

Caring Homes Healthcare Group Limited

Denham Manor

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

Denham Manor is registered to provide care to 53 people who live with dementia or who are older people. On the day of our inspection there were 38 people living in the home.

The service had 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. At the beginning of our inspection we found the home manager had sent in their application to be the registered manager for the service. The home manager had an interview with our registration inspector during our inspection. On the last day of our visit we received confirmation from our registration team that the home manager's application had been approved.

At our previous inspection in November 2014, we rated the service overall, 'requires improvement'. We found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a lack of proper information about people by means of inaccurate records and documentation of care.

During this visit we found records in relation to people's care and other documents were accurate, up to date and regularly reviewed.

People and their relatives spoke positively about the care provided. Comments included, "All the staff provided consistent care" and "I have been here for four to five months. My son who is 73 and my daughter, visit me every week. I am happy. It is good here. I have my nails polished. Don't they look good?"

Caring relationships were formed with staff and the people they provided care and support to. Staff understood the care needs of the people they cared for. People were supported to exercise choice and where possible encouraged to be independent.

People said they felt safe from abuse which was also supported by their relatives. Comments included, "I feel safe here day and night. The night staff say that they check me every 2 hours (A review of the person's daily record chart confirmed this)" and "I will tell them (management) if they (staff) hurt me. "

People benefitted from a safe service where staff understood their safeguarding responsibilities. This was because staff recognised signs of potential abuse and knew how to raise safeguarding concerns and received the relevant training. There were sufficient staff to meet people's care, treatment and support needs and staff were deployed in a way that kept people safe. Risk management plans were in place to promote people's safety and to maintain their independence.

People and their relatives said staff were skilled to carry out their duties and due to this felt confident with

the care and support received. Comments included, "They (staff) seem to be (skilled and experienced)" and "They (staff) appear to be skilled and caring." Staff received appropriate induction, training and supervision. People's rights were protected because staff understood the issues of consent, mental capacity and Deprivation of Liberty Safeguards (DoLS).

The service introduced plans of care that reflected what people or their legal representatives said they wanted. People had a range of activities they could be involved in and were able to choose what activities they took part in. People and their relatives said they knew how to raise concerns and their concerns were responded to satisfactorily.

People and their relatives gave positive responses in regards to how the service was managed. Comments included, "(Name of manager) is spot on. They check to make sure everything is fine. She is very professional" and "I believe it's a well-led service. Staff felt confident to raise any concerns in relation to poor work practices (this is commonly referred to as whistle blowing). The service had systems in place to drive continuous improvement.

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.

People said they felt safe from abuse.

People benefited from a safe service where staff understood their safeguarding responsibilities.

There were sufficient staff to meet people's care, treatment and support needs.

Risk management plans were in place to promote people's safety and to maintain their independence.

Is the service effective?

Good ●

The service was effective.

People and their relatives said staff were skilled to carry out their duties and due to this felt confident with the care and support received.

The service introduced plans of care that reflected what people or their legal representatives said they wanted.

Staff received appropriate induction, training and supervision.

People's rights were protected because staff understood the issues of consent, mental capacity and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke positively about the care provided.

Caring relationships were formed with staff and the people they provided care and support to.

Staff understood the care needs of the people they cared for.

People were supported to exercise choice and where possible encouraged to be independent.

Is the service responsive?

Good ●

The service was responsive.

The service introduced plans of care that reflected what people or their legal representatives said they wanted.

People had a range of activities they could be involved in and were able to choose what activities they took part in.

People and their relatives said they knew how to raise concerns and their concerns were responded to satisfactorily.

Is the service well-led?

Good ●

The service was well-led.

People and their relatives gave positive responses in regards to how the service was managed.

Staff felt confident to raise any concerns in relation to poor work practices.

The service had systems in place to drive continuous improvement.

Denham Manor

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.

The inspection team included an inspector and a specialist advisor who was a registered nurse and took place on 13, and 18 January 2017 and was unannounced. On the 17 January 2017 we conducted telephone interviews with relatives of people who used the service.

For this inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we already held about the service. This included statutory notifications we had received. A notification is information about important events which the service is required to send us by law.

