Dolphin Property Company Limited

Derwent Care Home

Inspection report

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Ratings

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

Overall summary

The inspection was unannounced. This meant the provider or staff did not know about our inspection visit.

Derwent Care Home provides accommodation and personal care for up to 45 older people. The home is set in its own grounds in a residential area near to public transport routes, local shops and community facilities.

There was a registered manager in place who had been in post at the home for over five years.

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 who used the service, and family members, were extremely complimentary about the standard of care provided. They told us the home suited them and they got along with staff who were friendly and helped them a lot. We saw staff treated people with dignity, compassion and respect and people were encouraged to remain as independent as possible.

Summary of findings

The interactions between people and staff that were supportive and there was much laughter. Staff were kind and respectful; we saw that they were aware of how to respect people's privacy and dignity.

All the care records we looked at showed people's needs were assessed before they moved into the home and we saw care plans were written in a person centred way.

We saw that the home had an interesting and extensive programme of activities in place for people who used the service, including meaningful activities for people living with dementia.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were always accompanied by staff to hospital appointments and emergencies.

There was information about how to make a complaint at the home which was displayed on notice boards around the home. People we spoke with told us that they knew how to complain and found the registered manager approachable but did not have any concerns about the service.

There were robust procedures in place to make sure people were protected from abuse and staff had received training about the actions they must take if they saw or suspected that abuse was taking place.

People told us they were offered a wide selection of traditional and contemporary meals. We saw that each individual's preference was catered for and people were supported to make sure their nutritional needs were met.

There were sufficient numbers of staff on duty in order to meet the present needs of people using the service. The provider had an effective recruitment and selection procedure in place and carried out robust checks when they employed staff to make sure they were suitable to work with vulnerable people.

Staff training records were up to date and staff received regular supervisions, appraisals and a training / development plan was also completed, which meant that staff were properly supported to provide care to people who used the service.

We saw comprehensive medication audits were carried out regularly by the management team to make sure people received the treatment they needed.

The home was clean, spacious and suitably built for the people who used the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We found the provider was following legal requirements in the DoLS.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources including people who used the service and their family and friends. The staff and registered manager reflected on the work they had done to meet peoples' needs so they could see if there was any better ways of working.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were systems in place to manage risks, safeguarding matters, staff recruitment and medication and this ensured people's safety.

We saw the service had an effective system to manage accidents and incidents and learn from them so they were less likely to happen again.

The home had an effective infection control procedures in place.

Good

Is the service effective?
The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training.

The registered manager understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). They ensured DoLS were applied for when appropriate and staff applied the MCA legislation.

People were provided with a choice of nutritious food. People were supported to maintain good health and had access to healthcare professionals and services.

Good

Is the service caring?
The service was caring.

There were safeguards in place to ensure staff understood how to respect people's privacy, dignity and human rights. Staff knew the people they were caring for and supporting, including their personal preferences and personal likes and dislikes.

We saw people were treated with kindness and compassion and their privacy and dignity was always respected. We saw staff responded in a caring way to people's needs and requests.

Good

Is the service responsive?
The service was responsive.

Staff assessed people's care needs and produced care plans, which identified the support each person needed. These plans were tailored to meet each individual's requirements and regularly checked to make sure they were still effective.

We saw people were encouraged and supported to take part in activities both in the home and the local community.

The people we spoke with knew how to make a complaint. They told us they had no concerns. Staff understood the complaint process and the registered manager took all concerns seriously.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

There were clear values that included involvement, compassion, dignity, respect, equality and independence. With emphasis on fairness, support and transparency and an open culture.

The management team had effective systems in place to assess and monitor the quality of the service, the quality assurance system operated to help to develop and drive improvement.

The service worked in partnership with key organisations, including specialist health and social care professionals.

Derwent 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.

One adult social care inspector completed this unannounced inspection of Derwent Care Home on 3 and 4 August 2015.

The provider was asked 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.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits. We reviewed notifications that we had received from the service and information from people who had contacted us about the service since the last inspection, for example, people who wished to compliment or had information that they thought would be useful about the service.

Before the inspection we obtained information from a Strategic Commissioning Manager and Commissioning Services Manager from Durham County Council, a Commissioning Manager and an Adult Safeguarding Lead Officer from Durham and Darlington Clinical Commissioning Group, Safeguarding Practice Officer and Safeguarding Lead Officer of Durham County Council, and a Lead Infection Control Nurse.

