

# Cumbria County Council

# Dentholme

## 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

We undertook an unannounced inspection of Dentholme on 17 May 2016. This was the first inspection since the service was re-registered.

Dentholme provides up to 38 places for older people and people living with dementia. Accommodation is in single rooms within four group living areas. On the day of our visit there were 28 people in residence. One of the group living units was not in use during our visit. Two groups specialise in the care of people living with dementia. Each group has suitable living and dining areas and shared bathrooms and toilets. The home is situated in a residential area of Cleator Moor and is within walking distance of the amenities of this small town. There is limited parking areas and a secure garden.

The home has a registered manager. 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 staff team were aware of how to keep people safe from harm and abuse. The building was safe and secure. Good risk assessments were in place. There was nothing of concern seen in the home during our inspection. Staff were confident that they could discuss any worries with management.

The home was suitably staffed. The registered manager was recruiting an additional member of the night staff team. We checked on recruitment and this was done correctly. Cumbria County Council had a suitable grievance and disciplinary procedure in place.

We checked on medicines and these were managed appropriately. Good systems were in place for ordering, administering and disposing of medicines.

The home was clean and orderly. Good infection control measures were in place with staff having access to chemicals and equipment to prevent cross infection.

Staff received good levels of training and support. Staff said they had support on every shift as well as the chance to talk more formally in supervision.

Staff understood their responsibilities under the Mental Capacity Act 2005. Deprivation of Liberty authorities were in place where necessary. People were asked for consent. Restraint was not used in the service.

The catering arrangements in place were of a very high standard. Good nutritional planning was in place.

The home had some areas both inside and outside of the building where improvements were necessary. The registered manager had asked for resources from the provider to do this. We recommended that these

improvements were completed as soon as possible.

The staff team treated people with affection, dignity and respect. People in the home and their relatives told us they judged the team to be very caring.

People told us they were consulted, valued and listened to. Information was treated confidentially.

End of life care was managed well and a community nurse said that she judged that the staff did this confidently and with compassion.

Assessment and care planning was up to date and of a good standard.

Activities and entertainment were improving in the service with the staff looking at new ways to help people have a meaningful life.

There had been no complaints or concerns about the service. People were confident that any concerns or complaints would be listened to by management.

The home had an experienced and qualified manager. The vision and values of her leadership reflected good practice and was in line with the values of Cumbria County Council.

There was a good quality assurance system in place which was being used to inform future planning.

## 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 was safe.

The staff team understood their responsibilities in keeping people free from harm and abuse.

Staffing levels met the assessed needs of people in the service.

Medicines were suitably managed.

### Is the service effective?

Good ●

The service was effective.

Staff received suitable training and supervision.

The registered manager and her team were aware of their responsibilities under the Mental Capacity Act 2005

The home provided very good standards of catering.

### Is the service caring?

Good ●

The service was caring.

People told us that the staff were respectful and caring.

Staff were focussed on the well being of people in the service.

End of life care was well managed with the support of the local GPs and community nurses.

### Is the service responsive?

Good ●

The service was responsive.

Care planning was up to date and appropriate.

The staff team were developing activities that met people's needs.

There had been no complaints about the service.

## Is the service well-led?

Good 

The service was well-led.

The home had a manager who was registered with the Care Quality Commission.

Suitable quality monitoring was in place.

Good partnership working with health and social care professionals was evident in the home.

# Dentholme

## 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 17 May 2016 and was unannounced. The inspection was undertaken by an adult 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. Both members of the team had experience of caring for older people and people living with dementia.

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. The PIR was sent back to us in a timely fashion and had been completed in detail and gave a good picture of the service.

We also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information. We also spoke with health and social care professionals and commissioners of care about the outcomes of care.

We met with all of the 28 people who lived in the service during our visit and had conversations with 14 people. We also observed interactions in both of the dementia care units. We met with six visiting relatives and friends. We looked at ten files which included care plans, assessments, nutritional plans and moving and handling plans for these ten people. We checked on medicines kept in the home and looked at all of the medication administration records.

