

HC-One Limited

Daneside Court Nursing Home

Inspection report

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Date of inspection visit: 5 January 2015
Date of publication: 09/04/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 5 January 2015 and was unannounced. We arrived at the home at 9.30am and left at 4.30pm. The service met all of the regulations we inspected against at our last inspection on 2 May 2013.

Daneside Court Nursing Home is registered to provide personal and nursing care for up to 64 older people. On the day of the inspection 56 people were living in the home.

The home has single room en-suite accommodation over two floors. Each floor has lounges, dining areas and bathing and toilet facilities. There is also a garden, which has seating and tables.

The home has a registered manager who has been in post since 2012. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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 experiences of people who lived at the home were positive. People told us they felt safe living at the home, staff were kind and compassionate and the care they received was good. Relatives told us they had no concerns about the way their family members were treated. Some of the comments from relatives included, "A big weight was lifted when dad came here" and "I've never had a problem here – if there was anything wrong they are straight on the phone to let you know".

People's needs were assessed and care plans were developed to identify what care and support people required.

People spoke positively about the care and support they received. Comments included: "Staff are nice, they're very caring"; "I've not been here long but staff are spending time getting to know me"; "The staff couldn't be better"; "Care is good, no complaints at all".

There were regular reviews of people's health were referred to appropriate health and social care professionals to ensure they received treatment and support for their specific needs.

People received visitors throughout the day and we saw they were welcomed and included. People told us they could visit at any time and were always made to feel welcome. A relative told us "The home has a lovely atmosphere – I come in a lot and the staff always discuss things with you – the manager is so approachable".

The staff ensured people's privacy and dignity were respected. We saw that bedroom doors were always kept closed when people were being supported with personal care.

People remarked that the food was good. One person said, "I eat more now than I've ever eaten".

People could choose how to spend their day and they took part in activities in the home and the community. The home employed activity organisers and volunteers who engaged people in activities in small groups during the day.

Staff received specific training to meet the needs of people using the service and received support from the management team to develop their skills. Staff had also received training in how to recognise and report abuse. All were clear about how to report any concerns. Staff spoken with were confident that any allegations made would be fully investigated to ensure people were protected.

People knew who to speak to if they wanted to raise a concern and there were processes in place for responding to complaints.

Some people who used the service did not have the ability to make decisions about some parts of their care and support. Staff had an understanding of the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

There were processes to monitor the quality of the service and we saw from recent audits that the service was meeting their internal quality standards.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were safe because the provider had systems in place to make sure they were protected from abuse and avoidable harm. People said they felt safe and staff we spoke with were aware of how to recognise and report signs of abuse and were confident that action would be taken to make sure people were safe.

Recruitment records demonstrated there were systems in place to ensure staff employed at the home were suitable to work with vulnerable people. There were enough staff to ensure people received appropriate support to meet their nursing and personal care needs.

Medicines were managed safely and appropriate emergency procedures were in place.

Good



Is the service effective?

The service was effective.

Staff received on-going support from senior staff to ensure they carried out their role effectively. Formal induction, training and supervision processes were in place to instruct staff and enable them to receive feedback on their performance and identify further training needs.

Arrangements were in place to request health, social and medical support to help keep people well. People were provided with a choice of refreshments and were given support to eat and drink where this was needed. Where the home had concerns about a person's nutrition they involved appropriate professionals to make sure people received the correct diet.

The registered provider complied with the requirements of the Mental Capacity Act. The manager and staff had a good understanding of people's legal rights and the correct processes had been followed regarding Deprivation of Liberty Safeguards.

Good



Is the service caring?

The service was caring.

People were provided with care that was with kind and compassionate.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people and their families in order to provide person-centred care.

Good



Is the service responsive?

The service was responsive.

People and their representatives were consulted about their care, treatment and support. Information was recorded so that staff had easy access to the most up-to-date information about people's needs.

Good



Summary of findings

People were given choices throughout the day. People were given choice about activities, food and how they spent their day. People were supported to go out into the community and see their families. People and their relatives were listened to and their feedback acted upon. Complaints were dealt with effectively.

Is the service well-led?

This service was well led.

The registered manager was well established and had managed the home for over two years. The staff were confident they could raise any concerns about poor practice and these would be addressed to ensure people were protected from harm. The provider had notified us of any incidents that occurred as required.

There were systems in place to make sure the staff had reflected and learnt from events such as accidents and incidents and investigations. This helped to reduce the risks to the people who used the service and helped the service to continually improve and develop.

People were able to comment on the service in order to influence service delivery.