At the inspection, we spoke with five people who used the service; four relatives; four care workers, a registered nurse, an activities worker; maintenance worker; regional manager and home manager. We looked at four sets of records related to people's individual care needs. These included care plans, risk assessments; medicines administration records (MARs) and daily care records. We also looked at three staff personnel files and records associated with the management of the service, including quality audits.

Is the service safe?

Our findings

At our previous inspection in November 2014, we rated this key question 'requires improvement'. We found a breach with regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a lack of proper information about people by means of inaccurate records and documentation of care.

During this visit we found records in relation to people's care and other documents were accurate, up to date and regularly reviewed. For instance where people had developed pressure ulcers, we found turning charts which recorded how and when the pressure on a person's body had been relieved by them being assisted to reposition, were kept up to date. We saw each person had a tissue viability book which was used by staff to monitor and record all aspects relating to their pressure ulcers. This meant the service ensured care records were accurate and regularly reviewed in order for people to receive safe care.

People said they felt safe from abuse which was also supported by their relatives. Comments included, "I feel safe here day and night. The night staff say that they check me every 2 hours (A review of the person's daily record chart confirmed this)", "I will tell them (management) if they (staff) hurt me ", " I am perfectly happy with the way X (family member) is cared for. I believe they are safe from abuse" and "My mother would tell me if she felt there was a problem."

People benefited from a safe service where staff understood their safeguarding responsibilities. This was because staff recognised signs of potential abuse and knew how to raise safeguarding concerns and received the relevant training. Care workers said they would report all concerns to their immediate seniors but would not hesitate to speak with the manager if they needed to. Staff told us they had received appropriate training and were able to describe the various signs they associated with potential abuse. A review of staff training records confirmed they had attended the relevant training. We found appropriate policies for safeguarding and staff whistleblowing (a procedure for staff to report poor working practices) were current. The service also had access to a copy of the local authority's safeguarding adults procedures, which contained the necessary information about dealing with and reporting abuse or neglect. We observed 'how to report safeguarding concerns' posters were clearly displayed throughout the service. This ensured people were kept safe from avoidable harm and abuse.

Risk management plans were in place to promote people's safety and to maintain their independence. Care documents contained satisfactory risk assessments and management plans to mitigate the identified risks. These were found in the four care records reviewed which covered risks that were related to moving and handling, falls, medicines administration and nutrition and hydration. People also had the ability to summon help via call bells. We saw these were easily accessible to people and staff were aware of what they should do when people pressed them. The service had a call bell monitoring system which enabled them to determine whether staff were prompt in responding to people. We noted calls bells were responded to promptly during our visit.

There were sufficient staff to meet people's care, treatment and support needs and staff were deployed in a

way that kept people safe. Comments from people's relatives included, "Yes, there are (enough staff)", "I've been here at different times of the day, there's always staff to check on people" and "Personally, I do think there could be more staff, sometimes you have to wander around before you can find staff but overall, staff are good." The manager spoke to us about a particular period in time when there was staffing problems and stated things had now settled. The service still had a few vacant posts however at the time of our visit the manager had recruited one person and a recruitment campaign was still underway. This was supported by a staff member who commented, "Right now we're fine (in reference to staffing). I know we are recruiting for more staff." We reviewed the staff rosters for the period of September 2016 to November 2016 and saw there was sufficient staff to provide care and support to people during that period.

Safe recruitment practices were being followed. The service showed satisfactory evidence of new workers' employment histories, explanations for gaps in employment and confirmation of why they had left previous roles. Staff criminal history checks were completed via the Disclosure and Barring Service (DBS). Satisfactory proof of new staff's identity was in the personnel files, medical assessments were completed and the service recorded staff's right to work in the UK. This ensured people were cared for by staff who were fit and proper for employment.

Peoples' medicines were managed and administered safely. An observation of a medicines round showed the nurse was knowledgeable of their responsibilities and worked in line with the service's medicines policy. They supported people with respect and explained what the medicines were for. We saw medicine administration records (MAR) had photographs of the people the medicine related to. The nurse ensured the MAR charts accurately reflected the medicines prescribed and signed once the medicines had been administered. The nurse followed PRN protocols (this refers to medicines given to people as and when required). We noted the medicines trolley was locked and kept secure each time they visited people's rooms and at the end of the round took the trolley into the clinical room. Where it was securely fastened to the wall. A review of staff files showed medicines were only administered by competent and appropriately trained staff. One staff member commented, "You have to get 100% to pass and that is how it should be, because of our role with the residents that we care for." This meant the service ensured the proper and safe management of medicines.