We met with the registered manager, the operations manager, two supervisors, seven care staff, the cook and two other people from the housekeeping and catering teams. We looked at six staff files. We reviewed recruitment, induction, training, supervision and appraisal notes on these six staff files.

We also looked at food safety records, fire safety documents, maintenance records and quality monitoring records.

# Is the service safe?

## Our findings

We spoke with people who told us that they felt, "Quite safe and well looked after" and "Nothing worries me here." A visiting relative said "There always seems to be enough staff. We have never seen anything to bother us. We are really happy with the home." Another visitor told us that they were happy with staffing levels. They said "What I like is that the girls are involved all the time, you don't have to go looking for them in a staff room, they sit with them and have their cup of tea, it's lovely." People told us, "The staff are quick to notice if something is wrong...they work hard but are always there for you."

We spoke with a number of staff who could discuss in-depth what would be considered to be abusive. They told us that they would report anything straight away to one of the supervisors or to the registered manager. They were confident that senior staff would deal with this. Staff also told us that they could contact more senior managers of Cumbria County Council. One person said, "We have all been given small cards which you can keep in your purse which gives you all the contact details for senior management or for the safeguarding team. I would use it if I had to."

We checked on the daily records and we did not find any entries that concerned us. We met with people who were confident that they would be treated appropriately. We spent time with people living with dementia and they responded well to the staff team. We saw in training records that staff had been trained to identify and deal with any actual or potential abuse.

The registered manager had suitable risk assessments in place that covered all aspects of the home. She also had risk management plans in place where any risk had been identified. The service had an emergency plan in place. Fire safety was suitably managed. Accident and incident management was appropriate. All of these risks to people's safety were monitored by the operations manager and by the external quality monitoring team.

We were given copies of the last four weeks rosters for all staff. We saw that staffing was suitable by day. On the day of our visit there were seven members of the care staff team, a supervisor and the registered manager in the home. They were supported by good levels of catering and housekeeping staff.

We spoke to staff about the care of people at night and we judged that dependency levels were such that two members of the night staff team could manage to deliver the care. We learned that when dependency levels changed the registered manager would use one of the relief staff to become a third member of the night staff team. We had evidence to show that a permanent third member of night staff was being recruited. The registered manager said that this was under way because she had identified a potential need due to the possible changes to the needs of the group of people living in the home.

We saw that recruitment procedures were in place and were being followed in practice to help ensure staff were suitable for their roles. This process included making sure that new staff had all the required employment background checks, security checks and references taken up before they were offered a position in the organisation. There had only been one new person recruited in the last year as staff turnover



was low. We checked on this person's recruitment and this was in order.

Cumbria County Council had suitable disciplinary procedures in place but these had not been used in this setting for some time. The registered manager and the operations manager had experience and training in these matters.

We looked at medicines managed on behalf of people in the home. These were kept securely in locked cupboards and trolleys. The administration records were in order. The ordering and disposal of medicines was correctly managed. The use of strong drugs called controlled drugs was limited and managed correctly. The home did not rely on sedative medicines unless these were prescribed by a consultant. Some people managed a little of their own medication.

The registered manager had a new system for the control of infections. We read a file which contained clear and simple instruction that covered all aspects of infection control. One of the supervisors took the lead in this and made regular checks on quality. We noted that there were some potential risks in bathrooms and toilets but we also had evidence to show that the registered manager had identified these risks and had asked that these be put right. Some of these problems were to be dealt with shortly after the inspection. The home was clean, orderly and free from unpleasant odours. Staff told us that there was always plenty of personal protective equipment. There had been no outbreaks of infectious illness and we judged that infection control was well managed.

# Is the service effective?

## Our findings

People told us that the staff were, "wonderful", "grand" and that they, "know what they are doing." We spoke to one person who was being helped to move by means of a hoist and they said, "I feel quite confident as they get trained and they make me feel safe and secure before they start."

