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St Denys Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 2, 15 and 28 November 2017 and was unannounced. At the last inspection in December 2016, we found six breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's risks assessment were not up to date; care plans did not describe how to support the person and reduce the risks; staff had not been adequately trained; staffing levels were insufficient to meet people's needs; recruitment procedures were not robust; people had not been protected from the risk of abuse, governance systems and quality assurance had not identified issues and concerns. The service was rated as requiring improvement overall.

Following the inspection, we also met with the provider and asked them to complete an action plan to show what they would do, and by when, to improve the key questions 'Is the service safe?'; 'Is the service effective?'; 'Is the service responsive?' and 'Is the service well led?' to at least good. After the meeting, the home submitted an action plan showing how they were going to address each of the breaches. The action plan recorded that they expected to have completed all the actions and be compliant with the regulations by the middle of June 2017. This inspection was carried out to see whether they had made the necessary improvements to meet the relevant requirements.

St Denys is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The care home accommodates 12 people in an adapted building. At the time of inspection, there were 11 people living at St Denys.

At this inspection, we found there were some improvements to the service, which meant the provider was now meeting some of the regulations. However, some improvements were still needed as we identified continuing breaches of three regulations. We have therefore rated the service as still requiring improvement overall. This is therefore the second consecutive inspection where the service has been rated Requires Improvement. The breaches of regulation at this inspection were related to quality assurance, staff recruitment and safe care, particularly in relation to infection prevention and control.

People and their relatives said they liked the home and the staff. Comments included "Won't hear anything but good from me about this place"; and "Made friends so I've got company. Excellent food. Can't think of anything to improve." A relative commented "Very lovely staff...always helpful and chatty." Health and social care professionals who visited the home said they thought there had been improvements to the home. A professional commented they thought the home was "Very good."

The service had a registered manager who was also one of the providers. 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 present in the home on most days of the week. They worked alongside staff which gave them an insight into working practices. The registered manager provided supervisions and appraisals to staff. This gave staff an opportunity to reflect on their work as well as identify training needs. The other provider visited the home each week and also worked in the home on some weekends. They provided a second tier of quality assurance in the home.

There were sufficient staff to meet people's needs. The provider kept staffing levels under review to ensure they were able to support people to go to appointments and other events, when needed. However staff had not always been recruited safely. There was insufficient evidence to show that new staff's employment history had been checked including any gaps in employment. References had not always been checked to ensure they were genuine. After the inspection, the registered manager sent us a new policy and procedure for recruiting staff which addressed these issues.

Staff had undertaken training to support them in their roles. New staff had received an induction which included training and working alongside experienced staff, shadowing to gain experience.

Staff had received training on how to safeguard vulnerable people and knew how to safeguard people from abuse. Staff understood how to report any safeguarding concerns they had. The registered manager understood their responsibilities to inform the local authority safeguarding team and submit notifications to CQC in line with regulations.

Most areas of the home were well maintained and kept clean and hygienic. However some areas needed refurbishing, including the laundry room, which posed a risk of infection. There were infection control risks as there were not appropriate procedures for staff to follow when undertaking laundry duties. By the end of the inspection, some improvements to the laundry area and the laundry procedures had been implemented.

Medicines were generally administered, stored and recorded correctly. However, the registered manager had not taken action when the temperature of the medicines room had been above the recommended storage temperature.

People had care plans which they had contributed to. Care plans were personalised and described people's risks, needs and preferences. They gave guidance to staff about what they should do to support people with their care. Staff were very knowledgeable about people's background, history and current presentation. Staff were able to describe how they supported people with their care which reflected what was in the care plans. Staff had received training in, and were aware of, the requirements of the Mental Capacity Act 2005; staff were able to describe what they needed to do to work within the Act. -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 support this practice

Throughout the inspection, staff showed concern and patience with people. Staff interacted with people in a kind and friendly way. Staff respected people's dignity and right to privacy. People said they liked and felt supported by staff. Staff communicated using signs and by writing information down for one person who was unable to communicate verbally. There were regular resident meetings where people were able to put forward suggestions and ideas about the home and the activities they wanted to do.