We examined the risks from the premises and grounds, and looked at safety records related to these. The service ensured various safety checks were carried out by their maintenance staff. Some of which included water temperature checks; quarterly shower head checks; fire drills with equipment needed in an event of a fire; fire alarm testing. The maintenance staff confirmed that due to a 'Notification of Fire Safety Deficiencies' received from Buckinghamshire and Milton Keynes Fire Authority dated 1 December 2015, the service took remedial steps by updating its fire risk assessment and obtained an updated 'certification of electrical 1989 with a completion date of 27 January 2016. This meant people's welfare and safety was protected because the service ensured its premises and equipment were properly used and maintained.

Is the service effective?

Our findings

People and their relatives said staff were skilled to carry out their duties and due to this they felt confident with the care and support received. This was confirmed by the people we spoke with and supported by relatives. We heard comments such as, "They (staff) seem to be (skilled and experienced)" and "They (staff) appear to be skilled and caring." A relative when giving an example of why they thought staff were skilled commented, "Dad's behaviour is unpredictable and staff will use various techniques to deescalate his behaviour." This was also supported by what we saw in care records. This showed people were effectively supported by staff who would become anxious and exhibited behaviours which may challenge others.

Staff received appropriate induction, training and supervision. Staff spoke positively about their induction and training. Comments included, "The induction helped me learn how to do the job properly. Senior carers and nurses observe my work practice and give me advice on how to improve" and "I am currently being trained by another nurse who is my allocated supervisor. They are always open to questions and will teach me if I am uncertain." We noted the service used the Skill for Care's Care Certificate to induct staff which is a recognised set of standards that health and social care workers adhere to. Staff training records and the 'mandatory training report' dated 13 January 2017 confirmed staff received appropriate and relevant training. Staff said they felt supported and received regular supervision which was confirmed when we looked at the supervision tracker. This meant staff received training and support needed to meet people's care and support needs effectively.

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. We checked whether the service was working within the principles of the MCA.

People's rights were protected because staff understood the issues of consent, mental capacity and DoLS. The registered manager had submitted DoLS applications appropriately to the local authority. Staff had received MCA and DoLS training and demonstrated a good understanding of the MCA. They knew whether people had the capacity to make informed decisions and if not, what practices and procedures they should follow. For instance, consent was only sought from people's representatives who had legal powers to make decisions on their behalf, care records clearly showed what those powers related to. This ensured staff acted in accordance with the requirements of the MCA.

People were supported to eat and drink and to maintain a balanced diet. People felt content with the meals. They said they were offered choice and given sufficient food and fluids throughout the day. Comments included, "I enjoy the food. I like the fish and chips", "I always have porridge for breakfast. It is nice and hot

and gets me started for the day" and "We have drinks at breakfast, at 11am, after lunch, at 3pm and at supper.

We carried out an observation of the lunch time period. The food on offer was hot and well balanced. We saw people engaged in leisurely conversations with each other as well as staff members. Staff supported people with their meals but where appropriate encouraged people to be as independent as they could be. People were able to eat the meals at their own pace and in a relaxed environment. People were offered choices of water, blackcurrant, and orange squash. Where people were on puréed diet, their meals were pleasantly presented with food placed in separate portions. Care records contained eating and drinking care plans which detailed people's food preferences and dislikes and dietary needs. For example, one person's eating and drinking care plan stated, "I am able to eat and drink independently. I require assistance with cutting up meat. I prefer to have my meals in my room." We spoke to the person who confirmed the care records accurately reflected her needs and preferences. Nutritional assessments were carried out to ensure where people were at risk of malnutrition and appropriate measures were put in place to minimise them. Care records noted the service sought and followed guidance given by relevant health professionals when supporting people with the nutritional needs.

The service ensured people's health needs were met. 'Records of visits by health professionals' were used by various health professionals and outlined the purpose of their visits and the outcome. People and their relatives confirmed staff would ensure people had access to healthcare services and receiving on-going health care support.