People told us the food was, "Really good...homemade. All of it is lovely and you can have what you want." A relative said "The food is great, there are times when we would like to stop and eat."

We looked at a number of staff files and we saw that staff received suitable induction and on-going training. Cumbria Care had a range of mandatory training and the registered manager had ensured that the staff team had completed this training. Staff could talk about safeguarding, health and safety, individual rights and person centred care with confidence. We were sent a copy of the training matrix which confirmed that staff received suitable training. We also noted that staff could ask for and did receive further training that helped them to perform within their role. We learned that catering staff had received extra training and that supervisory staff had received training that helped them with their role.

We read a number of staff files and we saw that not only did staff receive induction and training but they also received good levels of support. The registered manager had been in post for less than a year but staff told us that she was a very supportive person and that she had ensured that everyone received supervision. We checked on this in staff files and saw that all staff received regular supervision and that this was suitably recorded. Staff had also received appraisal.

We reviewed the minutes of staff meetings. This included unit meetings run by supervisors and full staff meetings run by the registered manager. These minutes showed that best practice in care delivery was discussed. Staff said that this happened on a daily basis at handovers and when they reviewed care plans. Staff could discuss good practice and individual rights and were confident in their skills and knowledge. This applied to care staff, the kitchen team and the domestic staff.

The staff had an understanding of their responsibilities where a person might be deprived of their liberty and could discuss why this might happen. The registered manager and the senior staff team had a good understanding of their responsibilities under the Mental Capacity Act 2005. 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.

Some people who were living with dementia did have their liberty restricted. These people had Deprivation of Liberty authorities in place and they were cared for in the least restrictive way possible. Restraint was not used in this service. We had evidence to show that, where possible, consent was sought. We saw people being asked for consent during our visit.

We went in to the kitchen and saw that the kitchen was clean and orderly. The cook had a wide range of information about nutrition available for the staff team. She had a depth of knowledge about all aspects of the catering operation. For example she had prepared charts for staff which showed potential allergens in the food that was given to people. She discussed how she had prepared meals for a person who had coeliac disease and could not eat wheat and other grains so that this person still received a varied and interesting diet.

The inspection team were invited to share the lunchtime meal with people. The meal was well prepared with good quality ingredients and was nicely presented. People ate well and told us how much they enjoyed the food. Where people needed soft diets pureed foods were presented in divided plates so that they looked appetising.

Nutritional planning was in place but no one was in any great danger of malnourishment. Staff talked about how they encouraged people to eat. The catering and care staff were all aware of how to fortify foods so that people would get the best nutrition. Drinks and snacks were available throughout the day.

We spent time with one of the visiting community nurses who came to the home several times a week. She said that the staff team were good at asking for support and that they cared for people when they were unwell. We saw that the GP, specialist nurses and other health care professionals visited the home when necessary. People told us that they saw the chiropodist, dentist and optician on a regular basis. Files we checked confirmed this. People were given good health care support.

Dentholme was a purpose built 1960s home. The provider, the registered manager and the staff team were aware that this meant that the building had some limitations. A visiting relative said, "It needs a new building really but you can't fault the care." The home was divided into four group living units, one of which was not in use. The shared living spaces were nicely decorated and some of the corridors had been newly decorated. Furniture was of a reasonably good quality. Individual bedrooms were personalised. We could see that the staff team took pride in keeping the home as pleasant as possible. There were some nice touches around the home that made the building feel very homely.

We did however note that some areas needed attention. Some of the bathroom and toilet fittings were made of metal which had rusted. There were some minor areas where dampness had penetrated walls. The garden area was in need of some attention. These matters had been identified by the registered manager in her quality audits. There had been some spending on the environment in the previous financial year and an upgrade to one bathroom was planned. The registered manager was awaiting approval for further work on the building.

We recommended that these improvements to the building through maintenance and refurbishment be dealt with as soon as practically possible.

