

HC-One Limited

Daneside Court Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Daneside Court is a nursing home which can accommodate up to 64 older adults who need residential or nursing care. The home is owned by HC-One Limited. The service is a two storey purpose built home with a range of lounges and communal space for people to use. They have single room en-suite accommodation on both floors. The garden has seating areas, is accessible to people and is secure.

On the day of this inspection there were 55 people living at Daneside Court.

At the last inspection on 5 January 2015 the service was rated Good. At this inspection we found the service remained Good.

People and family members told us the staff were kind, caring and very helpful. They said the service and care was excellent. Comments included "I am very happy here", "The staff are very good" and "The staff are very nice." People told us that the food was very good. Relatives confirmed that people were safe with the staff and within Daneside Court .

People and family members told us that they had no concerns or complaints about the service. They were aware of and had access to the registered provider's complaints policy and they said they would speak to staff if they had any concerns.

Care plans were well documented and held good information about the individual person. Risk assessments were in place as needed and were individually tailored to each person's needs. All documentation was up to date. Medication was administered safely.

People were supported by staff who were knowledgeable about them and who had undertaken sufficient training to meet people's needs. Staff recruitment was robust and prospective staff undertook appropriate checks prior to starting work at the service. Staff had good supervision and were encouraged to attend meetings.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff were aware of the safeguarding policies and procedures and had received training in safeguarding adults.

The environment was clean and well maintained and the décor was of a good standard.

The registered manager used a range of methods to assess, monitor and improve the quality and safety of the service. These included regular audits across the service and meetings with people, family members and staff to seek their views about the quality of care being provided. A wide range of compliments had been received regarding the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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 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.

This comprehensive inspection took place on 15 and 16 May 2017. The first day was unannounced.

The inspection team consisted of one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had knowledge and expertise of caring for people with dementia and people who used regulated services.

We reviewed all the information we held about the service. This included looking at any safeguarding referrals received, whether any complaints had been made and any other information from members of the public. We looked at notifications we had received. A notification is information about important events which the registered provider is required to tell us about by law.

We contacted the local authority safeguarding and contracts teams for their views on the service. They raised no concerns about this service.

On the days of our inspection we spoke with eight people who used the service, four family members, the registered manager and seven staff members.

Observations were carried out throughout the days of the inspection. We also undertook a Short Observational Framework for Inspection (SOFI). A SOFI is used to gather information and understand the quality of the experiences of people who use services who are unable to provide verbal feedback due to

cognitive or communication difficulties.

We looked at a selection of records. This included four people's care and support records, four staff recruitment files, staff duty rotas, medication administration and storage, quality assurance audits, complaints and compliments information, policies and procedures and other records relating to the management of the service.

Is the service safe?

Our findings

People told us that they continued to feel safe with the staff and within the home. Family members spoken with confirmed this. Comments included "I am safe here", "Oh, Yes I am safe", "Safer than being at home" and "[Name] is very safe here".

Staff told us what it meant to safeguard people and they knew how to recognise signs of abuse. One staff member said "I would report instantly to the nurse or manager anything I was unhappy with". Staff had received training about how to keep people safe. Staff had access to a copy of the local authority's policy and procedure on safeguarding adults. Copies of the registered providers policies and procedures on safeguarding vulnerable adults and a whistle blowing policy was also available to staff. Staff told us they knew what whistle blowing meant and that they had a phone number to use if they had any concerns. One staff member told us that if they saw someone treating a person badly they would either contact the registered manager or use the phone number which they had and that the number was also available in the office. The registered manager explained that safeguarding referrals that fell below the threshold to report immediately to the safeguarding team were reported on a monthly basis to the local authority.

Detailed risk assessments were in place for people who lived at Daneside Court. These were completed for a range of risks including moving and handling, choking, pressure area care, continence and falls. Assessments were up to date and reflected people's current needs. This meant that staff had the information they needed to help keep people safe.

Medicines were managed safely. We observed the medication round being undertaken. The staff member offered the people a drink with their medication. Staff completed the Medication Administration Record (MAR) sheet after people had taken their medication. Other information with the MAR sheet included a recent photograph of the person, known allergies, room number, pharmacist and GP details. Also included was any administration difficulties people may have. When required (PRN) medications such as pain killers had a separate protocol which included information about the reason for giving the medication and how and when this should be given. Controlled drugs (CD's) were stored safely and records showed that appropriate checks were in place which included a twice daily check of the stock and records by the nurses on duty during their handover session.