Good



Daneside Court 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 05 January 2015 and was unannounced. We arrived at the home at 9.30am and left at 4.30pm.

The inspection was led by two adult social care inspectors who were accompanied 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.

Before the inspection, the provider completed a 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 looked at the PIR, reviewed all the information we already held on the service and contacted the local authority and clinical commissioning group who funded the care for some of the people living there. No concerns were raised.

During our inspection we observed how the staff interacted with the people who used the service and looked at how people were supported during their lunch and throughout the day. We reviewed nine care records, staff training records, and records relating to the management of the service such as audits and policies and procedures. We spoke with 12 people who used the service and relatives of six other people. We also spoke with the registered manager, nine members of staff and a volunteer.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person, when asked, said “Oh yes, I’m definitely safe, that was my reason for coming here.” Relatives told us they had no concerns about the way their family members were treated. One relative said “A big weight was lifted when dad came here” and another said “I’ve never had a problem here – if there was anything wrong they are straight on the phone to let you know”.

The provider had safeguarding policies and procedures in place to guide practice on keeping people safe from harm and staff training records showed that safeguarding training had been delivered to staff. All staff were given a copy of the whistleblowing procedure and the whistleblowing hotline number was displayed whenever staff logged onto the provider’s computer training programme. Staff that we spoke with told us what steps they would take if they suspected abuse and were able to identify the different types of abuse that could occur. They said they were confident about raising concerns with the manager and that appropriate action would be taken. The information held by the Care Quality Commission (CQC) and the local authority demonstrated that the registered manager followed the correct procedures when any alleged abuse was reported.

Individual risk assessments were completed for people who used the service, including a personal evacuation plan in case of emergency. Staff were provided with information as to how to manage risks and ensure harm to people was minimised. Each risk assessment had an identified hazard and management plan to reduce the risk, which was reviewed at least monthly. Staff were familiar with the risks and knew what steps needed to be taken to manage them. Where people had behaviours that challenged the service, management plans were drawn up to inform staff about what may trigger this behaviour and the best way to manage that person’s behaviour to defuse the situation. The provider consulted with external healthcare professionals when completing risk assessments for people. For example, where people had been identified at risk of choking because of swallowing difficulties, we saw that they had been referred to the appropriate health professional and the professional’s guidance was followed by staff.

Staff took appropriate action following accidents or incidents. These were reviewed by the home’s health and safety committee to make sure that steps had been taken to minimise risk.

People who used the service said they thought there were enough staff. One person said there were “enough, but they’re a bit rushed sometimes”. A member of staff said “We do get busy at certain times, like mornings when everyone is getting up, but we manage well I think”. The manager told us that staff rotas were planned in advance according to people’s support needs. They told us that although they used staffing ratios to work out the number of staff on each shift, people who used the service could be provided with additional support during the day to meet their needs should this be required.

The home had one vacancy for a nurse three nights a week. Current staff, bank or agency staff were used to cover the shifts and the registered manager had arranged with the agencies for the same staff to work in the home on a regular basis in order to provide continuity of care for the people who used the service.

Records showed that all the necessary checks were carried out on staff before they were employed.

People who used the service told us they received their medicines as required. One person said “They give me my medication regularly” and another said “I always get it when I need it.” There were policies in place to make sure medicines were safely administered. Medicines were stored safely, securely and administered in accordance with prescriber’s directions. We saw medication administration records and noted that medicines entering the home from the dispensing pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the home to know what medicines were on the premises. We checked some of the medicines in stock against the home’s records and found them to be correct. Appropriate arrangements were in place for disposal of any unused medicines.

The home was spacious and had appropriate equipment, such as hoists, to keep people safe. Equipment was checked and serviced at the required intervals and staff were trained in its use.

Emergency procedures and contact numbers were available at the nurses’ stations on each floor.

Is the service effective?

Our findings

People who used the service and relatives we spoke with said they were happy with the care provided.

People received care from staff who were aware of their responsibilities and had the knowledge and skills to carry out their roles effectively. Induction training was provided to all new staff. This covered all the Skills for Care Common Induction Standards. Staff also shadowed more experienced staff until they were assessed as competent to work on their own.

Staff we spoke with were aware of their roles and responsibilities and had the skills, knowledge and experience to support people using the service.

The provider had a comprehensive training programme, which staff were required to undertake. This included a training package on dementia care called 'Open Hearts and Minds'. We viewed the staff training records and saw that 87% of the staff were up to date with required training. Staff were supported to continue with their professional development and we saw that care staff had completed National Vocational Qualifications in Health and social care. Nurses attended training organised by the Care Home Learning and Development Manager of East Cheshire NHS Trust in order to maintain their continuing professional development.

