

# Mrs Sushma Nayar and Vipin Parkash Nayar

# Dapplemere Nursing Home

## Inspection report

Shepherds Lane  
Chorleywood  
Hertfordshire  
WD3 5HA

Tel: 01923282119  
Website: [www.pressbeau.co.uk](http://www.pressbeau.co.uk)

Date of inspection visit:  
31 October 2017

Date of publication:  
28 February 2018

## 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

Daplemere Nursing Home is registered to provide accommodation and nursing care for up to 22 people. Some people may be living with dementia. At the time of our inspection there were 19 people living at the service.

At the last inspection in August 2016, the service was rated Good.

At this inspection we found the service remained Good.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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's needs had been assessed prior to admission at the service and individualised care plans took account of their needs however we found that there was a lack of information in relation to people's preferences and wishes. This had been identified by the registered manager through care plan audits and was being addressed with the provider. People and their relatives felt involved in the care planning process and the care plans and risk assessments viewed had been regularly reviewed and updated.

People felt safe and were supported by staff who knew how to recognise and report any concerns. All members of staff had received safeguarding training and there were effective safeguarding procedures in place. Potential risks to people whilst receiving support and care had been identified and assessed.

The service had sufficient numbers of staff on duty to meet people's needs however some people did describe experiencing some delays in receiving care. Staff had been recruited safely, received ongoing training and were supported in their roles. Regular supervision and team meetings provided opportunities for staff to be involved in the development of the service and kept up to date with any changes.

People felt that staff were kind, caring and attentive to their needs. People felt that privacy and dignity was maintained and promoted throughout their care.

People were supported to make decisions about their care and support. Decisions made on behalf of people were in line with the principles of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS).

People were satisfied with the meals provided to them and were offered a varied menu. People were supported to access the services of health and care professionals to maintain their health and wellbeing.

There was a system in place for receiving and investigating complaints. People we spoke with knew who

they could raise concerns with and felt confident any concerns raised were listened to.

The service had a registered manager who was supported by a deputy manager. People, relatives and staff felt the service was well managed and spoke positively regarding the management team.

Quality assurance processes were in place to monitor the quality of the service. Feedback on the service and comments were encouraged and a satisfaction survey had recently been commenced. The registered manager used a variety of audits to monitor the service provided and took action where identified as required.

## 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.

# Dapplemere Nursing Home

## 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 inspection took place on 31 October 2017 and was unannounced. The inspection was undertaken by one inspector and an 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. The experts used for this inspection had experience of a family member using this type of service.

Before the inspection, we reviewed the information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us by law. We found that no recent concerns had been raised.

During the inspection we spoke with five people who lived at the service and two relatives. We also spoke with two care workers, one chef, one nurse and the registered manager.

We carried out observations of the interactions between staff and the people living at the service. We reviewed the care records and risk assessments of three people who lived at the service and also checked medicines administration records to ensure these were reflective of people's current needs.

We looked at three staff records and the training records for all the staff employed at the service to ensure that staff training was up to date. We reviewed additional information on how the quality of the service was monitored and managed to drive future improvement.

# Is the service safe?

## Our findings

People told us that they felt safe living at the service. One person said, "Yes, I think I do (feel safe). To me, it's home". Another person told us, "Yes. It's the way you're treated, I feel safe." A relative told us, "Yes, I definitely feel [Name] is safe. He says he's safe here, too."

The service had effective safeguarding systems, policies and procedure and investigated any concerns promptly. All the members of staff we spoke with were knowledgeable about what action they should take if abuse was suspected. One member of staff said, "I'd speak to the any of the nurses or the management." Another member of staff said, "I would report any concerns straightaway to a senior member of staff or use the contact details we have for the local team." Training records for staff confirmed that they had undergone training in safeguarding people from the possible risk of harm and information including the details of the local safeguarding team was displayed throughout the service.

Risk assessments were in place for each person to identify the risks arising from meeting people's care and support needs. We saw that they were regularly reviewed and evaluated to ensure they remained relevant and the appropriate action to reduce risks was being taken. The assessments seen included risks specific to the person such as nutrition and hydration, falls and mobility, skin integrity and pressure area care.

We received mixed views on staffing levels at the service. One person told us, "Yes, there's always someone who knows what to do." Another person told us, "I've called for help using the buzzer three or four times and they always answer quickly." However, another person told us, "There's not enough staff. Sometimes they can't come for ages." During our inspection we observed a high number of staff on duty and that staff were available to meet the needs of people living in the service when required or requested however there were some delays in the serving of the lunch time meal.

