Mr & Mrs M Sharif

Dearnlea Park Residential Care Home

Inspection report

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South Yorkshire
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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

This inspection took place on 22 October 2018 and was unannounced.

Dearnlea Park is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home can accommodate up to 65 older people and older people living with dementia in one purpose-built building. At the time of this inspection, 52 people were living in the home. Accommodation is provided over two floors.

There had been a change of registration in August 2017 when, a new provider had been registered. This was the first inspection of the new provider.

There was a registered manager in post. 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 were being recruited safely and there were enough staff to take care of people and to keep the home clean. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff were supported by the registered manager and were receiving formal supervision where they could discuss their ongoing development needs.

People who used the service and their relatives told us staff were helpful, attentive and caring. We saw people were treated with respect and compassion.

Care plans were up to date and detailed what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. People felt safe at the home and appropriate referrals were made to the safeguarding team when necessary.

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.

People's healthcare needs were being met and medicines were being stored and managed safely.

Staff knew about people's dietary needs and preferences. People told us there was a good choice of meals and said the food was very good. There were plenty of drinks and snacks available for people in between meals.

Activities were on offer to keep people occupied both on a group and individual basis. Visitors were made to

feel welcome and could have a meal at the home if they wished.

The home was spacious, well decorated, clean and tidy. All the bedrooms were single occupancy with en-suite toilets and showers.

The complaints procedure was displayed. Records showed complaints received had been dealt with appropriately.

Most people spoke highly of the manager who said they were approachable and supportive. The provider had effective systems in place to monitor the quality of care provided and where issues were identified they acted to make improvements.

We found all the fundamental standards were being met. Further information is in the detailed findings below.

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.

Staff were recruited safely. There were enough staff to provide people with the care and support they needed and to keep the home clean.

Staff understood how to keep people safe and where risks had been identified, action had been taken to mitigate those risks.

Medicines were managed safely and kept under review.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to meet people's needs.

Meals at the home were good, offering choice and variety. People were supported to access health care services to meet their individual needs.

The legal requirements relating to the Deprivation of Liberty Safeguards (DoLS) were being met.

Is the service caring?

Good

The service was caring.

People living in the home told us they liked the staff and found them attentive and kind. We saw staff treated people with kindness and patience and knew people well.

People looked well cared for and their privacy and dignity was respected and maintained.

Is the service responsive?

Good

The service was responsive.

People's care records were easy to follow, up to date and being reviewed on a regular basis.

There were activities on offer to keep people occupied.

A complaints procedure was in place and people told us they felt able to raise any concerns.

Is the service well-led?

Good

The service was well-led.

A registered manager was in place who provided effective leadership and management of the home.

Effective quality assurance systems were in place to assess, monitor and improve the quality of the service.

Dearnlea Park Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 October 2018 and was carried out by two adult social care inspectors. The inspection was unannounced.

Before the inspection we reviewed the information, we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

The provider had completed a Provider Information Return (PIR). The PIR is a document we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing care in the lounges and dining rooms. We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included five people's care records, five staff recruitment files and records relating to the management of the service.

We spoke with five people who used the service, one relative, four care workers, one domestic staff, the chef, the activities co-ordinator, the deputy manager and the registered manager.

Good

Is the service safe?

Our findings

People were kept safe from abuse and improper treatment. People who used the service told us, "I feel safe here. That's why I don't want to go home. I would be on my own", "I am happy here it is good. Staff keep us safe" and "When I am in my room I feel safe. Staff come in to check I am okay. Once someone came in my room; I don't think they knew where they were. I rang my alarm and staff were there immediately." Relatives had no concerns and were confident that their loved ones were safe and well cared for. Relatives were clear that they could turn to staff or management if they had any concerns.

We asked staff what measures were in place to protect people from abuse in the home. Staff were able to tell us about signs of potential abuse and what they would do to report this. Staff told us they would have no problems in reporting anything to the registered manager and they were confident action would be taken to protect vulnerable people. This meant staff understood and followed the correct processes to keep people safe.