## Is the service caring?

### Our findings

We measured this outcome by talking to people who lived in the home and by having discussions with a number of visiting relatives and friends. We also observed how staff interacted with people in the home.

People were keen to tell us how caring staff were. They said, "It's grand here, the girls are lovely" and "It's lovely...when I got poorly It seemed right to come in." Another person said, "They ask me what I want, they couldn't be nicer."

A relative said, "It's marvellous ,11 out of 10...my relative has been in two homes but this is so much better." Another relative said "It is wonderful, it's like my relative is being looked after by his family, we come at all times and the girls are so good."

We saw that the staff in the home knew the people they were supporting well. They knew people's likes and preferences and the things that were important to them in their lives. We observed the interaction between the staff and the people who lived in this home. We saw light hearted interactions between staff and the people they supported. Humour and affection were used appropriately and the relationships between staff and the people in the home were warm, respectful and caring. We also observed staff dealing with people with quiet sensitivity where people were distressed or sad. Throughout the day staff were always polite and courteous. Staff made sure that people's privacy was maintained at all times.

People were treated as individuals and staff understood individual strengths and needs, their backgrounds and their connection with friends and family. They knew what was important to individuals even when they were living with dementia. We noted in care plans and daily notes that staff wrote about people in a respectful way.

The registered manager had regular residents' meetings and we had evidence to show that relatives were invited into the home for meetings and social events. The relatives who were in the home on the day said that they were kept fully informed.

We observed staff who were concerned about the well-being of individuals. They were careful to respond to any emotional or psychological needs. People were given good levels of support for personal care. Staff took time to explain interactions to people and were patient and respectful towards people living with dementia. They spoke to people in a clear way when they were coping with the disorientation associated with dementia. Where people found communication difficult staff pre-empted their needs and wishes because they understood each person.

We observed staff encouraging people to be as independent as possible. Several people told us that their needs and wishes were respected and that they were allowed to do things for themselves, even when this was difficult. This was reflected in care plans and in daily notes.

On the day of our visit the staff team were caring for a person at the end of their life. They were doing this in

conjunction with local health care providers. We spoke with a community nurse who said that they did this very well and that in her opinion this home would be able to undertake end of life care as a specialist service. We spoke with staff who told us that it was a privilege to support people at the end of life and that the home always tried to support people to stay in their own home.

## Is the service responsive?

### Our findings

People told us they were happy with the way staff responded to their needs. One person talking about how care was delivered said, "It's grand here, we had a meeting to begin with, with all those files so the staff understand what you want and they asked about everything, the [care plan] file is in my room now." A relative said, "We were included in everything including the care plans, and they ring us if anything is wrong...the nurse practitioner visits and they bring the doctor in if needed. We are quite satisfied."

We looked at a number of care files on all units. We saw that each care file contained assessments of needs and details of personal strengths and preferences. We noted that moving and handling and nutritional assessments were up-to-date. We read individual care plans and we learned from talking to people that, where appropriate, they were involved in formulating the plans.

We read detailed and up-to-date care plans that covered all aspects of a person's needs and preferences. We talked to the registered manager and to the supervisors about ways to continue to improve some aspects of care planning. We noted that care plans did include information about supporting people with mental health needs but we discussed ways to improve this guidance. We looked at one plan for a person at the end of life and we spoke with a health professional who told us that the staff were good at planning and carrying out end of life care.

People who lived in Dentholme could choose how they spent their time. Some people preferred their own company and spent quite a lot of time in their own room. The expert by experience noted that staff encouraged and supported these people to come out at mealtimes and for activities and to join in with other people in the service. Staff told us that they were aware that people could become quite isolated and they said that they tried to encourage people to join in.

