me, they ask if I want anything, like a cup of tea, and I've no problems with any of them, I feel completely safe" and "I'm helped with walking, they make sure that I'm safe as I'd fallen over before I came in and they walk with me."

People were kept safe because systems were in place reducing the risks of harm and potential abuse. Staff had all received safeguarding training and were aware of their responsibilities in reporting concerns and the concerns from those they supported. Staff told us they would not hesitate to raise concerns and felt confident it would be dealt with.

We saw that risk assessments were in place for people's health and safety and their independence were promoted. For example risks were assessed for falls, the use of equipment and for fire evacuation. Some parts of the house had steep stairs and we saw that only people who were assessed as safe to use the stairs, were supported to use the stairs.

People were supported by sufficient number of staff with the right skills and knowledge to meet their individual needs. At all times during the inspection, staffing levels were appropriate and meant people were well supported. We observed staff responded to people's needs quickly, for example, staff were able to distract people with a cup of tea or suggesting an activity they enjoyed when they became anxious or upset.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role.

There were safe medicine administration systems in place and people received their medicines when required. Only senior staff who had received medicines administration training and had been assessed as competent, were able to administer medicines. We identified some gaps for signatures in the medicines administration records (MAR charts) for two people. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicines were required to initial the MAR chart to confirm the person had received their medicine. We raised this with the deputy manager who investigated and explained that these gaps were for people who refused their medicines at times and staff would go back several times to offer the medicines again. The medicines were administered, just not signed for. There was evidence of this as the service had a system in place where medicines were counted during each administration of a medicine. This meant any medicines errors would be identified immediately.

People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. Where people had falls, measures were put into place to minimise the risk of reoccurrence, for example sensor equipment. The deputy manager told us they completed monthly audits

for falls. They had identified a high number of falls in January 2018, which after investigation appeared to have been caused by infections. They said this helped them to put necessary actions in place, for example encouraging fluids and frequent monitoring.

The Home had an infection control champion who ensured the infection control policy and procedures were up to date and that staff had access to sufficient personal protective equipment (PPE) such as disposable gloves and aprons. They completed regular infection control audits to identify any risks or shortfalls. The champion told us they completed unannounced spot checks to ensure staff followed the correct procedures and wore personal protective equipment.

Is the service effective?

Our findings

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.

We saw that where people lacked the capacity to consent to living at Dauntsey House, a mental capacity assessment was in place and a best interest decision was recorded. We observed that people's consent was sought for their day to day care. Where complex decisions were needed for people who lacked the capacity to consent, such as the use of bed rails or sensor equipment, mental capacity assessments were completed and best interest decisions made. One person said "They do explain things and they give me choices, so I can decide".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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. We found the registered manager had followed the requirements of the DoLS and had made applications to the supervisory body for authorisation.

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. One person said "They're a competent team, they do a good job in difficult circumstances. You can see from the way they deal with some of the people here, that they know what they're doing." A relative commented "The staff are very good, you can see that they're able to meet the needs of different people." Staff told us they had completed training on various subjects such as dementia, safeguarding adults, mental capacity and manual handling. Staff told us and records confirmed that staff received an induction relevant to their roles. Staff completed a period of shadowing an experienced member of staff before commencing their role.

People told us they liked the food and were able to make choices about what they had to eat. Comments included "The food is excellent, there's a choice of two main courses and it's always very nice, I enjoyed the pork and vegetables today", "The food is really excellent, there's plenty of it. They will get you anything you want. I've never wanted extra food but you could if you wanted it. We get drinks all day and biscuits and cakes" and "The food is alright, I've never not been able to eat it, but I think if you really didn't like it they'd do something else for you." We observed one person asked for kippers, which was not on the menu and kitchen staff got it for the person. We also saw some people found it difficult to make a choice when asked. We raised this with the registered manager, who said they were due to introduce showing people different plates of food to help with their choice.

People's dietary needs and preferences were documented and known by the chef and staff. The home's chef kept a record of people's needs, likes and dislikes. Some people were on a soft diet. We observed the meals were constructed and presented to look as close to the original meal. This meant the meals appeared more appealing.

People were supported to maintain good health and had access to appropriate healthcare services. A person said "The dentist and optician come here to see me, and the chiropodist. If I have to go to a hospital appointment they send me with somebody [staff]. My doctor comes in from time to time." A relative told us "They [staff] are very proactive with people's needs, for example getting a physiotherapist or dentist to visit."