We saw evidence that risks to people's health and safety were assessed. For example, recognised risk screening tools were used for pressure area care and falls. We saw specialist equipment such as pressure relieving cushions and mattresses had been obtained and were being used by the service to mitigate risks.

Staff used appropriate methods to ensure people were safe when they were supporting them. For example, we saw staff assisting people to move around the service. Staff used appropriate techniques when assisting people out of their lounge chair to walk to the dining table for their lunch.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. We looked at staff recruitment records and saw the provider obtained two references and carried out Disclosure and Barring Service (DBS) checks for all staff before they commenced work. These checks identified whether staff had any convictions or cautions, which may have prevented them from working in the caring profession.

Most staff we spoke with told us there were enough staff on each shift to ensure people's needs were met. However, two staff members told us that sometimes "staff are moved around from upstairs to downstairs due to staff sickness. This leaves upstairs a bit short staffed.". One staff member said, "It is a good team and we support each other." We asked relatives about staffing levels. One relative said, "When I arrive to visit my [family member] there is always staff around and they are very welcoming."

We looked at staff rotas and found they matched the staff who were on duty. We saw previous staff rotas were consistent with the amount of staff that we were told should be on duty to ensure people were safe and had their care needs met. The care team were supported by a housekeeper, chefs and an activities co-ordinator.

Medicines were stored, managed and administered safely. We saw medicines were stored in locked trolleys, cabinets or fridges. The senior care workers took responsibility for administering medicines and we saw

them doing this with patience and kindness. They explained to people what their medicines were for and stayed with them until the medicines had been taken. We looked at a sample of medication administration records (MARs) and saw people were given their medicines as prescribed.

Protocols were in place that clearly described when medicines prescribed for use 'as required' should be administered. Some people were prescribed medicines, which had to be taken at a particular time in relation to food. We saw there were suitable arrangements in place to make this happen.

We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems.

Personal emergency evacuation plans (PEEPS) were in place for people living in the home. These gave information about what support people would need should an emergency arise. We saw systems were in place for events such as a fire and regular checks were undertaken to ensure staff and people who used the service understood those arrangements. We checked records and found two evacuation drills had taken place. However, they did not include staff working during the night. We asked the registered manager to address this shortfall. We saw the fire alarm was tested weekly and staff could tell us what they needed to do if the fire alarms sounded.

The home was clean, tidy and odour free. We saw staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately.

People we spoke with spoke highly of the housekeeper and one person said the home was always clean.

The service had been awarded a five-star rating for food hygiene by the Foods Standards Agency. This is the highest award that can be made and demonstrated food was prepared and stored hygienically.

Accidents and incidents were recorded and analysed to see if any themes or trends could be identified. Records showed what action had been taken following any accident or incident to reduce or eliminate the likelihood of it happening again. For example, the registered manager told us following a safeguarding investigation she had implemented more detailed records such as food/fluid charts which run throughout the 24-hour period rather than stopping after supper.

Good

Is the service effective?

Our findings

The registered manager completed an assessment before people moved into the home. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed.

People's healthcare needs were assessed and plans of care put in place to meet their needs. Care plans were reviewed by staff to ensure they remained appropriate to people's needs. Care records showed people had access to a range of health and social care professionals such as GPs, district nurses, dieticians, opticians and dentists. People told us staff supported them well with their healthcare needs. Where required, we saw appropriate equipment such as hoists and bed sensors were in use. We saw people had been assessed for equipment appropriately.

Staff were well trained and supported to carry out their roles effectively. Staff we spoke with told us training opportunities were good and there was plenty of training on offer. We spoke with the trainer who worked with Dearnlea Park. They told us, "There has being some considerable efforts to up skill and train the staff at Dearnlea Park. The home now has 100% of staff ongoing or qualified at a minimum of a level 2 standard. All staff are now also given additional training to enhance their work practice and investments are now made into staffs' ongoing development. I cannot praise the home and the staff enough for their continued efforts to raise the standards at Dearnlea Park. All staff have welcomed the additional training and qualifications."