Staff recruitment was safe and robust. We saw that staff files were well presented and included application forms, recruitment questions and answers, two references and a Disclosure and Barring Service (DBS) check. DBS checks were undertaken by registered providers to ensure staff were of suitable character to work at the home.

We had mixed comments about the staffing levels within Daneside Court. Most people said staff were available, however, some people felt there were less staff during the evenings and weekends. We discussed this with the registered manager who said there may appear to be less staff about because usually during these times the registered manager, administrator and handyman were not usually within the home. People confirmed that at times agency staff worked within the home and one person told us that they knew some

of the agency staff as they had regularly worked there. We spoke with an agency staff member who confirmed they had worked regularly at the service which had enabled them to get to know people who lived there and the regular staff team. People told us that their call bells were answered when they needed assistance. One person said "They have come quickly when I needed them". We found on testing the call bells that on two occasions the bell rang for four minutes before being answered. On the second day of our inspection we tested the call bell and found it was answered within two minutes. We highlighted these issues to the registered manager who agreed to look at them. The registered manager also confirmed that if a call bell rang for over five minutes then it would go to the 'emergency call' signal automatically and all staff were aware they had attend to it as soon as possible. During our inspection we found there were enough staff available to safely meet people's needs.

Personal Emergency Evacuation Plans (PEEPs) had been completed for people who used the service. This helped to ensure that people were appropriately supported out of the building in the event of an evacuation or in an emergency. A fire risk assessment had been completed in May 2016 and an action plan completed. Where action had been required, we saw that this had been completed and signed off by the registered manager.

People told us that the home was clean. Their comments included "Yes, very much so", "From what I have seen, yes it is [clean]" and "The home is always clean." We found that the service was well maintained and clean. Equipment had been serviced and maintained as required. For example records confirmed that gas safety and electrical hard wiring had been serviced and was safe to use. Staff had access to personal protective equipment such as disposable aprons and gloves and they used these as needed.

Is the service effective?

Our findings

People told us that they received effective care and that the staff were kind and patient. People were supported by a staff team who were trained and had a good understanding of people's needs and preferences. Staff told us that they seemed to work in the same unit within the home and got to know the people who lived there well. People said "The staff do a good job" and "I feel like I am leaving [Name] in good hands".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The staff made sure that people had choice and control over their lives and that staff supported them in the least restrictive way. The registered manager demonstrated a good understanding of the Mental Capacity Act 2005 and associated legislation. Discussions with the registered manager confirmed that she understood when a DoLS application should be made and how to submit one. During this inspection we did not observe any person being inappropriately restricted or deprived of their liberty.

People told us their healthcare needs were met. They said "I don't usually need a doctor but if I did then the staff would get me one" and "Health care support is good". People's medical conditions and medication requirements were included in their care plans and records indicated these were up to date and reviewed regularly to reflect people's changing needs.

We observed the mealtimes and found these were a positive experience. We saw that staff communicated well with people and that the mealtime was well organised and enjoyable to people who lived at Daneside Court. People were supported with their meals in accordance with their needs and as set out in their care plan. People told us they enjoyed the meals and their comments included "I have my meals in my room – this is my choice", "I like the meals very much", "The meals are very good" and "The meals are lovely". A family member told us that the food was good. There was a four week rotational menu plan and the meals for the day were displayed in the dining rooms. A range of alternative meals were available if someone didn't like the meals on the menu. Staff knew people's food preferences very well and staff engaged well with people at mealtimes. For example, they chatted with people and explained what the meal consisted of. Protective clothing was offered to people and agreement was sought before being used. All staff had up to date training in food safety.

Staff told us that they received the training and support they needed to carry out their role. They said that the training was good. Records showed that staff undertook a range of training which included moving and handling, safeguarding, food safety, fire prevention, equality and diversity and medication awareness. We saw that training was up to date and was delivered in a range of ways which included face to face training, e-learning and the use of workbooks. This helped to ensure staff had the opportunity to learn in different ways. A range of other training was available to meet the specific needs of people such as "Dignity: The one who matters" (end of life care), "Open hearts and minds" (Dementia awareness) and basic life support. This meant that staff had access to a wide range of training to support people who used the service.