People were supported to have a varied and healthy diet, eating food of their choice. People were involved in menu planning and choice of dishes offered. People were encouraged to get involved in food

preparation. People were able to access drinks and snacks throughout the day. Where they were unable to get their own drinks, staff regularly offered them refreshments. People were supported to access their GP and other health professionals. Where necessary, people were supported to attend appointments.

The home had a procedure for staff to report incidents and accidents. These were reviewed by the registered manager, who considered ways to reduce the risks of recurrence. There was a complaints policy. People and relatives said they knew how to complain, but said they had not needed to. There had been one complaint which had been investigated and resolved.

We found continued breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report. We have also made recommendations about assessing environmental risks and the medicines policy. We will arrange to meet with the provider to discuss the findings and explain the actions we may take if the service continues to be in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work there.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

Some aspects of the service were not safe.

Staff records did not contain all the documentation needed to demonstrate staff were of good character and suitable for the role.

The laundry room was not well maintained or equipped. Laundry work procedures were not safe. This meant there were infection control risks.

There were sufficient staff to meet people's needs. Staffing levels were monitored by the registered manager and adjusted when required.

Staff understood their responsibilities to safeguard people from abuse. Where safeguarding incidents had occurred, these had been reported to the appropriate authorities.

Risk assessments were personalised and described what needed to happen to keep people safe.

Medicines were administered and recorded safely. Medicines were not always stored safely.

Is the service effective?

Good 

The service was effective.

Staff had received training to enable them to provide safe and good quality care to people. Training had been refreshed to ensure staff remained up to date.

Staff understood and worked within the requirements of the Mental Capacity Act 2005.

People were treated with dignity and respect. Staff involved in people in decisions about their care.

Staff offered people a nutritious and balanced diet. People were

involved in choosing menus.

Staff supported people to attend appointments with health professionals.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and showed care and consideration to them.

Staff were familiar with people's history and backgrounds. Staff supported people fairly and without bias.

People said they liked staff and found them kind.

People's dignity and right to privacy was respected.

Is the service responsive?

Good ●

The service was responsive.

People had care plans which described their risks, needs and preferences and how these should be met.

People were supported to be as independent as possible, including going out. People were encouraged to maintain and develop life skills including personal care and household chores. People were supported to do activities of their choice, both in groups and on their own.

Staff communicated with people effectively, taking into account each person's communication methods.

Family and friends were encouraged to stay in touch with people. Staff worked with families to ensure they were kept informed.

People said they knew how to complain. There were systems in place to investigate and respond to complaints.

Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well led. . There was a governance system to monitor the quality and safety of the home. However, some concerns had not been identified during checks and audits.

The home had a registered manager who worked alongside staff,

promoting the aims and objectives of the home.

The registered manager understood their responsibilities in terms of reporting incidents and accidents where appropriate to the Care Quality Commission.

People and staff were involved in developing and improving the service.

The service worked in partnership with other agencies to provide joined-up care.

St Denys Care 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 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.

We carried out the inspection to follow up on six breaches of regulation found during the last inspection, which had been carried out in December 2016.

This inspection took place on 10, 21 and 28 November 2017 and was unannounced. The inspection team was made up of an adult social care inspector who was accompanied on the first day by 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 expert-by-experience had expertise in mental health.

Prior to the inspection we reviewed information we had about the service. This included the action plan sent by the provider following the last inspection as well as notifications they had submitted. A notification is information about important events which the service is required to tell us about by law. We also reviewed the provider information return (PIR) which the provider had sent to us. 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.

During the inspection we met all the people living at St Denys and talked with eight of them. We also spent time in communal areas observing the support given to people and interactions between people and staff. We met and spoke with four relatives and friends of people living at St Denys to ask their views about the service. We spoke with the registered manager (who is one of the two providers) and four staff. On the second and third day of inspection we met the other provider. During and after the inspection we contacted 11 health and social care professionals. We received six responses.