Is the service caring?

Our findings

People and their relatives spoke positively about the care provided. Comments included, "All the staff provided consistent care", "I have been here for four to five months. My son who is 73 and my daughter, visit me every week. I am happy. It is good here. I have my nails polished. Don't they look good?" and "Staff are very friendly." Relatives comments included, "We have got peace of mind that (family member) is being looked after well", "It's fantastic (the care), I come different times of the day and it's very calm. They (Staff) treat X (family member) as if it's their dad", "They (staff) always come and try and cheer X (family member) up because they can be down. They're (Staff) very tactile with X (family member) and reassuring" and "Staff are approachable and quite happy to spend a lot of time with you."

During our visit we observed caring relationships were formed with staff and the people they provided care and support to. Staff were heard having jovial conversations. A relative commented, "Staff go out of their way and like to have little jokes with the residents." People were spoken to with warmth and approached by staff who smiled. The environment was calm and relaxing. People were able to move around their units freely and relatives visited throughout the day without restrictions. One relative commented, "You can visit the home at any time."

Staff spoke with knowledge about people they provided care and support to. They told us about people's care needs and family relationships and preferences. For instance, we heard about people's care needs and how they liked care to be delivered; food preferences and family histories. Discussions with people and a review of their care records confirmed what staff had told us. This enabled positive and caring relationships to be developed with people who used the service.

Staff were provided with equality and diversity training, which enabled them to respect people's privacy and dignity. For instance a staff member commented, "We always knock before we enter people's rooms. We ask if they would like to have personal care. We cover people with towels and always talk to residents and explain what we're doing or about to do." This was supported by a person who told us, "They (Staff) always ask my permission and explain what they are going to do." This meant people received care from staff who protected their dignity and treated them with respect.

People were supported to exercise choice and where possible encouraged to be independent. This was supported by what people told us such as, "I like to have lunch and supper in my room. That is my choice" and "It is my choice, but I do not want to do the activities here or anywhere. I am happy watching TV, reading or phoning friends and family." Care records documented what people were able to do independently for themselves. Staff said they ensured they only helped people in areas they required to be supported in. This meant people were able to freely exercise choice and could be independent as they wanted to be.

People and their relatives were given support when making decisions about their preferences for end of life care. A relative commented, "Although it's difficult topic staff use tact and discuss preferences in regards to end of life. They (Staff) ask "Are you okay to talk about this?" End of life care plans documented people's preferences for burial; whether or not they wanted to be resuscitated (this is the action or process of reviving

some from unconsciousness or apparent death) and which family members should be contacted in the event of their death.

Relatives stated the service was compassionate and caring when their family members were at the end stages of their lives. For instance, a relative commented, "The care was superb when we realised X (family member) was dying. They (the manager) allowed us to stay in the home. It was not just about taking care of X (family member) but us as well. The nurses, carers and even the domestic staff showed care and compassion. So much dignity was shown, no hassle to anything." This meant the needs of people who were at the end stages of their lives and others identified as important to them were actively explored, respected and met as far as possible.

Is the service responsive?

Our findings

People had their needs assessed before they joined the service. We heard various comments from relatives such as, "Basically the service wanted to find out about X's (family member) nursing needs and dietary needs. They arranged a meeting for me to view the home before X eventually moved in" and "An assessment was carried out to establish if they could meet X's (family member) needs. They (staff) asked us background information on X (family member), they're likes, dislikes, past occupation and how they would like to be addressed by staff." This was supported by our review of completed admissions forms and pre-admission assessments. This enabled the service to introduce plans of care that reflected what people or their legal representatives said they wanted.

People's needs were reviewed regularly and as required. Some of the relatives told us they had attended meetings to review their family members care needs. Where relatives were unable to attend meetings we saw correspondence that showed the service responded and updated them on the care that was being provided. Care evaluation records which documented any changes in people care and support needs and risk assessments were regularly reviewed.