Staff completed an induction programme at the start of their employment. Staff told us that the induction gave them enough information to undertake their role. The induction pack was used and staff had access to the staff handbook either on line at work or at home. The induction process included information about the management structure; contractual information and day to day information about the service. New staff also shadowed more experienced staff as part of their induction. One staff member told us they had a mentor throughout the induction process and they also completed the corporate induction as well.

Regular supervision sessions were undertaken and staff told us they were very useful. Comments included "Supervision has been a positive experience for me" and "We get lots of support, formal supervision sessions, appraisals and day to day supervision as well". Records showed that these sessions were up to date. Staff were also invited and encouraged to attend monthly staff meetings. Staff told us that they usually attended the meetings and they could contribute if they wanted to. This meant that staff had access to a range of support to assist them in their role.

Is the service caring?

Our findings

During our inspection we observed people were relaxed, happy and comfortable. Staff were very attentive to people's needs and they provided help when needed. We confirmed this by talking to people and their family members. Comments included "The staff are very good", "The staff help me when I need it" and "The staff are caring."

Staff maintained people's privacy and dignity throughout our visit. For example, staff spoke with people discretely when asking them if they needed to go to the toilet. Personal care was undertaken with doors and curtains were closed as appropriate to maintain people's privacy and dignity. Staff also addressed people by their preferred name which was recorded within their care documentation.

The registered manager explained that each day a different person was selected as the 'Resident of the day'. During that day the person's care plans and associated documentation would be checked to ensure it was up to date and their bedroom would be deep cleaned. Also the activities co-ordinator and chef would meet with the person and discuss their preferred activities and meals with them. Documentation confirmed this.

People had access to a range of information about the home. This included the statement of purpose, residents guide, a brochure and leaflet about the service provided. These documents contained information about the registered provider and registered manager and useful information on the services and facilities provided. Information on how to raise a complaint was included in the resident's guide with details of the Local Government Ombudsman and Care Quality Commission who could be contacted if their concern was not addressed to their satisfaction. A newsletter was produced every three months which detailed activities that had taken place recently with photographs, general information and puzzles.

A wide range of compliments were received at Daneside Court. Comments included "Excellent care and attention", "Daneside Court is a home from home", "Mothers care was good and we were very satisfied, one carer was particularly caring and attentive" and "Courtesy and empathy are obvious, a place you would want your loved one to be".

People's end of life wishes had been recorded so that staff were aware of these. End of life care and support plans were produced and ensured that the person's choices and wishes were noted and respected. People who received end of life care had been supported to remain in the home where possible. This allowed people to remain comfortable, in familiar and homely surroundings, supported by their family, friends and staff. Family members commented "I can't thank you enough for the care and love you have shown mum in her final weeks. It has been such a comfort knowing she was in your care" and "Can I express my gratitude for the loving care and support to my Mother. Thanks for not only looking after Mum but also in her last few days extending that wonderful support to our family. You do a wonderful job."

Is the service responsive?

Our findings

People who lived at Daneside Court told us they felt the registered manager and staff were responsive and met their needs with an individual approach. People and family members told us that staff listened to them and that they received the care they needed. Comments included "Staff know my likes and dislikes", "Staff treat me very well" and "The staff are very good".

The registered provider had a complaints procedure which contained details of how to raise a complaint, contact details of the registered manager and the Care Quality Commission (CQC). People and family members told us they had no concerns or complaints about the service but they knew how to raise one if needed. People said "I would talk to the staff" and "I know how to raise a concern". No complaints had been received but the registered manager said that a complaints log was in place and would be completed with details of the complaint and how it was dealt with. We had not received any complaints about Daneside Court.

The registered manager explained that prior to admission people would be visited by her or a member of the staff team either at their home, hospital or another preferred place. During this meeting the staff would explain to the person about the service they could provide. A pre-assessment document was completed to help assess the person's needs and to ensure that the service could meet these. People were encouraged to visit the home prior to admission.

Care plans showed there were good records available which promoted person-centred care. Person-centred care is a way of thinking and doing things that sees the person using the service as equal partners in planning, developing and monitoring care to make sure it meets their needs. The care plan covered identified needs such as personal care, nutrition, medical conditions and continence. Risk assessments which were also carried out informed the care plans. For example risks associated with moving and handling, falls, nutrition, pressure area care and continence were included. This meant that staff had access to a wide range of information about the needs of people who lived at Daneside Court. Daily notes were kept about each person which included details of the care and support they were provided with and any changes in their health and wellbeing.