We found some areas of Dauntsey House were not always dementia friendly and some areas were in need of repairs. The registered manager told us it was an old house and they were continuously repairing and making improvements, for example all carpets were due to be replaced and they had just replaced the arm chairs. They had also introduced a sensory room, where people could go to relax and have time out if they wished to do so. Relatives commented "It's not like the luxury homes you visit, but that doesn't matter so much. It's the care that matters", "You could say that it's appearance belies its effectiveness" and "It's an old house and I like that. I don't worry about whether it's highly polished; as it's relationships that matter and they've got that part right."

Is the service caring?

Our findings

People told us they were happy with the care they received. Comments included "I get on well with all of the staff, there isn't a bad one amongst them and if there was someone like that, I get the feeling they wouldn't last long", "The staff are mostly good and I get on well with most of them, this lady [activities co-ordinator] is just wonderful, she makes us all laugh and keeps us happy", "This is a wonderful place, the staff are excellent and I can talk to them about any problems" and "The staff are very kind and caring, they look after me well and we have a chat."

Relatives told us they couldn't praise the care their family member received any higher. They said "I really cannot speak highly enough of them and we're so thankful to have found this place, we looked at several but this one stood out for the friendliness and caring kindness of the staff", "The staff are very nice, because they give such person centred care. They're magnificent", "The staff are so kind, you can see how they are with people, they really do care and they understand their needs, I'm always made welcome at any time, I'm offered tea and biscuits. I've nothing negative to say" and "I couldn't be happier. They [staff] provide exceptional care. It's home from home. It's like a family."

People received care and support from staff who had got to know them well. All relatives we spoke with commented on how well staff knew their family member and understood their needs. A relative commented "We are all really happy with it, the staff are kind, caring and supportive. They know the residents and they care. We can see that they know [person], they understand [person] sense of humour and what she likes to wear."

The relationships between staff and people receiving support demonstrated dignity and respect at all times. Staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. A visiting professional told us "This home is unique. There is something special about Dauntsey House. You come in and there are dogs and people. It's like home."

Staff told us they were able to provide unrushed care. One staff member said "I get to spend as long as it takes to support with personal care. It doesn't feel like you're being rushed." Staff also said they were able to sit down and talk to people after lunch. A staff member said "It's great. I have the time to sit with people and get to know them." We observed that staff were visible in the communal areas at all times, where most people chose to spend their day.

Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. A staff member gave us an example of when a person had a fall and they had to wait for the paramedics to arrive. The person was lying on the floor and was getting distressed. Staff laid down next to the person, talking to them about things meaningful to them, such as things they liked and places they used to visit. We also observed a person who was unable to make their needs verbally known, was feeling cold. Staff noticed this and immediately went to get a jumper and came back with two, offering the person a choice of colour.

People told us they were able to make choices about their daily routine. Comments included "I can choose a bath or a wash and I've got a bit of a routine with a bath once a week" and "They [staff] give me a very thorough wash, which I do like. I have a shower and hair wash once a week which I really enjoy. I always pick out my clothes." We also observed people had the choice of when they wanted to get up. During our inspection we saw a person was still in bed at 10.30am as it was their choice and was not ready to get up yet.

Staff spoke passionately about the people they were supporting and told us they enjoyed coming to work. A staff member said "Really enjoy it here. This is the first job I've done where I enjoy coming to work." Staff wore their pyjamas at night time to help orientate people to time and to make it feel more like home. The deputy manager said "We're a big family here. I hope you can feel it."

Is the service responsive?

Our findings

Care, treatment and support plans were personalised. Care plans seen were thorough and reflected people's needs and choices. We saw care plans included background history and what was important to people, for example what careers people used to have and what hobbies and interests they pursued. Further information was included such as people's communication, personal hygiene and nutritional needs. There was evidence of people's daily routines and what their likes, dislikes and preferences were. People's needs were reviewed regularly and as required. Where necessary the health and social care professionals were involved.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. Relatives told us communication was good and they were also informed of changes or updates. Comments included "Communication is excellent, I'm kept informed of what's going on and things like if the doctor has been, what's been prescribed or any other changes" and "Communication is very good. They [staff] contact me if [person] had an accident. They keep me up to date."