Records showed that staff received regular supervision and staff said the registered manager and deputy manager were very approachable and supportive, listened to their suggestions for improvement and acted upon them.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Staff were aware of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff had received training in these topics and had read the policies available. They were aware of recent changes in DoLS practice and were in liaison with the local authority to ensure people who used the service were not unlawfully restricted in any aspect of their care and accommodation.

The people we spoke with said they enjoyed the food provided. One person said "I eat more now than I've ever eaten" and another said "Food selection and quality is

good". A relative said "Meals seem good with a good choice". We observed lunch being served. There was a pleasant atmosphere with the radio playing in the background. Staff appeared to know individual's likes and dislikes. They offered assistance where necessary, for example asking people if they would like their meat cut up. People were not rushed and staff checked they had finished or if they would like a bit more before clearing plates. One person declined to go into the dining room despite gentle encouragement from staff. The person was sitting comfortably on a settee in the corridor close to the dining room so they were served lunch on a tray on the coffee table. During the afternoon ice-creams were served to those who wanted them.

The care records showed that people had an initial nutritional assessment completed on admission to the home and people's dietary needs and preferences were recorded. Some people required special diets and the staff we spoke with understood people's dietary requirements and how to support them to stay healthy.

People were weighed at least monthly to make sure they were maintaining a healthy weight. If anyone lost weight we saw that their care plan was reviewed and additional measures were put in place, such as weekly weights, offering food more frequently and offering a fortified diets. There was evidence that appropriate referrals were made to a dietician or doctor for further guidance and advice.

Drinks were available throughout the day and we saw staff regularly asking people if they wanted a drink. Cold drinks dispensers were filled with squash, so those that were able, could help themselves. We saw that fluid intake charts were in place for those at risk of dehydration.

The care records showed that, when necessary, referrals had been made to appropriate health professionals. For example, one person had not been well and we saw that their doctor had been called and treatment had been given. Another person had mobility problems and they had been referred to a physiotherapist who had provided advice and equipment to aid mobility. Other health professionals consulted included opticians, dentists, dieticians, speech and language therapists and mental health professionals. Doctors and district nurses visited on the day of the inspection.

Is the service caring?

Our findings

People spoke positively about the care and support they received. Comments included: “Staff are nice, they’re very caring”; “Staff are lovely, very chatty. They stand and talk to you”; “I’ve not been here long but staff are spending time getting to know me”; “The staff couldn’t be better”; “Staff have time for me, even though they might be rushed sometimes but they do their best”; “I like a hug. The staff know this and sometimes one of them will give me a hug”; “Care is good, no complaints at all”.

Relatives described the staff as “kind and caring”. One relative said “Even the handyman has mum laughing and he’s pleasant, as all the staff are”. Another said “I’ve never had a complaint since I have been coming here – the care they all receive is brilliant”.

People were very comfortable and relaxed with the staff who supported them. We saw people laughing and joking with staff members, which showed there were trusting relationships between the staff and the people who used the service.

Staff we spoke with showed a caring attitude towards those in their care. We saw that staff were patient, friendly, supportive and used people’s preferred names. They

continually interacted with the people in their care, offering support and encouragement. People were given choices, such as whether they wanted to stay in their room or go to the lounge.

We also saw staff treating people with dignity and respect. When they provided personal care, people were discreetly asked if they wanted to use the toilet or to have a bath or shower. Staff always knocked on bedroom doors before entering and ensured doors were shut when carrying out personal care.

People’s life history was recorded in their care records, together with their interests and preferences in relation to daily living. Staff we spoke with were familiar with the information recorded in people’s files. People’s bedrooms were personalised and contained

photographs, pictures, ornaments and the things each person wanted in their bedroom.

People’s wishes for end of life were also recorded. For example, some people had a do not attempt resuscitation (DNAR) order document in place and an advanced care plan (a plan of their wishes at the end of life). We saw that the person concerned and their family were involved in this decision.

Is the service responsive?

Our findings

People said that the staff responded to them as individuals. One person said the staff helped them feel they were part of a team and considered them a key player whilst supporting them to be as independent as they could. One person said “Staff treat people normally as individuals and don’t talk down to us”. Another person said staff were helping them to lose weight and said they felt much better as a result. A relative told us “The home has a lovely atmosphere – I come in a lot and the staff always discuss things with you – the manager is so approachable”.

We asked whether call bells were responded to promptly. Overall most people said staff responded quickly if they pressed the buzzer. Comments included “They respond immediately” and “I don’t use the bell often but when I do they come quickly”.