During the inspection we spoke with ten people who used the service and five relatives. We also spoke with the registered manager, the deputy manager, two care staff and one senior care staff, one cleaning staff, one laundry staff, one cook and the activities co-ordinator.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed the meal time experience and how staff engaged with people during activities. We also undertook general observations of practices within the home and we also reviewed relevant records. We looked at four people's care records, recruitment records and the staff training records, as well as records relating to the management of the service. We looked around the service and went into some people's bedrooms, treatment rooms, the bathrooms and the communal areas.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, "It's a good place, they make sure I've had my tablets and someone is there if I have an accident." One relative said, "We know [their relative] is safe here, the consistent support he has from staff helps him stay active and keeps his mind alert."

We found people were protected from the risks associated with their care because staff followed appropriate guidance and procedures. We looked at five people's care and support plans. Each had an assessment of people's care needs which included risk assessments. Risk assessments included areas such as nutrition and hydration, falls and medication. Risk assessments were used to identify what action staff needed to take to reduce the risk whilst supporting people to be independent and still take part in their daily routines and activities around the service and in their community. For example some people accessed the local hairdressers, churches and community centre.

The provider had guidance on each individual care plan on how to respond to emergencies such as a fire or flood damage. This ensured that staff understood how people who used the service would respond to an emergency and what support each person required. We saw records that confirmed staff had received training in fire safety and in first aid.

When we spoke with staff about people's safety and how to recognise possible signs of abuse, these were clearly understood by staff. They were able to describe what action they would take to raise an alert to make sure people were kept safe. Training in the protection of vulnerable people had been completed by all staff and they had easy access to information on the home's safeguarding procedures and a list of contact numbers were available on notice boards throughout the home. The registered manager was fully aware of safeguarding procedures and the homes responsibilities to report any concerns to the local authority.

Staff told us they had confidence in that any concerns they raised would be listened to and action taken by the registered manager or others within the organisation. We saw there were arrangements in place for staff to contact management out of hours should they require support. We saw there was a whistleblowing policy in place.

Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice or the organisation. Staff knew and understood what was expected of their roles and responsibilities and they said they would feel confident in raising any concerns.

Medicines were stored safely and procedures were in place to ensure people received medicines as prescribed. We saw there were regular medicine audits undertaken to ensure staff administered medicines correctly and at the right time. We saw the provider had protocols for medicines prescribed 'as and when required', for example pain relief or medicines for people who sometimes had difficulty sleeping. These protocols gave staff clear guidance on what the medicine was prescribed for and when it should be given.

We looked at four staff files and saw people were protected by safe, robust recruitment procedures. All staff had completed an application form, provided proof of identity and had undertaken a Disclosure and Barring Service (DBS) check before starting work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. The records we looked at confirmed all staff were subject to a formal interview which were in line with the provider's recruitment policy.

Through our observations and discussions with the registered manager and staff members we found there were enough staff with the right experience, skills, knowledge and training to meet the needs of the people living at Derwent Care Home. The registered manager showed us the staff rotas and explained how staff were allocated for each shift depending on people's needs and the amount of people resident on each of the four floors of the home and any other activities for example, hospital appointments, activities or people going on visits to places of interest. The registered manager told us the provider had recently introduced a new method of calculating staff needs which had not changed the numbers of staff working at the home. This demonstrated that sufficient staff were on duty across the day to keep people using the service safe.

The provider had a policy in place to promote good infection control and cleanliness measures within the service. The service had an infection control lead to ensure

Good

Is the service safe?

there were processes in place to maintain standards of cleanliness and hygiene. For example, there was a cleaning schedule which all staff followed to ensure all areas of the home were appropriately cleaned each day. We saw some people who used the service were also encouraged and supported to take part in some light household tasks. We saw staff had access to a good supply of personal protective equipment (PPE) such as disposable gloves and aprons. Staff were knowledgeable about the home's infection control procedures. We found all areas to be clean and fresh.

Good

Is the service effective?

Our findings

People said, "I've only just arrived here, the staff have helped me to settle in; I'm 95 and it's a bit of a rush but they have explained what is happening and I'm very happy with that." And "The manager and the staff are very good. You can be confident they will look after you properly at this home." Relatives said, "We have no complaints whatsoever about the care here. [The activities co-ordinator] has lots of energy and keeps everyone happy and interested in what's going on."

Staff we spoke with understood people's daily routines and the way they liked their care and support to be delivered. Staff described how they supported people in line with their assessed needs and their preferences. We saw that staff were patient, took time to listen to what people told them, and explored ways to support them in the way that people wanted.

The service helped people to be as independent as possible. There were adaptations in place to make the environment dementia-friendly such as signage and colour contrasting of hand rails and most doors. There were also items for rummage / tactile boxes, 'doll therapy' equipment and items for people to independently be engaged in meaningful occupation had been purchased. The registered manager showed us plans that had been made with the providers for a 'makeover' at the home to improve the facilities for people living with dementia. This included revised signage and best practice recommendations such as using different coloured doors for different areas, having toilet seats and hand rails that markedly contrasted and having specific lighting, carpets and decoration in all areas of the home.

People who were at risk of losing weight had monthly assessments using a recognised screening tool. We saw that Malnutrition Universal Screening Tool (MUST), used to monitor whether people's weight is within healthy ranges, were being accurately completed. Where people had lost weight staff were contacting the GPs and dieticians to ensure prompt action was taken to determine reasons for this and improve individual's dietary intake.

We observed that people received appropriate assistance to eat in both the dining room and in their rooms. People were treated with gentleness, respect and were given opportunity to eat at their own pace. The tables in the dining rooms were set out well and consideration was given as to where people preferred to sit. We found that during the meals the atmosphere was calm and staff were alert to people who became distracted and were not eating. People were offered choices in the meal and staff knew people's personal likes and dislikes; some people had individual menus. People also had the opportunity to eat at other times. All the people we observed appeared to enjoy eating the food.

People had access to food and drink. Staff told us menus were based on people's preferences. We talked with the cook who demonstrated that he had an extensive knowledge of people's likes and dislikes. He told us that if people didn't want what was on the menu then several alternatives were always available. He talked through several peoples meal preferences and was knowledgeable about how these were presented and preferred portion size. We saw that where people had a medical condition or specific dietary need or preference then these were all catered for at the home. Staff told us "We found that people prefer a lighter lunch because they have had the 'full English' breakfast but there are always different meals that people can have." Staff showed us pictures and photographs which they used to help people decide their food choices and menus.

Staff had regular contact with visiting health professionals to ensure people were able to access specialist advice and treatment as required. The service contacted relevant health professionals such as doctors (GPs), speech therapists, community psychiatric nurses and speech and language therapists (SALT) if they had concerns over people's health care needs. Records showed that people had regular access to healthcare professionals and attended regular appointments about their health needs.

People were supported by staff who had the opportunity to develop their skills and knowledge through a comprehensive training programme. Staff told us the training was relevant and covered what they needed to know. Staff told us they had received training on supporting people living with dementia and end of life care.

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. As part of their induction, new staff spent time shadowing more experienced team members to get to know the people they

Good

Is the service effective?

would be supporting. They also completed an induction checklist to make sure they had the relevant skills and knowledge to perform their role. All the staff were up to date with mandatory training and condition specific training such as working with people who were living with dementia. Plans were in place for staff to complete other relevant training such as how the Mental Capacity Act 2005. We confirmed that all of the staff had also completed any necessary refresher training such as for first aid.

All staffs' training needs were monitored through supervision meetings which were scheduled every two months. Staff we spoke with during the inspection told us they received regular supervision sessions and had an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out with all staff. During these meetings staff discussed the support and care they provided to people and guidance was provided by the registered manager in regard to work practices, training and opportunity was given to discuss any difficulties or concerns staff had. We saw records to confirm that supervision and appraisal had taken place.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so. All necessary DoLS applications either had been, or were in the process of being submitted, by the provider. We found in care plans that necessary records of assessments of capacity and best interest decisions were in place for people who lacked capacity to decide on the care or treatment provided to them by the provider. The registered manager explained how they had arranged best interest meetings with other health and social care professionals to discuss people's on-going care, treatment and support to decide the best way forward. We saw records of these meetings and decisions undertaken.

Good

Is the service caring?