People told us staff responded to their needs and delivered care that centred on their individual needs. We heard comments such as, "I have recently had a cataract done and I do not like bright ceiling lights. So, I have a bedside lamp. They (Staff) check the room temperature every day and I do not like it too hot. It is just right" and "They (Staff) treat me as an individual." We noted 'resident's individual preferences' which covered all aspects of care such as whether people wanted a bath or a shower or what time they wanted their meals. A person commented, "The carers help me to have a shower every day, which I like to have about 6 am. I have always been an early riser." This ensured people received care that reflected what they wanted.

People had a range of activities they could be involved in and were able to choose what activities they took part in. A review of activities schedules showed activity staff carried out one to one sessions with people in the morning and group activities in the afternoon. We saw people had the opportunity to participate in various activities such as playing dominos, strictly come dancing, parachute games, family movie times and music bingo. During our visit we observed people participated in a sing-a-long activity. We saw people were actively engaged and appeared to enjoy themselves. We spoke with the activities co-ordinator who was very enthusiastic about their role which was reflective in the way the activity was being carried out.

People and their relatives said they knew how to raise concerns and their concerns were responded to satisfactorily. Comments included, "I would ring or see the manager. Information on how to raise a complaint is on the notice board in the entrance", "I will go and see (Name of manager) if I had any concerns" and "There was a time when I was not happy with the food on a Sunday. I did tell them (Staff) and this seems to have improved." Staff knew how to handle complaints. For instance, a staff member commented, "We have a complaints procedure to follow. Complaint forms are available for people or their family members to complete. If it's a simple complaint that I could deal with straightaway then I would but if not, the manager will deal with it. We reviewed the service's complaint's policy which provided information

on how to raise a complaint and how it would be handled. A review of the complaint's register showed the service worked in line with the complaint policy and responded to concerns raised appropriately and in a timely manner.

Is the service well-led?

Our findings

People and their relatives gave positive responses in regards to how the service was managed. Comments included, "(Name of manager) is spot on. They check to make sure everything is fine. She is very professional", "I believe it's a well-led service. I'm very impressed by the way they always keep me informed about what happening in the home", "They operate together as a team. Staff work well together and it shows" and "(Name of manager) is very good and runs a very tight ship."

Staff supported what people had told us. We heard comments such as, "I am much happier working here now. Last summer there were problems with the managerial side", "(Name of manager) leads very well and standards are good. It's definitely at its best in the three years I've been here. We have a lot of support from the manager and the area manager" and "In my opinion it's well-led. (Name of manager) is a good leader and is approachable."

Staff felt confident to raise any concerns in relation to poor work practices (this is commonly referred to as whistle blowing). Information was visibly displayed on a noticeboard with the relevant names and contact details staff could speak with confidently. A whistle blowing policy was in place at the time of our visit. This encouraged staff to follow 'good practice principles' in order to ensure the well-being of people who used the service was placed before loyalty to work colleagues.

The manager stated staff were settled and attended regular meetings. This was supported by staff who told us team meetings were regularly undertaken and kept them up to date with any relevant changes. We reviewed minutes of regional managers meetings; nurses meetings; care staff meetings and domestic staff meetings. These detailed staff responsibilities and quality assurance systems that needed to be followed in order to ensure people received a quality service.

People and their relatives said the service sought their views. They described various ways this had been done such as care review meetings; whilst talking with staff during visits and via surveys. During our visit the results of the latest residents and relatives surveys were not yet available. However, people and their relatives felt the service responded to their feedback. This was further supported by staff stated who said management listened and made changes as a result of their feedback. For instance one staff member commented, "The bags with clinical waste were getting heavy to carry. We spoke to management about this and now two yellow wheelie bins were ordered." This meant the service sought people's feedback and made changes to work practices as a result of feedback received from staff.

The service notified us of certain events in the service. We checked our records for notifications the service had submitted to us. We found the service had complied with the regulatory requirements to notify us regarding the operation of the service.

The service had systems in place to assess, monitor and improve quality and safety of people's welfare. We reviewed comprehensive audits that covered handling and administration of medicines; health and safety and maintenance; infection control amongst others. We saw quality assurance visits were conducted by the

regional manager. For instance a visit conducted on 19 December 2016 recorded findings after a review of care records and recommended actions (which we noted were now addressed). Clinical governance reports analysed accidents and incidents; minor injuries and hospital admissions to identify any trends. This demonstrated the service had systems in place to drive continuous improvement.