

Valorum Care Limited

Denison House Care Home

Inspection report

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North Yorkshire
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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?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Denison House is a care home providing personal and nursing care to people aged 65 and over, some of whom are living with dementia. At the time of our inspection the service supported 30 people; which is the maximum number of people they can accommodate.

People's experience of using this service and what we found

On the first day of our inspection, there were issues with the cleanliness and safety of the environment. These were addressed between day one and two of our inspection. Staffing levels were safe, but staff worked in a task-orientated way due to how busy they were. People told us they felt safe and well cared for.

People's care plans and risk assessments did not always clearly identify the support they required. People received their medicines but the recording around 'as and when needed' medicines and creams required further development.

The checks completed by the registered manager and provider had not identified areas which could affect the safety or the quality of the service.

Staff continued to be recruited safely. They understood the importance of sharing any safeguarding concerns and felt confident in doing so.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The documentation around people's mental capacity required development.

Staff were kind, caring and patient in their approach with people. They took the time to listen to them and were familiar with their likes, preferences and personal histories.

Staff had good working relationships with health and social professionals and sought their advice when required.

People told us the food was excellent.

The environment had recently been refurbished and people now had access to a pleasant outdoor space. Consideration was being given to ways in which the environment could be more stimulating for people.

People had access to a variety of activities, which were arranged on a group or one to one basis. Church services were held in the service and people were supported to engage with their faith.

People and staff spoke positively about the registered manager. They were regarded as approachable and

hands-on. A relative told us, "Denison House has been a lifesaver for me. All the staff are so welcoming and friendly. [The registered manager] is approachable and their door always open."

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 26 April 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Denison House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by two inspectors and an Expert by Experience assisted on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Denison House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we received about the service from the provider since the last inspection, such as notifications, which the service is legally required to send us. We received feedback from the local authority. We used the information the provider sent us in the provider information return. This is information we require providers to send us, when requested, to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and five relatives. We spoke with eight members of staff which included the registered manager, area manager, senior care assistants, care assistants, cook and the activities co-ordinator. Three health and social care professionals gave feedback on the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records for five people and multiple medicine administration records. We looked at a selection of records relating to the recruitment and support of the staff team and the management and running of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further records relating to the running of the service and quality assurance records. We also spoke with two care assistants.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- On the first day of our inspection, parts of the environment were unclean. This included bathrooms and toilets, the laundry room and parts of the kitchen. Some furniture was marked and dirty.
- Cleaning records were not robust and did not cover all parts of the service. There was no infection control lead, in line with best practice guidance.
- Chemicals for cleaning were not always stored safely.
- Staff did not always effectively use personal protective equipment, such as gloves and aprons, to help prevent and control the spread of infection.

People were exposed to increased risk because of ineffective infection control practices and the cleanliness of the environment. This was a breach of Regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Between the first and second day of our inspection, the registered manager acted to address the concerns about the environment. This included thoroughly cleaning parts of the service, removing and replacing old pieces of furniture and ensuring cleaning products were safely stored. Following the inspection, the registered manager sought the input of infection control specialists.

Assessing risk, safety monitoring and management

- People's risk assessments and support plans did not always include detailed and consistent information to guide staff. In particular, the support of people with anxious or distressed behaviour. The registered manager started to address the documentation between the first and second day of our inspection.
- One person did not receive the right level of support to keep them safe during their meal. This was immediately addressed by the registered manager.
- People and their relatives felt confident in the safety of the support provided. Comments included, "I feel safe because I'm looked after" and "[Name] feels safe and secure."

Staffing and recruitment

- Staffing levels were safe, but staff were busy. This led to them working in a task-orientated way; they had limited time with people outside of meeting their personal care or nutritional needs.
- A tool was used to determine the amount of staff needed. This was not effective and did not cover all elements of the support people needed. The registered manager agreed to review this with the provider.
- Safe recruitment practices helped to ensure only suitable staff were employed.

Using medicines safely

- Instructions for when to apply creams were not consistently in place, but staff did have knowledge of this. Records were updated following our inspection.
- The storage and disposal arrangements for medicines were safe. Medicine administration records showed people received their medicines.
- Staff's competency to administer medicines was assessed to ensure they had the right skills and knowledge.

Systems and processes to safeguard people from the risk of abuse

- Staff completed safeguarding training and felt confident in sharing their concerns with the management team.
- Staff worked closely and transparently with the local authority to address issues which could affect a person's safety or well-being.

Learning lessons when things go wrong

- The staff team took appropriate actions when there was an accident or incident to ensure people got the help they needed.
- The registered manager recently introduced a new system to monitor patterns and trends within the service. This was in the process of being further developed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Whilst people's understanding had been considered and capacity assessments completed, these were not always completed for each important decision, in line with legislation. People's relatives confirmed they were involved in discussions about their loved one's care, but records did not demonstrate this. The registered manager began to address the records during our inspection.
- Applications to deprive people of their liberty had been appropriately sought.
- Staff understood the importance of asking people's consent before providing support.