The staff we spoke with told us about the training they had received which was specific to the service provided. The training covered all aspects of supporting people with complex needs. It was clear from our observations that the training staff received was fully integrated into the way people were supported.

The registered manager told us new staff completed induction training and were enrolled on the Care Certificate. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe, compassionate care. Records we checked showed staff were up to date with training which included infection control, medicines, first aid, food hygiene, moving and handling, end of life care and safeguarding.

Staff were provided with regular supervision sessions which gave them the opportunity to discuss their work role, any issues and their professional development. Most staff we spoke with told us they felt supported and said they could go to the registered manager at any time for advice or support. Annual appraisals were also completed which looked at staff performance and development over the year.

People's nutrition and hydration needs were met. People who used the service told us meals were good. We spoke with the cook about menus and special diets for people who required specific food due to their allergies. The cook had a good understanding of people's likes and dislikes because she had taken time to speak to people when they were admitted into the service. The cook knew people who were nutritionally at risk. She told us that cream, milk shakes and prescribed supplements were used to increase the calorific intake for those people. Snacks and hot and cold drinks were available throughout the day.

People who had been assessed as being nutritionally at risk were being weighed regularly. Records were also being maintained of what they were eating and drinking. We found these records were well completed and showed people were being offered high calorie snacks and drinks in line with their care plans.

There were choices available for every meal and a range of hot and cold meals which could be ordered at any time. Jugs of juice were available in the lounges and in people's bedrooms. Snacks such as fruit, biscuits, cake and crisps were also readily available.

Staff were not using 'best practice' guidance to calculate how much fluid some people should be drinking on a daily basis, to ensure they were kept well hydrated. We spoke to the registered manager about this who informed us she would add this to the new charts due to be implemented.

The accommodation had been purposely built/adapted to meet the needs of people who used the service. The accommodation was spacious with wide corridors and doorways to facilitate easy access for wheel chair users. Toilets and bathrooms were easily identified, and people's bedroom doors had a memory box on them.

The environment was suitable for people to have choice where they spent their time. Staff told us some people liked spending time in their bedroom watching television and doing crosswords. Others liked to spend time in the main communal areas.

We looked around the service and spent time on Poppy unit which accommodated people living with dementia. The unit was very dementia friendly with tactile objects on corridors which people could connect with. For example, many of the people had association with coal mining pits in the area. Staff had painted a picture of a pit top with the large wheels leading to pit shafts. The service had gone to great lengths to decorate the home ready for Halloween. The registered manager told us all staff had helped with the decorations. We saw people were encouraged to furnish their bedrooms with personal possessions such as ornaments, pictures and photographs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service was compliant with the Mental Capacity Act. People's capacity to consent to their care and support arrangements was assessed. Where people lacked capacity and it had been assessed that the accumulation of restrictions amounted to a deprivation of liberty, appropriate DoLS applications had been made. There were four authorised DoLS in place. Several applications were awaiting assessment by the local authority.

People were asked consent before care and support was provided. Where people lacked capacity best interest decisions had been made involving families and healthcare professionals. For example, the best interest process had been followed for one person who was being supported to take their medicines covertly (hidden).

The manager had oversight of which people who used the service had a Lasting Power of Attorney (LPA) in place. A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPA's can be put in place for property and financial affairs or health and welfare. This showed us the manager understood their responsibilities to act within the legislation.

Good

Is the service caring?

Our findings

During our inspection, we found the service was caring. Staff were caring and supportive to the people who used the service. Both staff and management were committed to ensuring that people received the best possible care in a homely environment.

People we spoke with told us the care provided was excellent. One person said, "We all get on well like a big family. She is wonderful (pointing to one carer), they all are." Another person said, "Staff are respectful. When they come to get me up they always knock and ask if it is alright to come in." We observed many positive, caring and kind interactions between people and staff.