We reviewed three people's care records; four medicine administration records and two staff records. We looked at records relating to the running of the home including minutes of staff meetings, resident meetings and audits to ensure the safety and quality of the care provided.

Is the service safe?

Our findings

During the last inspection in December 2016 we found a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there was insufficient evidence to show that staff had been recruited safely. Following this inspection, some action had been taken to create staff folders where recruitment documents were stored. However at this inspection we found the requirements of this regulation were still not being met. Some checks were not sufficient to ensure staff were of good character and suitable for their role. Although the registered manager said they had interviewed the candidate, there were no notes of the interview process. This meant there was insufficient evidence to show the registered manager had checked to ensure the person was safe to work with vulnerable people. There were two character references for the candidate, but these did not contain address details of the referee. There was no evidence that the references had been requested by the home or checked to ensure the references were genuine.

This is a continuing breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

After the inspection, the registered manager sent us a new policy and procedure for recruiting staff.

Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure people were suitable to work with vulnerable adults. The DBS checks had been completed before the new member of staff started working at the home with people. The DBS is a criminal records check which helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

During the last inspection in December 2016 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people did not always receive safe care and treatment as some aspects of the building were not safe; some aspects of medicine administration were not managed safely and there were gaps in people's risk assessments.

At this inspection we found the requirements of Regulation 12 were still not being fully met. There were infection control risks in respect of the laundry room and the procedures used by staff to do people's laundry. There was no personal protective equipment (PPE) such as gloves and aprons in the laundry area for staff to use, when undertaking laundry. Staff were not using dissolvable bags to transport soiled bedding and clothing from people's bedrooms to the washing machine. Laundry baskets used to transport dirty laundry were also used to transport clean clothes back to people's bedrooms. This exposed people and staff to the risk of infection.

The laundry area was very small and not equipped to ensure that clean washing could be separated from items which were waiting to be washed. The walls and woodwork in the laundry room were flaking and peeling, which created an infection control risk.

During the first day of inspection, the registered manager took note of our concerns and by the end of the inspection had had the laundry repainted. However, there were still some aspects of the laundry room which were an infection control risk. This included dirty and peeling tape around pipework.

This is a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

By the end of the inspection, the registered manager had introduced a two colour laundry basket system so the same baskets were not used for clean and soiled items. Staff had been told that soiled bedding and clothing should be put into soluble wash bags before being moved to the laundry area. There were gloves and aprons in the laundry area. During the second and third day of inspection, we observed the new procedures in action. Staff we spoke with were able to describe the new systems.

Some aspects of building risks had not been considered or identified. The lack of space in the laundry room also increased the risk of injury to people and staff due to the additional bending, twisting, stooping and carrying movements necessary in the limited workspace provided.

We recommend that the provider undertakes an environmental risk assessment of the laundry area to review moving and handling risks as well as infection risks.

We discussed with the registered manager, on the second day of inspection, the flooring in one bathroom which was very stained as well as the carpet between the dining room and the entrance hall which had engrained marks on it. They explained that these issues had already been identified and both were due to be replaced that month. By the third day of inspection this work had been undertaken.

At the previous inspection, we reported that the building was not safe as there was no smoke alarm in the laundry room. The provider had installed a smoke alarm and the home was now safe in respect of this.

Kitchen areas and the home were clean and odour free. Staff had completed infection control and food hygiene training within the last 12 months and knew how to support people safely when providing personal care and preparing meals. Staff used PPE when supporting people with care. Aprons and gloves were disposed of by staff and fresh items used when working with each person. Staff were also observed encouraging some people to wash their hands before meals.

Refrigerators and freezers were cleaned regularly although some of the records had not been updated by staff. At a staff meeting, staff were reminded of the importance of entering a record of when they had completed cleaning schedules.

There was an administration of medicines policy which had been updated in September 2017. This provided information for staff on the procedures they should follow when giving people their medicine as well as information about how to receive, store and keep records of medicines given. People received their medicines on time from staff who had been trained to administer medicines. We observed a medicines administration round. Everyone living at St Denys had been risk assessed to see if they required support to take their medicines. At the time of inspection, no-one was self-administering their own medicine.