We looked at the recruitment files for three members of staff. The provider had effective systems in place to complete all the relevant pre-employment checks including obtaining references from previous employers, checking the applicants previous experience, and Disclosure and Barring Service (DBS) reports for all staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. We found that robust recruitment and selection procedures were in place and were followed consistently.

People we spoke with confirmed they received their medicines as prescribed. One person told us, "Yes. It is very good. They make sure we take them." A relative told us, "It's all okay. Ordering them was all sorted out for [Name of relative]. The nurse watches over him until he's taken it." There were effective processes in place for the management and administration of people's medicines and there was a current medicines policy available for staff to refer to should the need arise. We reviewed current records relating to how people's medicines were managed and found they had been completed properly.

# Is the service effective?

## Our findings

People and their relatives told us that they thought that staff were suitably trained and had the skills and knowledge to support people. One person said, "Yes, I think so. They put up with my bad temper and still come in with a smile." A relative told us, "Staff know what they're doing. They seem well trained. I've observed new staff asking others for help if they're not sure."

Staff training records showed that all staff received training on relevant topics that would support them in their roles, including moving and handling, infection control, dementia awareness and mental capacity. There was an induction period for new members of staff and an ongoing training programme in place for all staff. One member of staff told us, "We have a mixture of different training to keep us all up to date." Another member of staff told us, "We're always learning. Either by attending training or learning from the nurses."

Staff also told us that they felt supported in their roles and received supervision. The registered manager had a system in place to monitor the supervisions and appraisals of all staff to ensure that these were completed. We saw that supervisions had regularly taken place and that appraisals for all staff were planned for the coming months.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

People's capacity to make and understand the implication of decisions about their care were assessed and documented within their care records. Where it had been assessed that people lacked capacity we saw that best interest decisions had been made on behalf of people following meetings with relatives and health professionals and were documented within their care plans. Staff had received training on the requirements of the MCA and the associated DoLS. We observed that people were supported to make decisions and chose what they did on a day to day basis and saw that staff gave people information to enable them to make an informed choice.

People told us that they were satisfied the meals that were provided at the service. One person told us, "It's pretty good, there is plenty of it." Another person told us, "I'm never left feeling hungry and there's always a choice." A relative told us, "It's great. I sometimes stay for lunch on a Sunday and it's a lovely roast dinner. There's a choice and plenty of it. If a person didn't like it, there would be an alternative." Records held in the kitchen detailed people's preferences and a large noticeboard clearly showed people's specific dietary needs such as the level of risk identified with regards to their nutritional needs, any allergies or consistency

requirements for example, a soft or pureed diet. This information was also documented in the care plans and risk assessments.

People were assisted to access healthcare services, if needed, to maintain their health and wellbeing. One person told us, "You ask the carer and they arrange (the doctor) immediately." When staff had contacted health professionals for advice or visits had been made to the service, the reason and outcomes had been recorded. There was evidence that staff had appropriately responded to people's needs and people had been seen by a variety of healthcare professionals including the GP.



## Is the service caring?

### Our findings

People and their relatives told us that staff were kind and caring. When asked about the attitudes of staff one person told us, "I'm very happy here" and "I don't want to go anywhere else". Another person told us, "One of them last night wouldn't leave me until he was sure I was in bed and safe. Very kind towards me." A relative told us, "The staff are always very helpful." Another relative told us, "All the staff are very sensitive people and are aware of what they can do to make life comfortable."

We observed throughout our inspection that staff were friendly, attentive and respectful towards people. People were relaxed in the company of staff and appeared comfortable with the staff providing their care. One member of staff told us, "As a team and a smaller home, we try our best to make it a family atmosphere. We get to know people well and their families."

Staff respected people's privacy and dignity. One person told us, "Yes, my privacy and dignity is protected, on the whole. As a rule, staff knock on the door." Another person told us, "Yes, always good and I have plenty of experience." Staff interacted positively with people, communicated with them at all times and involved them in all interactions and social conversations.

People's relatives were encouraged to visit at any time and people were supported to maintain contact and relationships with people that were important to them. One person told us, "My friend comes with her dog. She is always welcome and staff give her tea and lunch." A relative told us, "Relatives and friends are welcome. Tea and coffee is always offered even if it's not drinks time." Another relative told us, "We don't get forgotten. When [Name of person] was first here, staff would ring me if he was upset, so he could hear my voice on the phone as that would settle him."

People and their relatives received information on the services that were available to them. There were a number of information posters and leaflets displayed within the entrance hallway which included information about the service and the provider organisation, safeguarding, the complaints procedure, fire safety notices and forthcoming events. One relative told us, "Information is always available to us and the communication is good."