Details were kept about people's social history which meant staff had access to information about their past. This helped staff to gain an understanding about people's past lives so they could help generate conversations of interest. People told us about the activities that were available at Daneside Court. They said "I like to go out in the garden" and "I like to go to bingo". People and family members said that there was a range of activities and outings available and some people went out with their family members as well. Activities included singing, music, hand massages, card games such as whist, dominoes, arts and crafts, keep fit, reminiscence sessions, tea parties and weekly visits to the hairdresser. Regular visits were made by members of the clergy from the local Roman Catholic and Church of England churches and entertainers visited Daneside Court once or twice a month. The activities coordinator told us that they were supported by the staff team and two volunteers who regularly visited the home and helped out with activities.

Is the service well-led?

Our findings

People and family members told us that they were happy with the care and support provided at Daneside Court and that the service was excellent. People and family members said "This is one of the best", "I've been in other homes for respite care but this is number one", "They do a good job here", "I am very happy", "I feel I am leaving [Name] in good hands", "I am very satisfied", "Very nice here" and "Excellent".

The manager has been registered with the Commission for eighteen months. She had worked for the company for two years and had 25 years' experience and a wealth of knowledge of the caring sector. 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.

Staff told us that they received good support from the management team, nurses and colleagues. They said the registered manager was "Very good", "Always available for discussions", "Approachable" and "Very professional and supportive". Staff said the registered manager had an open door policy and would listen to any comments they had. People and family members told us that the service was well led by the registered manager and that she was regularly visible throughout the service and that they usually saw her during each visit.

Daily handovers were completed at the beginning of each shift. Staff told us that they found these very useful and that all staff on duty at that time were involved. A written record of the handovers was made which included the care and support people received and noted any concerns or follow up action required. Also daily 'Flash meetings' were held with the heads of each department. These were also recorded and covered all aspects of the service including housekeeping, catering, maintenance, administration, activities, staff issues and care issues. It also included the registered manager's movements and availability for that day.

An auditing system was in place to assess, monitor and improve the quality and safety of the service and to ensure people's health and wellbeing was maintained. Regular audits had been completed by the registered manager. These included audits on care plans, medication, health and safety, risks assessments, the environment, fire safety, accidents and incidents and infection control. Where actions were identified these were actioned and on completion were signed and dated by the registered manager.

People's views were sought in a variety of ways including 'Resident and relative' meetings. During these sessions a wide range of topics were discussed including the environment, food and activities. People's views were also sought through annual care reviews where people had the opportunity to discuss their current needs and preferences. Twice daily walk rounds were completed by senior staff to ensure that people were well cared for, and to check on the safety and cleanliness of the environment. Observations also took place during the walk rounds to check on people's dining experience. Questionnaires were sent out to people and family members on an annual basis. The last one was completed and returned in June 2016.

Respondents overall impression of the service was good. Comments included "I am very pleased I can go into town on my own when I like", "I feel Mum is looked after well and I have no regrets in choosing Daneside Court", "The home is excellent", "Far too much food, and wastage" and "I think the staff are very caring". Action the home has taken to address any concerns raised was also included.

A representative of the registered provider visited the service and completed a visit report. The last visit was in May 2017 and included discussions with people who lived at Daneside Court and staff; a tour of the service; checks on a range of documentation; and discussion with the registered manager. Actions were noted with timescales for completion included.

The registered provider had a set of policies and procedures for the service which were reviewed and updated as required. Policies were available in the main office which ensured that staff had access to relevant guidance when required.

From discussions with the registered manager we saw that the values and objectives of the service were to be open and transparent in their approach. They regularly notified CQC as required by law of significant incidents and events that affected people or the running of the service. Notifications were sent shortly after the incidents occurred which meant that we had been notified in a timely manner.

The registered provider had an emergency contingency policy and plan which had been updated in May 2017. This included a chart for the type of incident such as a loss of utilities; premises; staff; IT and included a 'what to do' list. Emergency contact numbers for the registered manager, area manager, key staff and details of local emergency organisations to be contacted as needed. This meant that the registered provider had systems in place to ensure the continuity of the service.