Staff recorded medicines administered to people accurately having observed the person taking the medicine. Staff were patient with people, taking time to talk with each person about how they were feeling. Staff also checked with the person about whether they needed medicines which could be taken on an 'as required' (referred to as PRN) basis. Stocks of medicines were checked to ensure they were within their 'use-

by' date. Medicines were stored in a locked trolley inside a cupboard. Records were completed accurately. There were regular checks of medicines undertaken by staff and a monthly audit by the registered manager. Audits showed that where there were signature gaps these were followed up. There had been an audit carried out by the dispensing pharmacy in September 2017. They had found no major concerns about medicine administration in the home. We discussed with the registered manager the room temperature where the medicine trolley was stored. There had been days when the temperature had been recorded as over 25 degrees centigrade, which is the maximum temperature for many medicines to be stored at. The administration of medicines policy did not describe what staff should do if the temperature was over 25 degrees centigrade. The registered manager took immediate action by moving the trolley to another part of the home where it could remain secure and below 25 degrees. They also arranged for work to be done on the room where medicines were usually stored to reduce the temperature in that room. The registered manager contacted the pharmacy to ask for advice about whether the medicines which had been stored. This advice was recorded and followed.

We recommend the provider reviews their administration of medicines policy and procedure to ensure it is in line with national guidance.

At the last two inspections we found a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have a systematic approach to determine the number of staff and range of skills required to meet people's needs and keep them safe.

At this inspection we found staffing levels were sufficient to meet people's needs. Most people were able to undertake their own personal care, although two people required some support when bathing. Care staff were responsible for doing cooking and supporting people to do cleaning as well as providing support. Staff appeared to be busy throughout the inspection, but were not rushed. Staff spent time talking to people and helping them where needed. Staff said they felt they had sufficient time to support people well. The registered manager had reviewed staffing levels to ensure people were able to receive the support they needed throughout the day and night. Rotas showed, and staff confirmed, there were two staff on duty between 8.30am and 7pm. The registered manager said they had increased staffing levels during the late afternoon to support people who needed to attend appointments after 4pm. The registered manager also described how, as well as the staff on duty in the home, other staff and visitors were available to support people at times where there was an identified need. Records showed, and people as well as staff confirmed, that additional support was available to support people. For example during the inspection we met a visiting professional who was supporting a person to attend an appointment. They said this was a regular weekly activity they undertook with the person.

From 7pm until 8.30am the following day, there was one member of staff on duty. For the first part of the evening/night shift from 7pm until 10pm, the member of staff was awake. From 10pm until the next morning, they were on sleep-in duty and could be called if required. We asked the registered manager what happened if people wished to stay out beyond 10pm. They said, and staff confirmed, that this was not the usual case. However they said that when people got back later than 10pm, staff would not go to bed until they had returned. The registered manager also confirmed that there were on-call staff who could respond if the member of staff on duty in the evening needed additional support.

During the last inspection in December 2016 we found a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not been trained in how to safeguard people from the risk of abuse; staff were unable to describe the various forms of abuse or what action they should take if they suspected abuse.

At this inspection, we found the requirements of this regulation were now met. Staff were able to describe what they would do if they suspected a person was at risk of abuse. This included reporting concerns to senior staff and to the local authority safeguarding team and the Care Quality Commission (CQC). Records showed all staff had completed safeguarding vulnerable adults training in the last 12 months. Where there had been allegations of abuse, these had been reported to the local authority safeguarding team and to the CQC. The registered manager and staff had worked with health and social care professionals to reduce the risks of similar incidents recurring. A social care professional commented "The home has improved... they manage safeguarding risks well."

People said they felt safe living at St Denys. One person said "Always feel safe." Another commented "I like it here; wouldn't be here otherwise." A social care professional commented "No concerns, never come away concerned about anyone."

We reviewed one incident which had involved a person living at the home hitting another person. There was evidence that the person who had been abused was supported by staff to report the incident to the police. Staff also took action to ensure the person who had hit the other was helped to understand that their actions were not acceptable and what the consequences would be if a similar incident occurred again.