## Is the service responsive?

### Our findings

People told us that there had been a recent lack of activities following the resignation of the activities co-ordinator. One person told us, "It's sometimes a bit tedious." Another person told us, "This is an area that could be improved." A relative told us, "More activities would be good. There is music but not very often."

The registered manager acknowledged that there had been a recent lack of organised activities due to the absence of a designated member of activities staff. They explained that a new activities co-ordinator had recently been appointed and was awaiting the completion of recruitment checks prior to them commencing their role. It was expected that these checks would be completed in the coming weeks and, in the interim period; members of care staff on duty had been allocated the responsibility of providing activities.

Members of staff we spoke with were able to describe the different activities that people enjoyed such as music, painting and sketching, cards and jigsaws. One member of staff told us, "It has been an additional pressure for us to provide something for people to do but the afternoons tend to be quieter and we can arrange something for the group to do." During our inspection we saw that in the morning there was limited stimulation for people seated in the communal lounge however in the afternoon a member of staff was completing nail care and manicures for some people. We saw also saw a another member of staff engaging people in social conversation and completing individual activities, such as reading books to them, as opportunities arose during the afternoon.

People and their relatives told us that they felt involved in the development and review of care plans. One person told us, "Yes, the carers show the plan to me now and again. It's been updated a couple of times. I know what's in it and I can add to it when it's updated." A relative told us, "I have seen [Name of person's] care plan. I talked it through with a nurse and she checked I was happy with the content. I could add to it if I wanted to."

Records showed that people's care needs had been assessed prior to their admission to the service. The care plans followed a standard template but were individualised to reflect people's needs and included clear instructions for staff on how best to support people and complete the tasks associated with their needs. We found that the care plans had been updated regularly with changes as they occurred however we found they lacked information on people's background, likes and dislikes. When we discussed this with the registered manager they informed us that they had identified this through care plan audits and had discussed a change to the care plan template in use with the provider; however a decision to make any changes was yet to be made.

People were aware of how they could make a complaint and knew who they could raise concerns with. One person we spoke to told us, "I have complained. I spoke to [Name of deputy manager and registered manager]." Another person told us, "I talk to [Name of registered manager]. He's well organised and we chat from time to time. He's often around." A relative told us, "If I ask a question they always answer. I don't feel fobbed off. If I had a complaint I would talk to the deputy or manager. They are both very approachable. I feel they are listening to me."

We saw that any formal complaints that had been received were recorded and the actions taken in response included in the record. There was an up to date complaints policy in place and information regarding the complaints procedure displayed in the entrance hallway.

## Is the service well-led?

### Our findings

People and relatives were positive about the registered manager and the management team. One person told us, "Yes. The Manager comes in and has a chat. They do ask if I'm happy here."

A relative told us, "On the whole, yes it's well led. I've seen a bit of stress when it's very busy but that's a natural thing. A firm yes, it's well led." Another relative told us, "It's comfortably managed. It's a very nice, humanised situation to be in."

Staff were also positive about the management team. One member of staff told us, "It's a close knit team. I can speak to any of the nurses, the deputy or the manager." Another member of staff said, "I find all of the senior staff helpful and approachable. We see the owner often too." All of the members of staff we spoke to felt the service was well managed and had no concerns in how the service was being run. Each member of staff was able to describe the values of the provider and the aim of the service to be a 'homely, family environment'.

There was an effective quality assurance system in place. We found that there were a range of audits and systems put in place by the registered manager to monitor the quality of the service. Audits completed covered a range of areas, including incidents and accidents, infection control, pressure area care and an audit of care plans. Any results of these audits were shared with the provider and an action plan completed.

There were also regular provider visits. The registered manager explained that these visits were frequent but were informal and a report of findings on each visit was not completed. The registered manager described these visits as "very supportive" and an opportunity to share the results of the internal audits, any professional visits or feedback that had been received and any concerns they may have that may require the attention of the provider. The registered manager spoke highly of the provider and the support they received in their role.

Satisfaction surveys were distributed annually to people who lived at the service and their relatives. A recent survey had been commenced and a number of responses had been received. The registered manager explained that they would be collating the results in the coming weeks and evaluating the feedback received. People and relatives we spoke with confirmed that feedback on the service was encouraged and that 'Resident & Relative Meetings' gave them a further opportunity to meet with senior management.

Staff were encouraged to attend team meetings. Recent staff discussions had included record keeping, care plans, nutrition and weight monitoring and activities. Members of staff we spoke with confirmed that they were given the opportunity to voice their opinions or concerns and that meetings were used for information sharing and they were kept up to date with any operational changes or changes to be made to working practices.