People told us that they were involved with staff in planning some trips out in the summer. People were looking forward to getting out more. The staff were aware that they had not had many trips out and were putting plans in place to improve this. People told us about activities on offer. On the day of our inspection there was a music and movement activity which was well attended and enjoyed by people from all three units in the home. We learned about parties and entertainment and we saw that staff involved people, wherever possible, in activities. People said that they had done some baking, had been involved in some crafts and that staff would organise board games, reminiscence sessions and quizzes. The registered manager and the senior staff felt that they wanted to offer more activities and outings and they were planning to start a league of friends who could help them with some of this. Their first project was to improve the garden as a number of people in the home and their relatives had commented on the need to improve this area.

There had been no complaints about this service received by the Care Quality Commission or the local authority. The registered manager said that there had been no formal complaints received by Cumbria County Council. The complaints log showed that there had been no issues since the new manager took over. Cumbria County Council had a complaints policy which was easily accessed by people in the home and

their relatives. No one we met on the day had any formal complaints about care or services. People told us that they could voice their opinions and they felt that, where possible, these were taken into account in future planning.

## Is the service well-led?

### Our findings

Our conversations with people in the home led us to understand that people were satisfied with the way the provider organised the service and with the leadership provided by the registered manager.

One person said, "We have a new 'boss'. She is grand...listens and acts!" Another person said, "The staff know where they stand with the [provider and the registered manager]...they understand what they have to do."

Staff referred to the registered manager as "the boss" and were relaxed and satisfied with the way the home was managed. One member of the team said, "We all get on well together and our manager knows how to run a home."

Dentholme had a registered manager who was suitably experienced and qualified to manage the home. She had previously managed a smaller Cumbria County Council home and told us that she was enjoying the challenge of running a bigger home. People who lived in the service knew her and said that they judged her leadership to be "sound". We spoke with staff who said that they were happy with the new management arrangements and that the registered manager was enthusiastic and competent.

We spoke with all of the staff on duty and they were able to discuss the visions and values of Cumbria County Council. The staff showed in words and in actions that they valued and respected individual rights. Staff could speak in-depth about the duty of care they had and how they balanced this with allowing people to choose their own lifestyle. We noted that even when working with people living with dementia the staff paid due attention to individuals needs and rights.

We met with a number of visitors to the home who were able to discuss what they thought of as the 'atmosphere' in the home. They said it was "like home", "very friendly" and "like a family." They told us that the home was run for the benefit of people who lived there, and that the staff team were open, respectful and welcoming. We learned that the staff interacted with people in the home and their families in an open way. Relatives and other visitors were invited to attend entertainments and were encouraged to voice their opinions at regular meetings with the registered manager.

We looked at minutes of a number of regular meetings with people who lived in the home, relatives and meetings with staff. These were part of the quality monitoring system in the home. We saw that suggestions were made at these meetings which were carried through. We learned that suggestions had been made about menus, activities and entertainments and that staff had put these into practice.

Cumbria County Council had a quality monitoring system that covered all aspects of the service. We saw that care delivery, medicines management and money kept on behalf of people in the home were routinely checked by the registered manager. We also saw that staff training and development, staff attitude and approach were monitored by the supervisory staff and by the registered manager. There was a system which recorded all of this monitoring and this was checked on by the operations manager and by the external



quality assurance team. On the day of our visit the operations manager was in the service checking on some aspects of the care delivery.

When we looked at quality monitoring records we saw that the registered manager had identified a number of issues that needed improvement. We saw that these areas had been highlighted with senior management. These included the levels of staffing at night, the need for some environmental improvements and some aspects of staff development. We saw that these had been taken into account and that some resources had been given to the registered manager to ensure that improvements would take place.

We looked at a wide range of records during our inspection. Recording was detailed and up-to-date, filed correctly and was easy to access. The registered manager gave us all the records we asked for without delay. Confidential material was stored securely and staff understood the need to record appropriately.

Prior to our inspection we spoke with professionals from the local authority and from health. We learned that other professionals were happy with the way the staff team worked with them. A community nurse was in the home on the day and she commented on how eager the staff team were to learn and put into practice good health care support. She also commented on the pleasant atmosphere and good levels of communication between community nursing and the staff team. Local social workers were happy with the way the staff work with them.