Environmental checks were carried out to keep people safe. For example, fire equipment and water temperatures were monitored and recorded. Staff were able to describe what to do in an emergency to support people to safety. There were systems and procedures to keep people safe. Staff had undertaken training including fire safety and emergency first aid training to ensure people were kept safe in the event of an emergency. Staff were able to describe what they would do in an emergency such as a fire. The home had carried out fire drills to ensure people knew what they should do in the event of a fire. There were personal emergency evacuation plans in place for people who were not able to evacuate by themselves.

Risks to people had been assessed when they started living at St Denys. These had been updated regularly and when a significant change in a person occurred. People were assessed in relation to the risks of going out on their own, their nutritional and hydration requirements, their mental health, finances and medicines.

Risk assessments were personalised and described what needed to happen to keep people safe. For example, one person was assessed as at risk as they smoked and would sometimes smoke outdoors at night, leaving a door unlocked. The risk assessment considered the person's safety and independence as well as the safety of others living in the home. To support the person's right to choose to smoke outdoors late at night while staff were sleeping; the risk assessment described what staff should do to ensure they would be alerted if the person went out.

There were systems for staff to record and report incidents and concerns. Incidents and accidents were reviewed and investigated by the registered manager. Where appropriate, people using the service, staff and professionals from other organisations were involved to consider ways to reduce the risk of recurrences. This helped to improve the safety for people living at St Denys. For example, where one incident had occurred which involved one person being aggressive with another person in the home, there was evidence that the person who had been aggressive, staff as well as professionals had reviewed the incident to identify learning from it. This had led to changes to the person's care and support.

Is the service effective?

Our findings

During the last inspection in December 2016 we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there was insufficient evidence to show that staff had received all the training they needed to support people safely and effectively. At this inspection we found the requirements of this regulation were being met.

Staff had received training when they first joined St Denys and this was refreshed periodically in line with the provider's guidelines. A member of staff had been given responsibility for arranging training and keeping training records up to date. Staff undertook training in fire safety, safeguarding vulnerable adults, the Mental Capacity Act (2005), infection control, emergency first aid, manual handling, medicines management, food and hygiene. Records showed and staff confirmed they had undertaken training in these areas in the last year. Training had been delivered through a range of learning styles including face to face training and e-learning. Staff competency was also assessed following their training. Staff also received regular supervision and appraisals with a senior manager. This supported them to reflect on their work as well as identify training needs. A health and social care professional commented that staff were "Very professional...[staff] made an impression on me as so good."

Staff had an induction when they first joined the home, which included undertaking training and shadowing other staff. Staff said this included completing the Care Certificate as part of their induction if they had not worked in care or did not have a qualification in care. The Care Certificate was developed by Skills for Care and sets out 15 standards of care that all new staff should cover, to enable them to develop the skills they need to carry out their role and responsibilities. There was documentary evidence that showed they had completed the Care Certificate to support their induction.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

At the time of the inspection no one was subject to a DoLS authorisation. The registered manager said all people using the service had capacity to make decisions about their care and support. They said, given this, no applications for DoLS had been made. People were able to go in and out of the home freely. There were notes in care plans to show people's capacity had been assessed to do this.

Staff were aware of the key requirements of the MCA and were able to describe what these meant for people.

One professional who worked with the service said "People are supported to be as independent as possible."

Staff treated people with dignity and respect, asking for their consent before helping them. For example, during a medicines round, each person was asked to come to the medicines room, where staff asked them how they were feeling, asked if they were happy to have their medicines at that time and respected their decision if they chose not to have a medicine.