People had developed positive relationships with the staff supporting them. Staff knew people well and were familiar with their routines and preferences. They were knowledgeable about the personalities of people they supported. Staff spoke about people with respect and affection. One person we spoke with said, "She (pointing to a staff member) knows everything I like down to the minor but important detail." The two went on to have a joke about their relationship.

Staff spoke with respect to people and with one another and there was regard for people's privacy and dignity. We saw staff knocked on people's doors and consulted with people before supporting them with any care tasks. Staff gave examples of how they respected people's privacy and dignity, such as ensuring doors and curtains were closed when assisting with personal care and knocking before entering people's rooms. Staff told us they explained to people what was happening at each stage of the process when delivering personal care.

Staff approach was person-centred, and people were treated as individuals. We saw staff sitting with people engaging in meaningful conversations. We found that staff spoke to people with understanding, warmth and respect, and considered people's privacy and dignity.

People were involved in all decisions about their care and their choices were respected. For example, people were offered a choice of food, where they wished to spend their day and whether they wished to be involved in activities. People told us they felt their views had been listened to.

The registered manager told us they involved people in any reviews and decisions about their care and support. If a person did not have access to family or friends that could support them, the service would arrange for an advocacy service to offer independent advice, support and guidance.

We saw the service had policies and procedures in relation to protecting people's confidential information which showed they placed importance on ensuring people's rights, privacy and dignity were respected. We saw staff had received information about handling confidential information and on keeping people's personal information safe. All confidential records and reports relating to people's care and support and the management of the service were securely stored to ensure confidentiality was maintained and the computers in use were password protected.

We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff, people and relatives showed us the service was pro-active in promoting people's rights. For example, we saw the service had developed a room which was available for people to practice their faith. The activity co-ordinator told us that if people wanted to practice their faith staff would make suitable arrangements to take them to their place of worship.

Good

Is the service responsive?

Our findings

We saw people's needs were assessed and this information was used to develop plans of care. The care plans addressed all aspects of daily living such as personal hygiene, eating and drinking, continence, sleep, skin integrity and moving and handling. Care records were detailed and reflected people's individual care and support needs as well as personal preferences, likes and dislikes. We saw people's care and support needs were regularly updated and reviewed. This ensured responsive care. There was evidence the person or family had been involved with writing the plans and reviews.

We asked people and their relatives about their experience during admission to the service. They said, "The staff have got to know [family member] so quickly. I cannot praise this staff team enough; the care offered here is fantastic." Another relative said, "As a family we are warmly welcomed by the staff every time we come."

People looked clean and well-dressed indicating their personal care needs were met by the service.

Care records contained risk assessments relating to activities of daily living such as mobility, eating and drinking, continence and personal care. The risk assessments and care plans had been reviewed monthly and where an issue had been identified, action had been taken to address and minimise any identified risk. For example, we saw some people had specialist pressure relieving equipment in place to reduce the risks of them developing pressure sores.

Care records demonstrated the service was in contact with people's relatives informing them of any changes in their relative's health and involving them in any decision making.

There was an activities programme on the wall displaying what activities were happening the coming week. Activities in the home included hairdresser visits, bowling and bingo. The home ran bingo evenings where the local community also attended.

People told us that they were able to join in activities of their choice. We saw a quiz taking place in one of the lounges in the afternoon. The service employed two activity co-ordinators and we met both during this inspection. They told us about some of the activities that were available to people. For example, celebrating special occasions like royal weddings, Christmas and Halloween. People had enjoyed painting pumpkins to decorate around the home. The service also enjoyed visits from children from a local primary school, trips to see the Blackpool illuminations and they had a favourite entertainer which came to parties at the service.

A complaints policy was in place which was on display in the entrance area. We reviewed the complaints the home had recently received. These had been responded to within the timescales expected by the registered provider. We were also shown thank you cards which had been received from relatives of people who were no longer at the service. The people we spoke with and their relatives told us that they had no complaints about the service. They were satisfied that if they did have any concerns, they would be investigated and responded to satisfactorily.