Our findings

We found people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

During our inspection, we saw staff respected people wishes and listened and acted upon what they said. We observed people being treated with dignity, compassion and respect. We saw people were relaxed in the company of the staff on duty; there was lots of friendly interactions and laugher between staff and people who used the service. People told us, "It's like our little club – I live here with my friends and we spend time together."

People who used the service explained how their care and welfare needs were met. One person said "You couldn't ask for better staff than we have here," and "For the first time in years I know someone cares about me." Other comments included "It's a happy place" and "They [staff] ask you what you need before you've thought of it."

Every member of staff that we observed showed a very caring and compassionate approach to the people who used the service. This caring manner underpinned every interaction with people and every aspect of care given. Staff spoke with us about their passion and desire to make sure people had 'the best' quality care. They were extremely empathetic towards the people who used the service and their relatives. They said, "It could me you or me or any of us."

All of staff including catering and domestic staff were seen to use a wide range of techniques to develop strong therapeutic relationships with people who used the service. We found the staff were warm, friendly and dedicated to delivering good, supportive care. We observed that the care provided was completely person-centred and all of the staff promoted people's independence. We saw this had led to people leading active lives and enjoyed meaningful occupation.

The staff showed excellent skills in communicating both verbally and through body language. One person who was being assisted to eat their meal was unable to speak but staff watched their face to gain prompts around when they would like more food and constantly chatted to them in a gentle tone. Observation of the staff showed that they knew the people very well and could anticipate needs very quickly. For example seeing when people wanted to go to a different room, or have more food or drinks. Staff acted promptly when they saw the signs of anxiety and were skilled at supporting people to deal with their concerns. The staff were also skilled in encouraging people to take part in activities which they appeared to enjoy a great deal.

The registered manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes. Staff had completed "My Personal Life History" booklets with each person who wanted to record their life stories. These were extremely detailed and well written and gave staff a useful insight into the wealth of experiences and accomplishments of the people they were now caring for. We found that staff worked in a variety of ways to ensure people received care and support that suited them. The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for and told us that this was a fundamental part of their role.

People were seen to be given opportunities to make decisions and choices during the day, for example, whether to go out, take part in activities, what to have for their meal, or whether to spend time in the lounge or another part of the home. Care plans also included information about personal choices such as whether someone preferred a shower or bath. The care staff said they accessed the care plans to find information about each individual and always ensured that they took the time to read the care plans of new people or to update themselves and check the needs of familiar residents.

Throughout our visit we observed staff and people who used the service engaged in general conversation and enjoyed humorous interactions. From our discussions with people and observations we found that there was a very relaxed atmosphere. We saw that staff gave explanations in a way that people easily understood. We saw that people were engaged in a variety of activities.

Each day there was a handover of all staff at each shift change and we observed this taking place. This was to make sure up-to-date information was shared between shifts about each person living in the home. All of these measures demonstrated how the provider met people's health and welfare needs.

Good

Is the service caring?

Although no one required end of life care at the time of our inspection. We saw the provider had policies and procedures in place to support people should they require this.

Good

Is the service responsive?

Our findings

People received consistent, personalised care, treatment and support. They and their family members were involved in identifying their needs, choices and preferences and how they would be met. People's care, treatment and support was set out in a written plan that described what staff needed to do to make sure personalised care was provided. Person Centred planning is a way of enabling people to think about what they want now and in the future. It is about supporting people to plan their lives, work towards their goals and get the right support.

We spoke with staff who told us every person who lived at Derwent Care Home had a care plan. They described to us in detail how people were properly cared for and showed us how this was written in their care plans. We looked at five peoples' care plans in detail with staff. We saw each person's needs had been assessed and a plan of care written to describe how each area of need was to be supported. The assessments we looked at provided information about peoples' condition and how these were to be supported. The care plans had been reviewed every month by the senior staff to make sure they were up to date and people received the care they needed.We looked at examples of how peoples' needs were to be met by care staff. We found every area of need had a description of the actions staff were to take. This meant staff had the information necessary to guide their practice and meet these needs safely. We saw staff had involved people to make decisions about all aspects of their care or where necessary those that mattered to the.