People were involved in decisions about the meals they had. There were monthly resident meetings where people could make suggestions of meals they would like to have. One person had expressed a liking for liver, so this was being added to the menu choices. People were offered a choice of meals and alternatives if they decided not to have a meal on a particular day. For example, one person who wanted some food was asked what they wanted. They replied "Cheese on toast" which staff prepared for them. The main meal each day was served at lunchtime which people said they preferred. However, if someone was not around at that time, a meal was held for them to have later. One member of staff offered to keep a lunch for someone who was going out, so they could have it later. Meals were seen as an opportunity for people to eat in one of two communal dining rooms. During one meal we observed, people were talking amongst themselves and to staff in a friendly manner. People said the food was "good". People were encouraged to eat healthy alternatives and staff ensured they had plenty to drink. People were able to help themselves to drinks throughout the day and were frequently offered hot and cold drinks by staff. A professional commented "The food is really brilliant." Staff were aware of people's nutritional needs and looked for ways to encourage them to eat healthily. For example, they said one person did not like vegetables but would eat vegetable soup, so they made this regularly for them. There was fruit on the dining table for people to eat if they wished to between meals.

People's health needs were supported. People's care records showed relevant health and social care professionals were involved with their care. Staff helped people to attend appointments with health professionals including their GP, dentist and mental health specialists. Staff supported people to attend appointments when necessary. Where staff identified a concern about a person's physical or mental health needs, they contacted specialists to discuss options. Staff followed health professional's advice to support people. For example one person said he had a bad reaction when his medicines were changed, but that the staff were quick to pick up on it and it got sorted out.

People were involved in decisions about the home. People were able to choose how they decorated and furnished their rooms. Each person had their own room and there were communal areas they could use, including two dining areas and a lounge. The home had a stair lift for people to use if they were not able to use the stairs. There was a separate conservatory designated as a smoking room. People were also able to access a rear garden.

Is the service caring?

Our findings

People said they liked the home and the staff. Comments included "Really happy, no complaints, won't hear anything but good from me about this place"; "Like living here, staff help me shower and go out" and "Made friends so I've got company. Excellent food. Can't think of anything to improve." A relative commented "Very lovely staff...always helpful and chatty."

Staff were seen interacting with people kindly, taking time to listen to what they wanted and ensuring they helped them achieve this. Where one person was agitated, staff helped them to calm down by using distraction techniques.

Staff were able to describe peoples' backgrounds and history in respectful ways, focussing on people's positive traits. People and staff chatted about what they wanted to do and staff focussed on trying to ensure the person was supported to do it.

People were supported to have their say and be involved in decisions about their care and support. For example, one person described how they had chosen to attend counselling to support them with their addiction. They said staff "Understood I needed to be helped and are there for me." Another person said they liked to help around the home doing "What they could manage." They also said staff were always helpful and caring.

A social care professional said "Staff are very good with residents and have a very good attitude; there is real respect and liking." They described how the staff offered the person they were visiting some privacy to meet with them. They said "It's good they are happy not to be intrusive about the meeting, not asking inappropriate questions or asking me to breach [person's name] confidentiality." Another professional commented that people were "Cared for and supported well."

Records showed and professionals confirmed that people were supported to access advocates when needed.

Staff treated people fairly and without any bias. Where people were unable to communicate verbally very well, staff took time to use other methods of communication including signs and writing notes for the person. A member of staff described how although one person was not able to express themselves verbally, they did understand verbal communication. We observed staff taking time to communicate with this person, noting their response and acting accordingly. People were encouraged to maintain contact with friends and family. A family member said they were able to visit whenever they were near the home. They also said they had regular contact from the registered manager, who kept them informed about the person (with his permission). People's records were stored and maintained in a way that ensured the records were kept confidential.

Is the service responsive?

Our findings

People received personalised care which responded to their needs. One person said "Got a copy of my care plan in my folder. Anytime I want to, I can look at it." People and their families were involved in reviews of care plans.

The registered manager was undertaking a complete revision of care plans and risk assessments using a new format. As part of this process they were working with each person, their families (where appropriate) as well as staff to ensure that risk assessments were fully up-to-date. The new format described in detail the person's needs and risks as well as their preferences. People were encouraged to sign the care plans to show they agreed with them. The records which had been updated were accurate, complete and clear in terms of providing staff with the information needed to keep people safe. The new format included a recent photograph of the person, as well as summary of key information about the person in a person-centred and positive way. Further information about the person's risks, needs and preferences and how staff could support them to meet these were held in the more detailed care plan. Staff were able to describe the information in the care plans.

