

Mannarest Limited

Dewi-Sant Residential Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Dewi –Sant provides care and accommodation for up to 34 older people some who are living with dementia. At the time of the inspection there were 30 people living in the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Some of the people who lived in the home had limited communication therefore we spent time observing people.

At the last inspection, on the 29 April and 5 May 2015 the service was rated Good overall. However it was Requires Improvement in Safe because medicines were not being managed safely and call bells were not always answered promptly.

At this inspection we found the service remained Requires Improvement in Safe but Good overall.

People's medicines were not always managed safely or properly. People received their medicines safely and all medicines were signed for. However, there was an error in medicines that required additional security that had not been investigated or reported to the appropriate authorities. This error had been found between the weekly audits. Only one staff was witnessing medicines that required additional security being administered to people and hand written entries on Medicines Administration Records (MAR) only had one signature. The registered manager took immediate action to investigate the error during the inspection and changed procedures to ensure safe practice on medicines.

People and staff told us there were sufficient staff to meet people's needs. A new call bell system had also been installed and no one commented on the waiting times being excessive. Risk assessments were completed to enable people to retain their independence and receive care with minimum risk to themselves or others. People said; "I am sure I could talk to any of the staff" and "The staff are wonderful and they help me when I am worried."

The Provider Information Record (PIR) recorded; "Each individual also has a hospital passport with a summary of their details. None of our residents go into hospital without the support of staff, this ensures that they feel safe and that a thorough handover is completed."

People continued to receive effective care and support from a staff team who were knowledgeable and had the skills required to effectively support them. Staff were competent and trained well. People had the support needed to help them have maximum choice and control of their lives and staff supported people in the least restrictive way possible. Policies and systems in the service supported good practice. People's

wellbeing and healthcare needs were monitored by the staff and people accessed healthcare professionals when required.

People all agreed that the staff team were very caring. We observed staff being patient and kind. There was a calm atmosphere in the service. People's privacy was respected. People where possible, or their representatives, were involved in decisions about the care and support people received. One person said; "1st Class care." And a relative said; "Mum is well cared for."

The staff team remained responsive to people's individual needs. Personalised care and support was provided to each person to help ensure people were able to make choices about their day to day lives. Complaints were fully investigated and responded to. A relative said; "Any concerns and I would talk to the staff."

People were supported to take part in a range of activities according to their individual interests. Trips out were also planned for people.

The service continued to be well led. People and staff told us the registered manager was approachable and "Had an open door policy." The registered manager and provider sought people's views to make sure people were at the heart of any changes within the home. The registered manager and provider had monitoring systems which enabled them to identify good practices and areas of improvement.

We have made a recommendation about the management of some medicines.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Action had been taken to make improvements. However some improvements were still required to meet the legal requirements.

People received their medicines as prescribed. People's medicines were administered safely. People's medicines were not always recorded safely and further action was being taken to help ensure documentation was accurate.

A new call bell system ensured staff were aware when people required assistance.

People continued to have their needs met by sufficient staff who were recruited safely. Staff understood how to recognise abuse and report it.

People had any risks identified, recorded and updated as needed.

Good infection control practise were maintained.

Requires Improvement ●

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Dewi-Sant Residential 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 was a comprehensive inspection, it took place on the 20 and 26 June 2017 and was unannounced on day one. The inspection was completed by an inspector from the adult social care directorate 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.

Prior to the inspection we reviewed information we held about the service, and notifications we had received, the previous inspection report and Provider information return (PIR). A notification is information about specific events, which the service is required to send us by law. The PIR 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.

During the inspection we met with 14 people who lived at the service. The registered manager was available throughout the inspection. Some people were unable to tell us about their time at the service therefore, we observed them and how staff and people interacted. We also spoke with four relatives, four healthcare professionals and seven members of staff.

We looked at a number of records relating to people's care and the running of the home. This included four care and support plans, three staff personnel files, records relating to medication administration and the quality monitoring of the service.

Is the service safe?

Our findings

At our inspection of 29 April and 5 May 2015 we found that people's medicines administration records had not all been correctly completed and call bells were not always answered promptly. We asked the provider to take action. At this inspection, we found the registered manager had taken some action to address these shortfalls but further action was needed in relation to medicines management.

People received their medicines safely from staff who had completed medicine training. There were systems in place to audit medicines practices and clear records were kept to show when medicines had been administered. Some people were prescribed additional medicines for pain relief on an 'as required' basis. There were instructions to show when these medicines should be offered to people. The district nurse team were working with the service on when to give people these medicines. They were only administered in accordance with the instructions in place. One staff member had been designated for two days a week to manage medicines including ordering and stock control. However on checking medicines that required additional security we found a note stating the balance of tablets remaining was incorrect. This was in between weekly audits of medicines therefore had not yet been picked up by the registered manager. Once highlighted to the registered manager they took immediate action to address this. Also, only one staff member was witnessing medicines that required additional security being administered, though two staff checked the remaining balance of medicines as recommended. Hand written entries on Medicines Administration Records (MAR) only had one signature. The registered manager also took immediate action to change procedures to ensure safe practice on medicines. For example arranging to discuss with staff members designated to administer medicines. One person said; "I get my meds when I should."

We recommend that the service consider current guidance on giving medicines that require additional security and take action to update their practice accordingly.

People said they felt safe living in Dewi-Sant and with the staff who supported them. Some people who lived in the service were not all able to fully express themselves due to their dementia. People were observed to be comfortable and relaxed with the staff who supported them. One person said "I feel safe here as staff are absolutely wonderful." Relatives said they believed their loved ones were safe living at the service. A visiting professional said they thought people were safe as staff had a good understanding of what policies and procedures were in place to help keep people safe.

People's risks of abuse was reduced because there was a suitable recruitment process in place for new staff. These included completing checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained. To help minimise further risk for people, all staff undertook training in how to recognise and report abuse. Staff confirmed that they would have no hesitation in reporting any concerns to the registered manager and were confident that action would be taken to protect people.

There were sufficient numbers of staff employed to keep people safe and make sure their needs were met. Throughout the inspection we saw staff met people's physical needs and spent time chatting and enjoying

each other's company. Staff never passed people without saying hello or asking them how they were. However we received mix comments from people about the staffing levels. One person said; "At nights they are a bit stretched. They cope during the day but nights are hard" and "there could be a few more at times." Other people said; "Yes always plenty of staff around" and "Lots of staff here to help me." On the day we visited there were 6 care staff as well as the registered manager and a number of ancillary staff. The service has two night staff and an on call system to cover.

A few people liked to stay in their room, however said that the staff are always popping in to see them and bring them drinks. Staff said additional staff were made available if they were needed to help people with appointments for example doctor appointments.

People care records held completed risk assessments to help ensure each person received safe care and to promote individuals independence. Where people had been assessed as being at high risk of falls, assessments showed the equipment provided to promote people's independence when moving around the home.

People were protected from the spread of infections. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people. However we did see one practice where the staff should have worn gloves to protect people. The registered manager was informed and addressed this straight away.

Is the service effective?

Our findings

The service continued to provide people with effective care and support. Staff were competent in their roles and had a good knowledge of the individuals they supported which meant they could effectively meet their needs.

People were supported by a staff team that were well trained. Staff confirmed that plenty of training was available and in subjects relevant to the people who lived at the home, for example manual handling training. Staff without formal care qualifications completed Diplomas in Health and Social Care.

People's health was monitored to ensure they were seen by relevant healthcare professionals to meet their specific needs as required. For example, some people were currently receiving care from the district nurse team for change of dressings. The GP visited when required or people attended the local surgery if they were able to. This enabled people and staff to receive advice and support.

People said they were able to make choices on the food offered. Menus in picture format were displayed showing at least two choices each day. If there were any concerns about a person's hydration or nutrition needs, people had food and fluid charts completed and meals were provided in accordance with people's needs and wishes. The staff followed advice given by health and social care professionals to make sure people received effective care and support. For example some people had seen a speech and language therapist to assist them with eating the correct consistency of food while others had been prescribed a meal supplement. One person said; "If you don't like anything they will get something else. They always ask if I want more." One professional said how the person they visited had put on much needed weight.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People continued to have their capacity to consent to their care and treatment met in line with the MCA and DoLS as required. Best interest decisions were clearly recorded. The provider had a policy and procedure to support people in this area. The registered manager had liaised with appropriate professionals and made DoLS applications for people who required this level of support to keep them safe.

Staff had completed training about the MCA and knew how to support people who lacked the capacity to make decisions for themselves. Staff encouraged people to make day to day decisions. Where decisions had been made in a person's best interests these were fully recorded in care plans. Visiting relatives told us they had been involved in a decision about their relatives care. This showed the provider was following the legislation to make sure people's legal rights were protected.

People lived in a service that continued to be maintained and planned updates to the environment were recorded. On our first visit one area had an odour, however the registered manager had made arrangements

to have this area re-clean and no odour was present on our second visit. One bathroom area was due to be refurbished to incorporate a wet room to assist people.

The PIR stated; "During the last twelve months we have purchased new chairs, re-carpeted communal areas, redecorated communal areas, redecorated some bedrooms and have replaced flooring. We have also had a patio area built that has had the steps redesigned to allow the residents to access another part of the garden safely."

Is the service caring?

Our findings

The home continued to provide a caring service for people. People received support from a staff team who knew them and their needs well. People said they were well cared for. We observed the staff taking time to assist and support people with any care needs. Staff were attentive and quick to respond to people when required. For example when people became agitated, confused or upset staff provided extra support to each individual. People soon calmed and seemed to enjoy the one to one company of the staff. People who required support with their personal care needs received prompt staff support who escorted them quietly to a bathroom where they could assist them in private.

People told us staff were always kind, caring and respectful. One person said; "The staff are always kind and polite" and another said "The staff are excellent." A visiting relative said; "Mum is well cared for here." A staff member said their relative was so well cared for at Dewi-Sant that they applied for a job and has been working here since. We saw that people were able to make choices about how they spent their time and were able to spend time in their rooms if they wished. Staff respected people's need for privacy and quiet time.

People and relatives told us people's privacy and dignity was respected. Staff were observed to knock on people's doors and ask them if they would like to be supported. Staff told us how they maintained people's privacy and dignity in particular when assisting people with personal care. Staff said they felt it was important people were supported to retain their dignity and independence.

People were supported to express their views whenever possible and be involved in any decisions about the care and support they received. Staff were seen communicating effectively with people. This helped to ensure people were involved in any discussions and decisions as much as possible. Staff supporting people were observed to be interacting well. When staff passed people staff always spoke to people and asked if they were OK or needed anything.

People or their representatives were involved in decisions about their care. People had their needs reviewed on an annual basis or more often if their care needs changed. Family members said they were involved with their relatives care.

Staff showed concern for people's wellbeing. People feeling unwell or under the weather were observed to be well cared for by staff with kindness and compassion while maintaining people's dignity. The care people received was clearly documented and detailed. For example, people had turning charts in place to prevent their skin becoming sore.

Is the service responsive?

Our findings

The service continued to be responsive. People were supported by a staff team who were responsive to their needs. People had a pre-admission assessment completed before they were admitted to the service. People admitted from the local hospital had this information included in pre-admission assessments. The registered manager has a designated staff member to carry out these assessments before people are admitted to the service.

The PIR recorded; "We ensure that other members of the multidisciplinary team become involved when needs change; we recognise that we are not medical professionals recognising our own capabilities and the limitations of what we can provide, with this in mind we access various external services to ensure that each individual need is met."

People's care plans were personalised to each individual, contained information to assist staff to provide care in a manner that respected people's wishes. In addition to full care plans, there were brief pen pictures of people. In particular, about people's health care needs or dementia care needs and indicated how staff were to meet those needs. Staff had a good knowledge about each person including people's likes and dislikes. We observed staff responded to people and supported them throughout our visit. Staff told us how they encouraged people to make everyday choices as much as possible. This helped ensure everyone's voice was heard.

People told us their individual needs were met. One person said; "You ask for anything and they do it for you or get it for you!"

People took part in a variety of activities. Outside entertainers were brought into the service. On day one of our visit people we saw people enjoying watching and participating with a singer. On day two some people had gone to the Hoe for a trip out and a hairdresser was in service. Though a couple of people said there wasn't much to do others said they went out regularly including going to the pub out to the local shops.

The provider had a complaints procedure displayed in the service for people and visitors to access. Some people said they would talk with a member of staff if they were not happy with their care or support while others said they would talk to family members. Where complaints had been made these had been investigated and responded to. The registered manager had taken action to make sure changes were made if the investigations highlighted shortfalls in the service. One person said; "Yes they do. If I am unhappy about something I usually have a moan about it and it gets resolved."

Is the service well-led?

Our findings

The service continued to be well led.

At the inspection carried out in 29 May and 5 April 2015 we found the service's medicine administration records (MARs) had not always been signed for and call bells had not been answered promptly. At this inspection, we found the registered manager had taken action to address these issues including the installation of a new call bell system and all MARs were now signed for. However we found some errors in medicines that required additional security. This was in between the weekly audits of medicines and therefore had not yet been picked up by the registered manager. Once highlighted to the registered manager they took immediate action to address this.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. One person said; "I think the manager is nice and very approachable."

The registered manager's values and vision included in the services mission statement said; "to maintain our resident's independence, respect, self-determination and choice in a positive and supportive environment" and these values were understood by the staff. The vision was supported by the provider and communicated to staff through day to day discussions, one to one supervisions and team meetings. Staff we spoke with were very positive and enthusiastic about their roles.

The PIR states; "We work by our mission statement and promote, respect, privacy, dignity, fulfilment, rights, independence and choice and this is reflected throughout what we provide as a service be it through care given/received, staff approach, support plans, achievements, meals/menu, resident meetings, one to one, internal/external activities."

The quality of the service continued to be monitored. The registered manager was visible in the service. Though some people told the expert by experience they were not sure which person was the registered manager due to their memory problem. People attending a planned residents meeting all confirmed they knew the registered manager.

The PIR recorded; "We hold resident meetings which are an open forum for everyone who attends to tell us about how they feel about our service and what ideas they have for improvement."

There were effective quality assurance systems in place. There were regular audits of the property and care practices which enabled the provider to plan improvements. The registered manager and provider sought people's views to make sure people were at the heart of any changes within the home. For example a recent meeting held for people living in the service recorded that one person said; "The home has had new carpets, blinds and new chairs and it is looking really lovely." The registered manager and provider continued to

complete audits on aspects of the service and ensure lessons were learnt. Staff knew the outcome of these and practice changed accordingly. Issues raised during the inspection were actioned immediately by the registered manager or staff including devising a form to record all medicines that required returning to the pharmacist.

People told us the registered manager was always approachable and had an "open door policy." The registered manager was well respected by people, staff, relatives and healthcare professionals and keen to make improvements where necessary. The registered manager updated their practice with regular training. The PIR showed that the service had obtained the Plymouth City Council Dementia "Quality Mark Award". This was awarded after an annual robust inspection from Plymouth City Council in regard of all aspects of care provided to people with a diagnosis of dementia.

When the registered manager was not available there was an on call system available between the senior staff. This meant someone was always available to staff to offer advice or guidance if required. Staff told us they felt well supported by the registered manager.

The provider had systems in place to make sure the building and equipment were maintained to a safe standard. These included regular testing of the fire detecting equipment and hot water and servicing of equipment.