Staff told us if they received any concerns about the service they would share the information with the registered manager. They told us they had regular contact with the registered manager both formally at staff meetings and informally when the registered manager carried out observations of practice at the home.

Where people had a Do Not Resuscitate instruction in place, we saw this was located at the front of peoples care files. This ensured the document could be easily located in the event of a sudden deterioration in a person's health.

At the time of the visit we were told one person was receiving end of life care. The home was working alongside the NHS and using a specific care plan which had been designed by the NHS and hospices. All people involved with the person were recorded in the plan including family members. However, the specific wishes of the individual were not recorded. Some people's end of life care needs was not planned for. We spoke to the registered manager about this who told us, "We are currently working on this area with families as well as obtaining further training." We had confidence that this would be addressed by the registered manager.

One of the staff had implemented a 'hug in a bag'. The bag had toiletries, snacks and other items family may need whilst staying at the home during people's end of life. When someone dies the home creates a cushion using some of their belongings. The family are then invited back to the home to collect this and to speak to the manager and staff. This demonstrated the home was supporting people who were important to the person receiving end of life care.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify, record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand and receive communication support if they need it. We saw people's communication needs were assessed and support plans put in place to help staff meet their needs.

From speaking with staff and people who used the service, observations during our inspection and reviewing care records, we concluded people's independence was actively encouraged. For example, the home has a rehabilitation unit which supports people to regain their independence to move back to their home.

Good

Is the service well-led?

Our findings

There was a manager in post who provided leadership and support. They were supported by a deputy manager and senior staff. People who used the service and relatives told us the management team were well thought of and said they were approachable and empathetic. Staff we spoke with were positive about their role and the management team. One person told us, "I can go to the registered manager or the provider with any concerns."

We found the management team were open and committed to making a genuine difference to the lives of people living at the service. We saw there was a clear vision about delivering good care and achieving good outcomes for people living at the service.

Staff morale was good, and staff said they felt confident in their roles. Staff we spoke with told us they would recommend the service as a place to receive care and support and as a place to work. It was evident that the culture within the service was open and positive and that people who used the service came first.

We saw that clear and comprehensive audits were undertaken for a range of areas, such as care planning, medication, infection control and a home manager audit. The audit documents in place clearly recorded the actions required to meet any identified shortfalls together with timescales. We saw examples where issues had been identified from audits and actions taken to address those issues. For example, a medication audit had highlighted areas for improvement. The registered manager confirmed the issues identified had been resolved. Our review of these records evidenced that there was an effective quality monitoring system to analyse, identify and reduce risk.

Staff meetings were held. Staff met with the deputy manager and senior care assistant more frequently on a one-to-one basis to discuss any concerns or receive any updates. Staff told us team meetings took place and they found them useful. This enabled them to meet and discuss the welfare of people using the service and other topics such as safeguarding people, staff training and health and safety. The registered manager told us it also helped to make sure any relevant information was disseminated to all members of the team.

We saw surveys were used to obtain the views of people who used the service, their relatives and healthcare professionals. Responses from people were generally good to excellent in areas such as food, care, housekeeping and staffing. Health professionals who responded described the care as person-centred. Person-centred care is about ensuring the person is at the centre of everything you do with and for them. This means that you need to take account of their individual wishes and needs; their life circumstances and health choices. The registered manager also held meetings with people who used the service and their relatives as a way of obtaining their views to improve the service.

We saw evidence the service worked effectively with other organisations to ensure co-ordinated care. The registered manager told us they attended local provider meetings to keep updated and share best practice. They informed us they work in partnership with Barnsley contracts team and the NHS. The manager and staff worked in partnership with other agencies such as district nurses, the learning disability team, GP's and

social workers to ensure the best outcomes for people. This provided the registered manager with a wide network of people they could contact for advice.

The registered manager had established excellent links with other agencies. They attended meetings with the local authority and was part of the registered manager forum.

Providers are required by law to notify the Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation.