Seaham Care Limited

Denehurst Nursing Home

Inspection report

Merrington Lane
Ferryhill
County Durham
DL17 8NL

Tel: 01740655314

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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

Denehurst Nursing Home provides nursing and residential care for up to 33 older people in Ferryhill. There are two floors and people living with a dementia live on the upper floor and people with general nursing needs living on the ground floor. On the day of our inspection there were 32 people using the service.

The inspection took place on 3 November 2017 and was unannounced. This meant staff did not know we were visiting.

We last inspected the Denehurst Nursing Home in April 2015 and rated the service as Good. At this inspection we found the service remained Good.

The service had a registered manager who was on a day off at the time of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The clinical lead was in attendance during the course of our inspection and we saw they were fully involved in all aspects of the day to day running of the home.

Staff and the management team understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding adults. People we spoke with told us they felt safe at the home.

Where potential risks had been identified an assessment had been completed to keep people as safe as possible. Accidents and incidents were logged and investigated with appropriate action taken to help keep people safe. Health and safety checks were completed and procedures were in place to deal with emergency situations.

The home was clean, and we saw staff followed good practice in relation to wearing personal protective equipment when providing people with care and support. There was an investment programme of replacement windows planned and a new roof had recently been fitted as the exterior of the home looked tired.

Medicines were managed safely. We saw medicines being administered to people in a safe and caring way. People confirmed they received their medicines at the correct time and they were always made available to them.

We found there were sufficient care staff deployed to provide people's care in a timely manner. We found that recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people. The registered manager shared learning from feedback and safeguarding events with the staff team through recorded meetings.

Staff received the support and training they required. Records confirmed training, supervisions and appraisals were largely up to date. Staff told us they were supported by the home's management.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People gave positive feedback about the meals they were served at the home. People received the support they needed with eating and drinking by the chef who was trained in the support of people with nutritional needs.

We saw people's healthcare needs were well monitored and the visiting nurse practioner we spoke with confirmed they had no concerns with the care provided at the service.

People were supported by care staff who were aware of how to protect their privacy and dignity and show them respect at all times.
People's needs were assessed before they came to live at the service and then personalised care plans were developed and regularly reviewed to support staff in caring for people they way they preferred.
People were provided with end of life care by trained nursing and care staff.

An activity coordinator provided a range of activities and support for people to access the community.

People and staff were very positive about the management of the home. Many staff had worked at the service for a number of years and this added to the feeling of a caring, well-run home.

The provider had an effective complaints procedure in place and people who used the service and family members were aware of how to make a complaint. Feedback systems were in place to obtain people's views about the quality of the service.

The service had good links with the local community and local organisations.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Denehurst Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 3 November 2017 and was unannounced.

One inspector and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let the Commission know about.

We contacted the local authority safeguarding and commissioning teams. We also contacted the clinical commissioning group (CCG) and the local Health Watch. We contacted community nurses and nutrition and infection control leads for care homes in the area. We used their comments to support the planning of the inspection. During the inspection we spoke with a visiting nurse practitioner.

We placed a poster in reception so that people and any visitors would be aware an inspection was taking place and who to contact.

During the inspection we spoke with five people who used the service and four relatives/visitors. We also spoke with the clinical lead, one senior care staff, three care staff, the activity coordinator, one domestic, one chef and one kitchen assistant. We looked at a range of records which included the care and medicines records for five people. Recruitment records for four care workers and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "I have been here four years and they look after me. I always feel safe as the staff are good." One visiting nurse practitioner told us, "Yes, it is a safe place to be." We observed two care staff using a hoist to transfer a person from a wheelchair to a lounge chair. They were very careful and chatted to the person all the time to ease their anxiety.

The service was kept clean and tidy. People and their relatives agreed with our observations and commented, "Yes, the cleaning lady is very thorough," and "They try hard to keep the place looking nice." We checked toilet and bathroom facilities for safety and cleanliness and found all in good order with signs outside whilst being cleaned. We also examined fire exits and found there were no obstructions and they were clearly marked.

Care staff had a good understanding of safeguarding and the importance of raising concerns. They said any concerns would be reported to management without delay. One care staff said, "I would go straight to the manager and report it." Previous safeguarding concerns had been referred to the local authority safeguarding team appropriately in line with the agreed local procedures. We saw staff using personal protective equipment such as gloves and aprons when dealing with people's personal care needs or when dealing with food. We saw that housekeeping staff had cleaning schedules they completed to ensure the home was kept clean and infection free.

The provider carried out a range of assessments using recognised tools to help protect people from potential risks. For example, the risks associated with poor nutrition, skin damage and falling. Where a person was assessed as being at risk, measures were in place help keep people safe.

Accidents and incidents were logged and investigated. Information recorded the details of accidents, injuries sustained and whether relatives had been notified. We saw the registered managers analysis of trends included actions taken such as , increased observations and referrals to a specialist falls team.

Regular health and safety checks were carried out to help ensure the premises, environment and specialist equipment were safe for people and care workers. This included fire safety checks as well as checks of the electrical installation, gas safety, water safety and portable appliance testing. Health and safety checks were up to date when we visited the service. Specific health and safety related risk assessments had been completed where potential risks had been identified. For example, a fire risk assessment and chemical risk assessments. The provider also had up to date procedures to deal with emergency situations. These were documented in a business continuity plan. Personal emergency evacuation plans (PEEPs) had also been written for each person to help ensure they received personalised support in an emergency.

Nurses and senior care workers had completed relevant training and had been assessed as competent. People confirmed they received their medicines in a timely manner.

Records supported the appropriate and safe management of medicines. We found medicines

administration records (MARs) accurately accounted for the medicines people had received from staff. Where medicines had not been given a non-administration code was input onto MARs to show the reason for this. Other records confirmed medicines were received, stored and disposed of effectively. This included medicines liable to misuse or controlled drugs .

Care workers confirmed staffing levels were sufficient to meet people's needs. One care worker said, "Yes it's ok and the staff we have are consistent which is better for the people who live here." On the day of our inspection there were seven care staff members on duty as well as the clinical lead. There were also laundry, catering and housekeeping staff on duty. During our inspection call bells were answered in a timely manner.

The provider had effective recruitment procedures to ensure new care workers were suitable to work at the home. These included carrying out a range of pre-employment checks. For example, requesting and receiving two references and Disclosure and Barring Service checks. These checks were carried out to ensure prospective staff did not have any criminal convictions that may prevent them from working with people. We saw that the registered manager had shared learning from feedback and safeguarding events with the staff team through meetings. This showed the service was willing to listen and take on board feedback and to make improvements.

Good

Is the service effective?

Our findings

People told us staff effectively met people's needs. They said staff were knowledgeable and knew what they were doing. People and relatives we spoke with told us, "The staff are all very good and very quick and anticipating what I am after," and "When I knew my relative had to come into a home, I visited numerous places and this one felt the most comfortable with a nice friendly environment, so I brought him here."

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that appropriate assessments were undertaken to assess people's capacity and saw records of best interests' decisions which involved people's family and staff at the home when the person lacked capacity to make certain decisions. The clinical lead and staff had all been trained in the MCA and appropriate authorisations and requests for authorisations had been undertaken. Currently 22 people using the service were subject to a DoLS.

Staff mandatory training was up to date. Mandatory training is training the provider deems necessary to support people safely. This included moving and handling, health and safety, food hygiene, first aid, safeguarding, mental capacity, dementia, medicines, fire safety, infection control, and end of life care. New staff completed a comprehensive induction and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care. One staff member told us, "I am doing my NVQ 3 and my assessor is coming next week. I completed my NVQ 2 here."

Staff informed us that they felt supported by the registered manager and senior team. One care staff told us," I am currently doing a NCFE level 2 certificate in the principles of care planning and the management put in house training dates on the staff notice board." Another staff member said, "I am fine, I feel supported, the senior carers are good." Regular supervision sessions were carried out and staff had an annual appraisal. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

People were supported to receive a healthy and nutritious diet. Information relating to any specific dietary needs was included in people's care plans. We spoke with the chef who was knowledgeable about people's nutritional support, likes and dislikes and had been trained in providing good nutrition for older people. We viewed the kitchen which was exceptionally well stocked and the cook showed us records in relation to focussing on any undernutrition issues with people using the service. They told us about using fortifying foodstuffs which is adding extra calories such as using cream and butter for those people eat risk of weight

loss. During our visit the chef had baked fresh cheese scones that we saw people enjoying when they were fresh out of the oven.

People were positive about the food provided. We observed the breakfast and lunchtime meals in two dining rooms where people were well supported and offered choices in a calm and sociable atmosphere. We saw people enjoying cooked breakfast made to order and later a photographic menu helped people chose their main meal. One person said, "The food here is great, if anything they give you too much," and another person said, "I don't like fish, so I ask for egg and chips and I get it."

People told us and records confirmed that staff supported them to access healthcare services. We saw that handover records were detailed and recorded people's current healthcare status so that nursing staff were clear on what people's needs were from one shift to the next. People also had their observations such as blood pressure, pulse and temperature recorded monthly as a matter of routine and more often where any concerns were found. We read that people saw their GP, consultants, dentists, dietitian, opticians, podiatrists and speech and language therapist feel like you need an ending here. This demonstrated that the expertise of appropriate professional colleagues were available to ensure that the individual needs of people were met to maintain their health.

We saw that the environment had signs and pictures to help people find their way around and the service used a photographic menu board in the dining areas to show the food choices available.

Good

Is the service caring?

Our findings

People and relatives we spoke with told us that staff were caring. Comments included, "They are all spot on," and "I feel very comfortable with them." We saw a person dancing and singing with a staff member and when they finished the person gave the staff member a kiss on the cheek and everyone smiled. It was a clear indication the person was comfortable with the staff member. One care staff told us, "I love it here; I love to care for them. They could be my mam or dad so I care for them like they are."

We saw positive interactions between staff and people throughout our inspection. We witnessed staff supporting people in a positive, gentle and caring manner. For example, one person had got some food on their outfit at lunchtime and a member of staff quietly supported them to change to preserve their dignity. The management team and staff showed concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes.

Staff were respectful in their approach. They treated people with dignity and courtesy. Staff spoke with people in a professional and friendly manner, calling people by their preferred names. We observed staff supported people when needed and asked permission to sit and talk with people as well as knocking on people's doors and waiting permission before entering. One relative we spoke with said, "The staff are all lovely, so kind and friendly." Generally the environment supported people's privacy and dignity. All bedrooms doors were lockable and those people who wanted had a key. All bedrooms were personalised.

We found the care planning process centred on individuals and their views and preferences. Care plans contained information about people's life histories which had been developed with people and their relatives. This meant that information was available to give staff an insight into people's needs, preferences, likes, dislikes and interests. This enabled staff to better respond to the person's needs and enhance their enjoyment of life. Staff told us about their key working duties, "I'm key worker for [Name] and [Name]. I make sure the bedrooms are clean and tidy and that they have toiletries."

We looked at the arrangements in place to ensure equality and diversity and to support people in maintaining relationships. We saw that relatives were welcomed at the home and during the course of our inspection three relatives had their lunchtime meal with the person using the service and they told us they did this regularly. Relatives told us they were given regular updates about their relative and said they could visit and ring at any time and that visiting times were clearly explained to them. This showed the service supported people to maintain key relationships.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The management team were aware of how to contact advocates if they were required to support people and currently one person using the service had an Independent Mental Capacity Advocate (IMCA) to help them.

Good

Is the service responsive?

Our findings

People told us staff were responsive to their needs. One person told us, "I go most days to the bookies as I enjoy the look out and I have my freedom." We observed staff anticipating people getting anxious or displaying disinhibited behaviour and quickly responding and diverting the people to a more appropriate activity. This meant staff responded to ensure people remained calm.

There were robust systems to ensure the staff team shared information about people's welfare. A staff handover procedure was in place. Information about people's health, moods, behaviour, appetite and the activities they had been engaged in were shared. This procedure meant that staff were kept up-to-date with people's changing needs.

We saw care plans were confidentially stored and well maintained and staff recorded any changes in people's condition, professional visits and social activities on a twice daily basis. We saw people's needs were fully assessed prior to them moving to Denehurst Nursing Home.

We looked at five care plans belonging to people who used the service. We found care planning and the provision of care to be person-centred. Person-centred care means ensuring people's interests, needs and choices are central to all aspects of care. People had contributed to 'life history' documents in care files, which gave staff a good level of information regarding what and who was important to them. People's individual interests, preferences, as well as their anxieties were taken account of. We saw each care plan contained a detail pre-assessment of people's needs and care plans that were linked to the relevant potential risks.

Care plans were comprehensive and contained up to date, accurate information. Plans contained a recent photograph of people and stated who their keyworker was. We found this system to be working well, with the relevant staff showing a good knowledge of people's needs. We saw care plans were reviewed regularly. Relatives we spoke with confirmed they were regularly involved in people's care planning and were updated if there were changes in people's condition. One relative said, "They are very good at letting me know what's going on."

We found the provider protected people from social isolation. There was an activity co-ordinator employed by the service who provided support. The activities co-ordinator said, "I organise tombolas, play bingo, have painting sessions and encourage residents to partake, but their favourite is singsong sessions." The activity co-ordinator told us there was external entertainment every month, church services and visits from the local school. They said the local community was 'good' at supporting the events. One person told us, "My interests are sport and painting and the home has allowed me to install Sky TV so I can watch football in my room with my relative when [they] visit me."

There was a complaints procedure in place. None of the people or relatives with whom we spoke said they had any current complaints or concerns. One person told us, "I would say if anything was bothering me," and a relative said, "I have never had to complain, it's a really good home." There were opportunities for

people and staff to raise any concerns through meetings. We saw that there had been two complaints in 2017 which had been investigated and responded to by the registered manager in accordance with the service's procedure.

Currently no-one at the service was on end of life care but the clinical lead told us that nursing and care staff were trained to provide this with the support of other community healthcare services. We saw in people's care plans that information from people and their relatives had been sought about their preferred place of care and people had up to date emergency healthcare plans and Do Not Attempt Resuscitation (DNACPR) form in place that were clearly indicated on their care plans and on the staff handover sheets.

Good

Is the service well-led?

Our findings

The service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager was on a day off as they had worked the night shift the previous night, however we met with the clinical lead who was on duty.

Staff we spoke with told us they were happy in their role and felt supported by the management team. One staff member said, "Yes you can go to them with anything and they will try and help and the senior carers are good too." We observed that everyone recognised and engaged with the clinical lead and in return the clinical lead was able to tell us a lot about people and their life history and families.

Staff were regularly consulted and kept up to date with information about the service and the provider. We saw a staff meeting was due to take place on the day of our inspection. The clinical lead told us, "We are thinking of changing the shift pattern, but we'll vote on the new system. It's down to the staff to decide." We were told that this was to provide care to people at a time people preferred more.

We looked at the arrangements in place for quality assurance and governance. The clinical lead told us of various audits and checks that were carried out on medication systems, the environment, health and safety, care files, catering and falls. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled.

Any accidents and incidents were monitored by staff to ensure any trends were identified. This meant that action could be taken to reduce any identified risks and we saw this had led to changes and improvements such as people being referred to a specialist falls team.

We saw the service worked closely with healthcare professionals such as establishing a monthly review programme with the community psychiatric nurse and the GP service. The clinical lead told us; "It means we can really support people with changing needs and behaviour and share our difficulties and get ideas from the community team."

The provider carried out yearly questionnaires for both staff, people using the service and visitors . the results of surveys were analysed and actioned.

The service had good links with the local community. People who used the service accessed local shops and leisure facilities. We saw there were many visitors to the home during the day who told us they felt welcomed by the service.

We saw that records were kept securely and could be located when needed. This meant only staff from the service had access to them; ensuring people's personal information could only be viewed by those who were authorised to look at records.

The provider was meeting the conditions of their registration and submitted statutory notifications in a

timely manner. A notification is information about important events which the service is required to send to the Commission by law. The provider had also displayed its CQC rating at the service and on its website as required.