Althea HealthCare Limited

# The Depperhaugh

## Inspection report

Chickering Road
Hoxne
Suffolk
IP21 5BX

Tel: 01379384236
Website: www.kingsleyhealthcare.com

Date of inspection visit:
28 October 2018

Date of publication:
12 December 2018

## 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

The Depperhaugh is a residential care home with nursing for up to 30 older people some may be living with dementia and, or a physical disability. On the day of our inspection there were 27 people living in the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.
.

Why the service is rated Good.

People's safety was promoted. There were procedures in place to recognise and respond to abuse. Staff knew how to follow these procedures. Risk assessments were carried out and risk management plans were in place which enabled people to receive care with minimum risk to themselves and others.

Where accidents and incidents occurred these were monitored in order to identify and react to any trends.

The staff recruitment process ensured that only those suitable to work in this type of environment were recruited. Appropriate recruitment checks were carried out before staff were employed. There were sufficient numbers of staff to meet people's needs. Staff received regular, relevant training as well as supervision and appraisal. This helped to ensure they had the skills and knowledge to support people effectively. Staff were caring and treated people with respect. They knew people well and understood how to meet their needs.

People knew how to make a complaint. Complaints were investigated and where deficiencies were found actions were put in place to address these.

Staff supported people to maintain their independence. People were supported to maintain relationships with their family and friends. This included the use of modern technology to both support communication and provide activities. People had the opportunity to participate in
organised activities and to go out on trips.

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.

There were appropriate arrangements in place to ensure that people received their medicines safely. People were supported with their nutrition and hydration needs and people who required support at mealtimes had the support they required. People were supported to maintain their health and had access to a variety of healthcare professionals.

The service was well-managed. The registered manager communicated effectively with staff and relatives. There were effective systems in place to regularly assess and monitor the quality of the service provided to people.

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?**<br>The service remains Good. | **Good** |
| **Is the service effective?**<br>The service remains Good. | **Good** |
| **Is the service caring?**<br>The service remains Good. | **Good** |
| **Is the service responsive?**<br>The service remains Good. | **Good** |
| **Is the service well-led?**<br>The service remains Good. | **Good** |

# The Depperhaugh

**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 was a comprehensive inspection. The inspection took place on 29 October 2018 and was unannounced.

The inspection was carried out by two inspectors 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. Our expert-by-experience had a background in adult social care.

Before the inspection we looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from stakeholders for example the local authority and members of the public.

We used information the provider sent us in the Provider Information Return. This is information 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.

During our inspection visit we spoke with the operations manager, the quality manager, the registered manager, the cook, one nurse and three care staff. We spoke with seven people living in the service and two relatives. We observed interactions between people and care staff. We reviewed three people's care records, policies and procedures and records relating to the management of the service, training records and the recruitment records of three care staff.

Good

# Is the service safe?

## Our findings

Our previous inspection in June 2016 rated this key question as good. At this inspection of 29 October 2018, people continued to receive a safe service.

People spoken with told us they felt safe and secure living in the service. A relative said, "It's a safe environment here. I'm happy and feel that [relative] is being very well looked after."

Staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would not hesitate to report any concerns to the registered manager and, or the local authority. One member of staff said, "These people are vulnerable and need protecting." Staff said they had received safeguarding training and records of training sent to us following the inspection confirmed this. Staff had access to internal policies and procedures on safeguarding vulnerable adults. Our records showed that the registered manager was aware of their responsibilities with regard to keeping people safe and had reported concerns and taken necessary action.

Risks to individuals continued to be assessed. Where risks to people had been identified actions had been put in place to mitigate these. This helped to protect people's rights to freedom and independence. Environmental risks were managed with regular safety checks being carried out. These included fire alarms, fire extinguishers and hoists.

Individual risks had been assessed and recorded in people's care plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. Examples of risk assessments included a person's inability to use the call bell and moving and handling. Records showed that risk assessments were reviewed and updated regularly. This was supported by the computer programme which alerted staff when risk assessments required review. The registered manager carried out a monthly clinical review of areas such as wounds and pressure ulcers. This ensured that appropriate action had been taken in response to concerns and that actions taken were effective.

The registered manager monitored incident and accident reports taking action on individual incidents and monitoring all reports for identifiable trends. For example making the appropriate referrals to professionals if a person's health needs changed.

The service continued to deploy sufficient staff to meet peoples needs. One person said, "If I need help I just give a shout, they can hear me and anyway they are always giving us a look in to see we are okay." Another person said, "I think there is enough staff, at times there are, other times they are just busy and it can be a bit of a job." During our inspection we observed staff responding to people's needs promptly. Staff also had the time to ensure they engaged with people when providing support. For example, after eating lunch in the dining room a person transferred to the lounge. When settling them into a chair in the lounge the staff member took time to ensure that they had their chosen magazine to read and that they were comfortable.

The manager told us that the service used a dependency assessment tool to assess the number of staff needed to meet people's needs. They told us that as the service was not currently full and staffing numbers had not been reduced they had more staff than the assessed dependency level required.

Safe recruitment procedures were followed when employing new staff members. These checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with others.

Medicines were managed and administered safely and as prescribed using a computerised system. A relative said, "They are good with [relative] medication, on time and regular." A nurse demonstrated the system. There were clear ordering, checking and auditing procedures. This ensured that people's medicine administrations had been completed correctly. Staff who administered medicine had completed training on the safe handling of medicines and their competence to administer medicines was checked to ensure their practices were safe.

People were protected from the risk of infection in the service. Staff were trained in infection control and during our inspection we observed them wearing personal protective equipment such as disposable gloves and aprons and following good infection control techniques when supporting people.

Any incidents or accidents were reported by staff members and monitored by the registered manager and the provider. This was to identify any trends or patterns which required further action. When an incident or accident could have been prevented the provider undertook an investigation to identify the facts and what could have been done differently.

Good

# Is the service effective?

## Our findings

Our previous inspection in June 2016 rated this key question as good. At this inspection of 29 October 2018, people continued to receive an effective service.

People had their needs assessed before moving into the service and care plans were put in place to meet their needs. These were regularly reviewed to ensure that they reflected people's changing needs. Staff told us care plans gave them sufficient information to provide the care and support people required. Assessments considered people's health needs, personal care needs, nutritional needs and their cultural and religious needs. These assessments linked into the risk assessments on the electronic care planning system.

The registered manager told us they used technology if this was appropriate. For example, alert mats were used to minimise the risk of falls. This is a mat that sounds an audible alarm if people stand on it, allowing staff to respond and support people with their mobility. The service also utilised a 'magic table'. This is a series of interactive light games specifically designed for people with mid- to late-stage dementia.

The service had some shared rooms. The registered manager told us that people were consulted before they moved into these rooms. One person said, "I don't mind sharing a room at all, we have a little chat." However, another person said, "I share with someone. I'd prefer to be on my own but if they haven't got the facilities they haven't got them. When they wash me they put a curtain between us." We discussed with the registered manager options for ensuring people's privacy whilst they received personal care.

Staff told us the training continued to be good and that they were given opportunities to develop their knowledge. Staff received training specific to their role. For example, a member of nursing staff told us that they had syringe driver and first response observation. All staff received an annual appraisal together with regular supervision sessions with a senior member of staff. Supervision enabled staff to discuss their practice and any development needs. Staff competency was assessed and they received regular refresher training. This was confirmed by staff and the records we looked at. Staff completed an induction into the service before providing care. From our observations and conversations with staff we found they demonstrated their knowledge and skills. For example, when administering medicine, speaking with people and preparing and serving meals and drinks. The registered manager told us that they used a variety of training methods including E learing and face to face training. This training was accessed from a variety of sources. The operations manager also told us the provider had recently purchased 'GERT' suits which simulated the experience of people living with dementia. They told us that it was planned to role out this training across the service.

People's nutritional needs were assessed and monitored and they received meals that met their individual dietary needs and preferences. One person said, "Its good food. I'm putting on weight." We spoke with the chef who was knowledgeable about people's dietary needs. We observed the lunch time meal in the dining room where most people had chosen to eat. People were shown the options available and given choice at the time of eating. This supported people living with dementia. One person asked for, "A bit of everything,"

and this was provided. Food which was prepared in accordance with particular diets for example, pureed, was well presented. Regular monintoring of people's weight allowed prompt identification of any concerns with referrals to professionals such as the dietician.

The registered manager had worked with the local GP to ensure people did not become dehydrated. The optimum amount of fluid for each person had been discussed with the GP and was recorded in their care plan. Records were monitored to ensure people were encouraged to drink sufficient. Staff were supported with this by the electronic care plan system which alerted staff when people had not drunk enough during the day.

People continued to be supported to access advice and treatment from health care professionals to respond to any change in their condition and to maintain their health. For example, doctors, dieticians, speech and language therapists and the dentist. One person told us, "If I need to see a doctor they call one out." They went on to tell us how staff supported them in monitoring an ongoing healthcare need. A relative said, "I think they are aware of things. We see the [specific condition] consultant. That was instigated by the service and it has helped."

The design, layout and decoration of the service met people's individual needs and there was evidence of some signage to help orientate people with their surroundings. We discussed with the registered manager why the doors to people's rooms did not have their names on them to support people to find their room. They told us that most people required staff support when moving around and therefore this was not necessary. People had access to outdoor space in good weather. Some areas of the service had been identified as being in need of redecoration. We were aware that a new carpet was booked to be fitted in one person's room on the day of our inspection.

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. Where appropriate relatives were involved in the decision making process. A relative told us, "They have recently been discussing a DoLS for [relative] with me."

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The service had made appropriate applications under DoLS. Where authorisations had been granted these were appropriately monitored.

Staff had received training in MCA and DoLS. They demonstrated their understanding whilst providing care and support by gaining people's consent and supporting them to make choices in their daily lives. For example, asking where they wanted to sit in a room, what drink they would like, and when giving medicines. People were able to make their own decisions about how they wished to spend their time. A person told us, "I go to bed around half past three. That's when I want to go and they know that."

Good

# Is the service caring?

## Our findings

Our previous inspection in June 2016 rated this key question as good. At this inspection of 29 October 2018, people continued to receive a caring service.

People told us the staff were kind, patient and polite. One person said, "We are looked after really, really well. Staff are very good. If I ask them if they can get me something they will try and get it. I know them very well and I get such great attention. They are all happy and kind." Another person said, "The staff are caring, jolly, they can't do enough. I'm getting to know the staff. It's a small team so that's good."

Throughout our inspection, we saw positive interactions between the staff and people living at the service. Staff addressed and treated people with kindness and respect. For example, supporting people with their meals. The support was given in an unhurried manner with staff checking on people's welfare at all times. There was a pleasant and relaxed feel to the service and we saw a genuine warmth between the staff and people they looked after. Positive relationships had been developed between people living at the service and staff who were able to explain the things that were important to people. One member of staff said, "We are truly one big family and have known each other for years. I don't want to move anywhere else."

Calls for assistance were answered promptly and people were not left waiting for long periods of time which could lead to anxiety and distress. People and relatives told us that there were occasions when the service was busy however staff came as quickly as they could to assist them. We did not observe any person having to wait a long time for staff support. There was a staff presence in the communal areas and staff chatted with people on an individual basis or within a group.

Records showed that people using the service and their relatives were fully involved in making decisions about their support and their consent was sought appropriately. Care plans included people's likes and dislikes so that staff could provide support tailored to people's individual needs and preferences. For instance, we saw information recorded around people's daily routines, meal preferences, social activities and family involvement. The local authority has told us that the service plans to work with them to develop the recording of people's life history.

People were supported to be as independent as possible. One relative told us, "[Relative] never walked at home but here she walks all the time. What is great is that they let [relative] be. In the morning if she is in a bad mood they will leave her and they return a little later."

The staff and management team understood the importance of confidentiality. People's records were kept securely and only shared with others as was necessary. This was in line with the new General Data Protection Regulations (GDPR).People were treated as individuals with care and support provided according to their needs.

Good

# Is the service responsive?

## Our findings

Our previous inspection in June 2016 rated this key question as good. At this inspection of 29 October 2018, people continued to receive a responsive service.

The service provided care which was planned to meet people's changing needs. Prior to admission a pre-admission assessment was completed, to ensure the person's needs could be met and gather personalised information to assist in the care planning process. Care plans provided clear guidance to staff about the care and support people required. This included their likes, dislikes and preferences.

People living in the service were involved in a range of activities. Two activities co-ordinators were employed to support people with activities and social engagement. One person said, "We can go out in the garden. I go to the singing. I've been singing all my life. We do have a nice service in the sitting room. We have a lady parson." On the day of our inspection we saw that the people were given the opportunity to attend communion. People were also involved in a season related activity, carving pumpkins for halloween. The registered manager told us that during the summer regular trips into the local town were organised. They explained how staffing resources were managed to ensure people were appropriately supported when trips took place. They told us that people's relatives supported with the trips often meeting people in the town. The service was supported by a number of different community groups who came into the service. One local knitting group had provided 'twiddle muffs' for use by people living with dementia.

People were supported to stay in touch with relatives and friends. This was facilitated by the use of the internet. One person said, "I'm happy with my tablet, watching telly, reading. I don't get lonely, I'm a proper loner. Staff don't really come and chat, I don't encourage chats, I prefer it that way. I've had the opportunity to go out but I've never taken it." The registered manager told us how the service had facilitated video and on-line communication between people and their relatives.

People told us they knew how to complain and believed they would be listened to. One person said, "There are some very good senior [staff], they communicate well with me. I have voiced little niggles and I have a good rapport."

The provider had a complaints' policy and procedure. The procedure for making a complaint was clear and people and relatives we spoke with were familiar with the complaints process. Complaints received had been logged, investigated and responded to appropriately. Prior to our inspection we we aware of a complaint made by a relative. The registered manager shared with us their response to the complaint. This included an explanation of the service actions and how the service had learnt from some of the concerns and put actions in place to address these.

The Depperhaugh cared for people at the end of their life. Care plans showed us that staff has sought the wishes and preferences of people when they approached the end of their life. Nurses were able to tell us how they would ensure that a person had a comfortable and pain free death. Staff spoke of their knowledge, links with external professionals and training received. If a person required a syringe driver (a way to deliver

medicine continuously directly under the skin) in their last days this was provided and managed by the nursing team. Staff knew what they should do at the time of a person's death.

Good

# Is the service well-led?

## Our findings

Our previous inspection in June 2016 rated this key question as good. At this inspection of 29 October 2018, the service continued to be well-led.

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.

People and staff were complimentary about the registered manager. They told us that they found the management team accessible and responsive. A relative said, "[Registered manager] is excellent. She is very hands on and she knows the residents. Since she took over it has been a lot happier in the home. She works well with the girls and that reflects in their care. I feel very positive about here." The registered manager told us they sometimes worked as part of the care team and that they had recently undertaken a night shift. They said that this enabled them to make any improvements to the service or equipment as quickly and as efficiently as possible. They also said that it allowed them to monitor the care being provided and the day to day culture in the service.

Staff told us they were proud to work in the service and felt supported by the registered manager. One member of staff told us, "Management. I love [registered manager]. She is full of energy. I feel motivated to come to work now. I had lost my way a bit over the years but she inspired me. Doesn't just tell me, discusses things with me." Another member of staff said, "Lovely place to work. Like home. We are a family."

Quality monitoring systems were effective in identifying and driving areas for improvement across the service. The registered manager carried out regular audits of patterns and trends across incidents, accidents and complaints to ensure that any learning points were promptly identified. The providers' operations manager completed monthly audits. Areas covered included a check of the environment, accidents and incidents and care plans. The audit recorded actions to be taken when deficiencies had been identified.

The service worked in partnership with other agencies to support good quality care. For example, the manager had worked with the local GP service to determine the correct amount of fluid people should be receiving. The local authority told us they will be working with the service to develop the gathering of people's life histories.