Supporting people to eat and drink enough to maintain a balanced diet

- A positive lunchtime experience was promoted. All the staff team were involved in serving the food and supporting people.
- People were very complimentary about the quality of the food. A person told us, "I love the food, it's very good. They ask me what I want or like and there's plenty of choice."
- People had access to a variety of food, snacks and drinks according to their needs and preferences.

Staff support: induction, training, skills and experience

- A programme of training was in place to ensure staff had the necessary skills and knowledge for their role. Staff had not yet received training to support people with their behaviour, anxiety or distress. This was arranged following our inspection.
- Staff had supervisions and annual appraisals of their performance.
- New staff received an induction. Staff who hadn't worked in care before completed the Care Certificate.

This is an agreed set of standards for those who work within the care sector.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were completed with people before they moved into the service to ensure their needs could be safely met and their wishes accommodated.
- The registered manager worked with other professionals to develop their own understanding of best practice. This was then shared with the staff team.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services including the GP's and district nursing team. Staff supported people to attend appointments, when required.
- Staff sought the input and advice of professionals to enable them to effectively care for people. Professionals expressed their confidence in the support provided by staff and described them as open and accepting of their guidance.

Adapting service, design, decoration to meet people's needs

- The environment had recently been refurbished and updated. Communal areas had a fresh coat of paint, carpets replaced, and people's rooms updated. People now had access to outdoor space, which they really enjoyed particularly on a warm, sunny day.
- Work was in progress to make the environment more accessible and stimulating for people living with dementia. People had their photographs on bedroom doors and signage to guide them to particular rooms.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People gave positive feedback about how staff supported them and their relatives. Comments included, "They are patient and kind and good at their job" and "Staff have been absolutely fantastic, the way they look after [Name of person] I can't fault in anyway."
- Staff were patient with people and showed genuine concern for their well-being.
- People were at ease in staff's company; they talked and laughed with one another. Those who were able to, were confident in asking for help from the staff when they needed it.
- People were treated as individuals and information about their gender, race and religion were recorded

Supporting people to express their views and be involved in making decisions about their care

- Staff knew how people communicated and considered their body language and behaviours.
- People were encouraged to make their own day to day decisions, wherever possible. This included activities they wanted to be involved with or what they wanted to eat or wear.
- The registered manager understood when an independent advocate may be required to support people to make and be involved in decisions. The team worked closely with advocacy services.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's privacy and dignity was upheld. For example, a relative told us, "When [Name of person] started being incontinent, staff were so discreet about it. They supported them and talked them through what was happening."
- Staff knew what helped people to feel good about themselves and ensured it happened. This included a person having their nails or hair done or dressing in a particular way.
- People were encouraged to continue being as independent as possible. A staff member explained the importance of this and went on to say, "I imagine it's quite patronising, having somebody washing your face when you can do it."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Information recorded throughout people's care plans was not consistent or updated when their needs changed. For example, instructions provided by a healthcare professional about mealtime support for one person had not been recorded.
- People's relatives were involved in discussions and kept informed of any changes. They felt welcome to visit the service and staff recognised the importance of supporting them.
- A variety of activities were available which included arts and crafts, music sessions and exercise classes. People were supported to engage with religious services or events, if they wished to.
- Consideration was given to other activities that people found enjoyable or meaningful. For example, one person undertook some administrative duties in the office, another person enjoyed folding clothes and the activities co-ordinator supported somebody to visit the shop.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was recorded about people's communication needs and some information was provided in alternative formats.

End of life care and support

- Limited information was sought and recorded about people's end of life wishes. The registered manager agreed to address this.
- Staff completed training in relation to end of life care and understood the importance of people having a dignified death. This positive feedback had been received from a relative, 'Words cannot express how grateful I am for the loving care and kindness you gave to [Name of person] and myself in the last days of their life. Thank you for all those refreshments! You were all so calm, kind and sensitive. Your smiles and reassuring words and gentleness helped so much. You are all stars.'

Improving care quality in response to complaints or concerns

- People felt confident in raising any issues or concerns they had.
- When complaints were received, these were responded to appropriately. Apologies were given when it was recognised an element of the support provided needed to improve.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Audits had not been effective in identifying where improvements were needed. This included issues around the cleanliness of the environment.
- Incomplete and inconsistent records presented a risk that people may not receive the support they required. Although the registered manager was responsive to the points raised, this was reactive and not proactive.

The provider's systems had failed to identify and address issues which could affect the quality or safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was committed to providing person-centred care. They were responsive and open to feedback.
- People and staff spoke positively about the registered manager. A person told us, "I love the new manager; they have really improved such a lot of things."
- Staff were a cohesive and supportive team, led by the registered manager. A staff member told us, "The staff are lovely. I think that's why I enjoy it so much, everyone gets on and it's such a nice environment to work in."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The staff team had effective working relationships with professionals, which meant people received good, coordinated care.
- Feedback was sought from people in a variety of ways and provided an opportunity to develop the service around people's needs and preferences.
- The registered manager was establishing links with the local community. This included visits from primary school children and work with groups supporting people living with dementia.

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	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>Premises and equipment were not always kept clean and appropriate standards of hygiene had not been maintained.</p> <p>15 (1) (a), (2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes had not been established and operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and to improve the quality and safety of the services provided.</p> <p>17 (1), (2) (a-c) (f)</p>