The provider employed activity organisers and there were also volunteers who supported activities and entertainment for people who used the service. We spoke with an activity organiser and one of the volunteers, who said “I’ve been a volunteer here for nine years and I really enjoy it”. On the morning of the visit there was a slide show of pictures of “old Northwich”, which people said they were looking forward to. People told us they sometimes go out in the minibus. One person remembered going to a garden centre, and another remembered a day trip to Blackpool. One person said they enjoyed going “over to town” but as the people went in a group with staff there wasn’t much time to do what individuals might want to do. The activity programme was displayed on the noticeboard and included a film show, quiz, ball games, exercises and musical entertainment. The home had access to a minibus and there was a trip to a museum and a visit to a factory outlet shop. People were also accompanied out on foot or in a wheelchair to a local social club, to the shops or for a walk.

All of the care records we looked at showed that people’s needs were assessed before they had moved in. They were reviewed again on admission and appropriate care plans

were drawn up. Care plans were reviewed at monthly intervals or when needs changed. One relative whose parent had only recently come to live in the home described the admission process as “excellent”. She said “The manager met mum in the hospital and got to know her.”

All the staff we spoke with were familiar with people’s needs. The staff told us they had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen. For example, one of the staff told us “One of the residents does prefer a female carer and it is written in her care plan and that’s fine with us”.

We saw that visitors were welcomed throughout the day and staff greeted them by name. Visitors and relatives we spoke with told us they could visit at any time and they were always made to feel welcome. They said they were consulted about their relatives’ care and the staff were responsive to requests.

We observed the manager in various parts of the home throughout the day speaking to people who used the service, staff and relatives. She knew them all and was welcoming to all the visitors.

Visitors told us they felt they were consulted about the service and relatives’ meetings were held about every three months. The manager also held a weekly surgery where anyone could see her to discuss any matter. One relative said “I can voice my opinion at the meetings and feel I’m listened to.” Another relative said “We’re encouraged to give feedback.”

People told us they were aware of how to make a complaint and were confident they could express any concerns. One relative said she had raised a concern about the cleanliness of her mother’s room and it had been dealt with straight away. We looked at the complaints file and saw there had been two complaints made about Daneside Court. Responses contained information on how they had been investigated and any action the home had taken to resolve the issue and improve the service.

Is the service well-led?

Our findings

The home had a registered manager who had been in post for over two years. She was supported by a deputy manager. People and their relatives knew the management team well, saw them often and told us they felt comfortable speaking with them. One relative said “The manager falls over backwards to help”. The home was described by another relative as “well organised”.

Staff told us their managers were approachable, valued their opinions and treated them as part of the team. They said they felt well supported and could easily raise any concerns and were confident they would be addressed appropriately. Staff meetings were held on regular basis and issues of concern noted and addressed. Staff we spoke with told us they were informed of any changes occurring within the home through staff meetings, which meant they received up to date information and were kept well informed. One member of staff told us “We meet every month and have staff handovers every day – there is never a problem talking to the manager – she is interested in what you have to say”.

The provider had a good quality assurance system and evidence was provided that recent checks had been carried out. We saw evidence that the manager undertook audits of the service. These included health and safety audits and care audits as well as a 'walk around' of the building each day making observations of care practice and the environment.

The provider had its own quality inspection team that had inspected Daneside Court unannounced in June 2014 and given it a green (good) quality rating. One of the provider's quality assurance managers also visited the home monthly to carry out an audit.

We were provided with evidence of a computer based system that allowed all accident and incidents within the service to be reported electronically for immediate analysis. This enabled the provider to identify if there were any patterns to accidents and to review how risks to people who used the service could be reduced. Incidents and accidents were also reviewed at health and safety committee meetings. The provider had key performance indicators for safeguarding, pressure ulcers, weight loss, falls, bedrail usage, infections and hospital admissions. These were also audited monthly.

We had been notified of reportable incidents as required under the Health and Social Care Act 2008.

The provider sought feedback from the staff and people who used the service through questionnaires. Visitors we spoke with confirmed they had been consulted about the quality of service provision and could provide this information anonymously if they wished to. The manager said that, where any concerns were identified, this was discussed with people who used the service and their relatives and improvements made.

The noticeboards around the home provided people with information on the outcomes of consultation. For example, the results of the previous year's satisfaction surveys and staff survey were displayed, which showed satisfaction of over 83% for all of them. The home's statement of purpose and a copy of the last inspection report were also available, together with the outcome of a consultation exercise the provider had undertaken on the use of CCTV in the homes.