Care plans described physical, personal and mental health needs as well as social preferences, including what people liked to be called and what they enjoyed doing. People's communication methods were also described. For example, one person's care plan said "Communication can be affected when preoccupied... important to control distractions eg loud TV. May need to repeat information given and ask [person] to repeat...more comfortable for longer conversations in room, but likes to interact with group."

People were supported to be as independent as possible. Staff were able to describe the level of support each person needed and recognised the importance of working with people to build confidence. Although people were able to move in and out of the home independently, some people were assessed as needing support when attending appointments. One person said "I go in and out on my own; [staff] help me get to doctors."

People were supported to discuss and develop end of life care plans if they wished. For example, one person had chosen to review their end of life plans including the funeral arrangements they wanted. Where appropriate, families were involved.

People were supported to maintain and develop life skills, including personal care, cooking, cleaning and laundry. At the time of inspection, the laundry area was not accessible to people due to ongoing building work which impacted on the access to the laundry. However people were encouraged to collect their clean laundry and return it to their room. The registered manager said they expected the laundry to be available for people to use, either independently or with staff support by the end of 2017. People also got involved in cleaning their rooms, changing their bedding and preparing vegetables for the meals. People were able to get hot and cold drinks for themselves throughout the day. One person said "I help lay the table for dinner." Staff said another person cleaned the smoking room.

Staff were able to describe how they communicated with another person who did not use much verbal communication. Staff were aware of how the person would indicate that they were happy or wanted something. We observed staff working with this person and others using appropriate communication methods.

The home had appointed an activities coordinator who had increased the activities offered in the home. There were a number of activities for group participation as well as activities for people to do individually. People said they were enjoying the activities, for example one person said they particularly enjoyed a karaoke session. Another person said they had signed up for a table tennis tournament, which was advertised on the home's activity notice board. Six other people had also signed up for this, which was due to occur in December. Other activities which people were offered included a carol service, a trip to a car and motorcycle display, community walks, cake decorating and dominoes. A dance and relaxation class was run once a week facilitated by an outside instructor. One person said this was "Really good." Staff also took people out. For example, during the inspection, one person was taken shopping to buy a particular item they wanted to get. Another person who enjoyed rugby was accompanied to rugby matches in Exeter. Not all of these activities were recorded in people's daily notes. The registered manager said that they would ensure that in future, staff included the information of activities undertaken in people's daily notes.

People were supported to maintain relationships with family and friends. Staff knew people's background and spoke about family members to people. For example, one member of staff asked if a person was going to visit their mum that day, which they said they were. A relative who was visiting the home said staff were "Always helpful and chatty." Another visitor who visited the home several times a week to see one person said they were always welcomed adding "Love it here, home from home."

There was a complaints policy and procedure in place. One complaint had been received in the last 12 months. This had been resolved within 28 days. In the provider information return (PIR), the registered manager had identified learning points from the complaint, which included actions they would take if a similar issue arose.

People said they knew how to complain. One person said "I would talk to staff if I didn't like something." Another person said "If I want to complain, I see staff." A relative said "No complaints but I would contact [registered manager] immediately if there were. Complaints were investigated and managed according to this policy. People said they felt listened to and were able to make suggestions on how to improve the service.

Is the service well-led?

Our findings

During the last inspection in December 2016 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the home was not well governed. At this inspection we found there were significant improvements to the running of the home. However not all the requirements of this regulation were being met.

The governance system had not identified some or addressed all of the areas of concern. Although staff records were filed in a good order and securely stored, the registered manager had not followed the requirements of the regulations in relation to ensuring checks on the suitability of candidates were followed.

Although audits and checks of the home were carried out, these had not identified some areas where there were gaps. For example, the registered manager had not assessed the infection control and moving and handling risks in the laundry.