Complaints and concerns were taken seriously and used as an opportunity to improve the service. People and their relatives were given information on how to make a complaint, however relatives told us they had not needed to make any complaints. If they had an issue, they would talk to staff or the [registered] manager and felt confident their concern would be dealt with. Comments included "The [registered] manager is approachable, you could tell the staff about anything, I'd feel happy discussing things and confident they'd sort it out", "I've never had a complaint, but if I did, I'd be happy to talk to them or my daughter would sort it out" and "[The registered manager] is very good and if you have a problem you can raise it."

There was an active programme of entertainment and activities daily, delivered by a team of four staff. This included group games, visiting entertainers, crafts, flower arranging, a newly created gardening club with a vegetable plot being prepared. People had access to a newly created sensory room, which included pamper sessions and therapies. Where people followed religious beliefs there was on site provision of Holy Communion and on Sunday's people who were able and chose to attend church, were taken to church in the village. We saw that people who had specific activities within the community before moving to Dauntsey House, were supported to maintain those activities, for example clubs.

During our inspection we observed lively sessions of word games, quizzes and singing and dancing with visitors from the school in the afternoon. People who participated appeared to be happily involved with a great deal of laughter and enjoyment. During a visit from an entertainer, we observed people taking the microphone and joining in with the singing.

People and their relatives were given support when making decisions about their preferences for end of life care. We saw care records contained information on what people wanted for their future care and their end of life wishes were recorded as far as possible. For example we saw a person who had a specific religious faith, requested a visit to have their last rights read. The registered manager said "What they [people] want

towards the end of their lives, they will get."

Is the service well-led?

Our findings

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported by a deputy manager.

Relatives spoke highly of management. They said "The manager is on the ball, approachable, open and I feel able to talk to any of the staff", "They [staff] seem like a good team, they stay for a long time and that means the manager must be doing something right. People don't stay if they're not happy. I don't think they use any agency staff here" and "[Registered manager] is on top of things. She makes things happen."

The registered manager told us their vision for the service was to provide a better quality care for their "residents" than any other care home. They said they wanted to bring the life people had at home to Dauntsey House. They were continuously making improvements to the house and had monthly meetings with the owner to discuss any issues or concerns.

The registered manager kept up to date with current practices and legislation. They attended CQC workshops and any updates were communicated to staff during handovers or staff meetings. The registered manager had also notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

The registered manager told us they valued their staff. They said they had also started as a member of care staff and developed to become a manager. This meant they understood the challenges care staff faced and recognised when they became stressed. They explained the service was flexible in accommodating staff, for example issues with childcare. Staff would be allowed to bring their children into the home, which also benefit people as they loved children visiting. They said they were always thanking staff and showed their appreciation through small gifts as a reward or take away delivery when on shift.

Staff told us they felt valued and well supported by management. Comments included "I know I can ring [registered manager] any time and say if I'm struggling. She [registered manager] wants people to do well. She [registered manager] thrives when they do well", "The house has totally changed for the better since [registered manager] has been in post" and "Management is very good. They come onto the floor and is always seen out and about with the residents."

The service had made links with the local community. They offered a meal delivery as well as a sitting service to people living in the community. People from the community were also able to attend day care at Dauntsey House. The registered manager told us this was a good way of transitioning from the community to a care home, as people already knew the staff and staff knew them well. The service also had links with local GP surgeries and schools. Children from the local school visited the home weekly, volunteering as part of their Duke of Edinburgh Award. We observed this during our inspection and people were laughing and

singing with the children.

The registered manager had also been involved in speaking at a dementia conference, sharing their knowledge and experience working with people living with dementia. A relative told us they found it difficult to come to terms with their family member's dementia. They said management supported them to share their experience with other relatives who were finding it difficult to come to terms.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. Internal audits were completed, for example for accidents and incidents, infection control and medicines management. Any shortfalls identified were addressed.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. Relatives told us they had frequent conversations with management and would always "pop" into the office. People and their relatives also had opportunities to attend resident and relatives meetings, where they could discuss any subject of their choice. For example how they wanted to spend their birthdays, how people felt staff treated them and providing information on how to make a complaint. People's views were also sought through care reviews and annual surveys. We saw that relatives had commented about difficult access into Dauntsey House. The registered manager told us they were addressing this and were looking at the development of a car park at the bottom of the garden.