We saw that advocacy support arrangements were available for anyone at the home. This meant that people received support from people to help them make decisions that were best for them.Where people were at risk, there were written assessments which described the actions staff were to take to reduce the likelihood of harm. This included the measures to be taken to help reduce the likelihood of falls, weight loss and skin pressure damage.We talked with staff about the people living in Derwent Care Home. They clearly had a good understanding of the health and social care needs of the people in their care. They explained to us how other health care professionals were involved in the care of people living in the home.

We saw staff kept a daily record of the care that had been provided as well as any changes to a person's health care needs.

The service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and companionship. The service enabled people to carry out person-centred activities within the service and in the community and encouraged them to maintain hobbies and interests. The way that activities were planned and carried out at the home was very effective and an asset of the home. People enjoyed taking part in these a great deal and there was a very detailed planning which involved research into the backgrounds, experiences and interests of the people resident at the home. The co-ordinator showed us detailed records of the activities and throughout the home there were photo mementoes of these taking place. People referred to these in their conversations and with smiles when we talked to them. Activities ranged from horse petting to sing a long's, Hawaiian days, bee keeping, carnival days and pizza making.

The service had good links with the local community. Staff were proactive, and made sure that people were able to keep relationships that mattered to them, such as family, community and other social links. Visitors called in constantly throughout our inspection and were welcomed and supported by staff. We found people's cultural backgrounds and their faith were valued and respected and there were strong links and visits to and from local religious centres.

The service had clear systems and processes that were applied consistently for referring people to external services. When people used or moved between different services this was properly planned with the support of staff and the registered manager if required. Where possible people or those that mattered to them were involved in these decisions and their preferences and choices were respected. There was an awareness of the potential difficulties people faced in moving between services such as hospital admission and strategies were in place to maintain continuity of care.

We checked complaints records on the day of the inspection. This showed that procedures were in place and could be followed if complaints were made but none had been. The complaints policy was seen on file and the registered manager when asked, could explain the process

Good

Is the service responsive?

in detail. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed.

The staff we spoke with told us they knew how important it was to act upon people's concerns and complaints and would report any issues raised to the registered manager or provider.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a manager who had been registered at the home for over five years. 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 complimentary about the registered manager. They said things like, "We work together and have a strong manager who gets involved to make sure the home runs smoothly." "She spends time working on the floor and we know she is around if we need help or if there are any problems." Another said, "She's been here since it opened and knows how things are done. She is a good manager who has the interests of residents at heart all of the time."

A relative told us, "Nothing gets past her. She always knows exactly what's going on."

The staff we spoke with were complimentary of the management team. They told us they would have no hesitation in approaching the registered manager if they had any concerns. They told us they felt supported and they had regular supervisions and team meetings where they had the opportunity to reflect upon their practice and discuss the needs of the people they supported. We saw documentation to support this.

The registered manager had in place arrangements to enable people who used the service, their representatives, staff and other stakeholders to affect the way the service was delivered. For example, we saw people's representatives were asked for their views by completing service user surveys. The outcome of the survey was displayed in the home with any actions identified as a result of this.

During the inspection we saw the registered manager was active in the day to day running of the home. We saw she interacted and supported people who lived at Derwent Care Home. From our conversations with the registered manager it was clear she knew the needs of the people who used the service. We observed the interaction of staff and saw they worked as a team. For example, we saw staff communicated well with each other and organised their time to meet people's needs.

We saw there were procedures in place to measure the success in meeting the aims, objectives and the statement of purpose of the service. The registered manager showed us how she and senior staff carried out regular checks to make sure people's needs were being effectively met. We saw there were detailed audits used to identify areas of good successful practice and areas where improvements could or needed to be made. The audits we looked at were detailed and covered all aspects of care. For example, as well as the general environment, health and safety issues such as how infection control was managed, fire risk assessments to make sure these were up-to-date, bath water temperatures to make sure they were not too hot or cold, were all looked at. Audits also included checks on care plans, equipment to make sure it was safe, and administration of medication. We saw records which showed where action was taken following any issues identified through this process.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service. We saw risk assessments were carried out before care was delivered to people. There was evidence these had been reviewed and changes made to the care plans where needed. In this way the provider could demonstrate they could continue to safely meet people's needs. All of this meant that the provider gathered information about the quality of their service from a variety of sources and used the information to improve outcomes for people. We found that the registered manager understood the principles of good quality assurance and used these principles to critically review the service.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities and had also reported outcomes to significant events.