The registered manager had not recognised that action needed to be taken when checks on the medicines cupboard temperature had been above that recommended for the safe storage of medicines. The medicines administration policy did not guide staff on what they should do when there were temperatures higher than the recommended.

This is a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The home employed a member of staff who dealt with maintenance as part of their role; they were also responsible for carrying out maintenance checks on the home and its equipment. Regular checks on electrical equipment used in the home were carried out. Fire safety equipment including fire alarms, emergency lighting were also checked and serviced regularly. There were daily and weekly schedules for cleaning areas of the home for staff to work to. Staff completed also audits on cleanliness of bedrooms and the kitchen. There were robust systems to monitor the administration and recording of medicines. Staff meeting minutes showed that where there were gaps in audits, these were raised by the registered manager and followed up.

At the last inspection, the registered manager was not present at the home regularly which had had a detrimental impact on the service. At this inspection we found the registered manager had increased the number of hours they worked at the home to ensure they were able to manage the service. Records showed, and staff confirmed, the registered manager worked at the home most weekdays and often worked with the other provider at the home at the weekends.

During the last inspection in December 2016 we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) CQC Regulations 2009. This was because the registered manager had not always notified us when incidents which they are required to tell us about had occurred. At this inspection,

we found the requirements of this regulation were now met as we had received statutory notifications when incidents and accidents had happened.

St Denys' statement of purpose described the homes aim as 'to provide a safe, stable, accepting, supportive and happy home environment to people with long term mental health issues (problems, difficulties) with or without learning disabilities, people who without support wouldn't be able to maintain an independent lifestyle and to achieve their own individual potential in all areas.'

This aim was promoted by the provider and registered manager and clearly understood by staff. People living in the home described how they felt supported by the provider and registered manager as well as the staff. One person said "Really happy, no complaints, won't hear anything but good from me about this place. Love [registered manager]." Staff were aware of people's human rights and ensured that they worked within the requirements of the Human Rights Act 2008 and the Equality Act 2010. This included treating people fairly and without bias in respect of their age, sex, disability or race. A health and social care professional commented "I like the way they work with residents...There is real respect and liking."

The registered manager and the provider took an active role in supporting people and knew everyone well. They described how they worked alongside staff which gave a good insight into working practices. Staff said they had confidence in the registered manager and found them approachable when they needed support. One staff member said "[Registered manager] always available, if I need to talk to her."

The other provider worked at the home on occasions. They said they also visited the home each week, which enabled them to talk to people about the care they received. They said this helped to provide a second tier of quality assurance in addition to the systems the registered manager had in place.

There were regular staff meetings where staff were encouraged to make suggestions of how the service could improve. Minutes of meetings showed staff had made suggestions which had been followed up.

There was a regular resident meeting held for people living at St Denys. For example at a resident meeting in November 2017, the minutes showed that they had discussed Christmas shopping, a Christmas party for people, their friends and family, as well as what food they would like on Christmas Day. The minutes also showed that they had had general discussions about menus, activities and the laundry. The minutes were also available in larger print for people who needed it. The minutes included the actions that resulted from the meeting, who was responsible for the action and when the action needed to be completed by.

The registered manager undertook surveys of people, their families and visitors to the home from time to time. The registered manager explained that where people needed support to complete the survey, they were offered help from external people rather than staff if they preferred. The most recent survey had been undertaken in November 2017 and the registered manager said they were still in the process of analysing the results and writing an action plan to address areas for improvement. .

The home had a whistleblowing policy and staff said they understood that they could raise concerns with external bodies such as the Care Quality Commission if they needed to.

Health and social care professionals were positive about the home and the registered manager. One professional commented "Sometimes I am flying in and out, but the registered manager is often there and always available if I need to speak to her." A social care professional said "They work in partnership with us, particularly where there are any issues." Another commented "Things have really improved a lot recently. [Registered manager] is trying hard and people are cared for and supported well."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected from the risks of infection 12(1)(2)(h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems were not sufficiently robust to identify issues in terms of staff records, medicine storage and the laundry environment (1)(2)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Records did not evidence that staff had been recruited safely. Regulation 19 (1)(2)(3)