Meridian Healthcare Limited

The Denby at Denby Dale

Inspection report

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Ratings

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

Overall summary

The inspection of The Denby at Denby Dale took place on 10 August 2015 and was unannounced.

The home had not previously been inspected as it only opened in November 2014. The home is registered to provide residential care for up to 47 older people. On the day of our inspection there were twenty people living in the home of whom six were there for respite care.

There was a registered manager in post on the day of our inspection. 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.

We found that people felt safe and staff knew how to recognise signs of abuse and report it appropriately. However we found that risk assessments did not always reflect a person's current situation and were misleading. We also saw that no distinction was made between an accident and an incident, which meant the service was not able to effectively analyse patterns and therefore implement improvement measures.

Summary of findings

Medicines were given correctly to people and stored appropriately. However we saw controlled drugs were left on a dressing table in someone's room who was self administering which posed a potential risk to others.

We found that staff were very busy all day including the registered manager who provided hands on care in terms of pressure relief and assisting people with their mobility.

Staff had access to training and were clearly knowledgeable about their role. They were supported with regular supervision and understood the requirements of the Mental Capacity Act 2005 in terms of ensuring people gave consent to their care and treatment.

People were supported with their nutritional requirements, although did not always have enough choice, and had access to health services as and when required. Staff demonstrated a thorough understanding of each person's needs through their interactions and presented as caring and respectful.

We were told by people living in the home that there was a range of activities and people could join in at their leisure as most were able to make their own choices.

People living in the home and staff spoke of the pleasant atmosphere and how supportive everyone was.

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?

Requires improvement

The service was not always safe.

People told us they felt safe and staff had a sound understanding of how to recognise and report signs of abuse.

However, risk assessments did not always reflect a person's current situation and accidents and incidents were not logged appropriately to enable effective monitoring and analysis.

Staff were able to meet people's needs on the day of inspection but we saw that one member was having to work long shifts over ten consecutive days to cover for colleagues' absences.

Medicines were administered and stored appropriately, however we found controlled drugs were left on a dressing table for someone who was self-administering.

Is the service effective?

Good

The service was effective.

People were supported by trained and informed staff who had regular supervision with the registered manager.

The home had an awareness of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards

People were supported with their nutritional needs but perhaps more choice could be given in terms of menu options and portion size to promote independence.

We saw the home referred onto other health and social care professionals as necessary.

Is the service caring?

Good

The service was caring.

We observed and people spoke highly of the caring staff in the home. Nothing was too much trouble and people had their needs met promptly.

People were treated with dignity and respect.

Is the service responsive?

Requires improvement

The service was not always responsive.

People had access to a range of activities and were able to choose their routine each day. However records, although completed, were not always accurate or easy to access due to the volume of information.

Summary of findings

Complaints were responded to and handled effectively.

Is the service well-led?

Good

The service was well led.

People were very happy to be living in the home and we saw evidence of high levels of satisfaction in thank you cards and from external sources.

Staff felt supported and had confidence in the registered manager who in turn was supported by the registered provider.

Appropriate checks and audits were in place as required.

The Denby at Denby Dale

Detailed findings

Background to this inspection

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

The inspection took place on 10 August 2015 and was unannounced.

The inspection team comprised of three adult social care inspectors and two experts 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 our inspection we reviewed information from notifications, the local authority commissioners and safeguarding. We had also received a 'Provider Information Return' (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with twelve people living at the home and one relative. We also spoke with five staff including three care staff, the senior carer and the registered manager. A district nurse was visiting the home on the day of our inspection and we spoke with them, as was the quality manager for the provider who we also met.

We looked at six care records and three personnel files. We also reviewed quality audits including medication, maintenance records, accident and incident logs and risk assessments.

Requires improvement

Is the service safe?

Our findings

We asked people living in the home whether they felt safe. One told us "You can see at a glance that we're safe". Another said "I feel safe here. There's no way burglars can get in. There's no nastiness. Staff put their arms around you and help you". A further person told us "It's alright. I feel very safe".

However, two people we spoke with had some concerns. One person said "I felt more or less safe until a lady came into my room, last week. She's been back again. I wasn't comfortable going to bed last night". We asked the registered manager about this incident but they were unaware as it had not been mentioned to any staff. They agreed to look into this further.

Another person said how concerned they became each week when the fire alarm was tested. They said "They used to come to warn you if the alarm is being tested but they don't do it now. The doors close when the fire alarm goes off. When the fire alarm went off I couldn't open the door". We later clarified this with the registered manager who told us that the doors could be opened but may be heavy for people, and they accepted it was still a frightening experience and would speak to the member of staff to remind them to advise people each week.

Staff we spoke with told us they had received training in safeguarding. They had a good understanding of the different types of abuse and knew what to do if they had any concerns. One staff member told us "Safeguarding is about protecting vulnerable people from abuse and if I had any concerns I would report them to the senior or the manager." We looked at the files of staff members which confirmed people had received training in safeguarding as part of their induction.

During our visit we looked around all of the communal areas of the home including lounges, dining areas, bathrooms and some of the bedrooms. We found the home to be clean and tidy throughout with personal protective equipment such as gloves and aprons available for staff. Handwashing facilities were available in all areas.

We looked at the systems in place for the management of medicines. We saw that medicines in use were stored in a locked trolley within a locked room. We found that temperatures of the room and the fridge where medicines were stored were recorded on a daily basis to make sure the medicines were kept in appropriate conditions.

We saw that medicines received at the home were documented appropriately. We checked a sample of amounts of medicines against the amounts signed as received and administered and found all the amounts to be correct. We saw staff administer medicine with a patient and kindly approach.

During our inspection we noticed two bottles of liquid medicine and a dosette box containing a number of tablets on the dressing table in one person's bedroom. When we asked the senior care assistant about this they told us that the person liked to keep their medicines there even though they had a lockable cabinet as they self-administered them. It had been agreed by the home that staff were to periodically check the quantities to ensure they were being taken safely and would intervene if concerned. However, the senior care assistant also told us that the dosette box had been filled by the person's family and not by a pharmacist. Staff had been given a list of what the tablets were by the person's family. This meant that staff had not seen the medicine in its original packaging from the pharmacist and had relied on the family member for details of the dosage and administration. This does not conform to current guidance on the safe handling of medicines in social care. The registered manager told us that they had recognised the problems with this and had tried to get confirmation from the person's GP about the medicines as the person had come in as an emergency admission and they confirmed the information the following day.

When we looked at the Controlled Drug record as defined under the Misuse of Drugs Act 1971 we saw that one person was taking a Controlled Drug but the administration of this was not being properly recorded in the book. The senior care assistant told us that the person kept the medicine in their room in a locked cupboard but that staff assisted with administration and signed on the person's Medication Administration Record (MAR) that they had administered it. This meant that proper procedures for managing controlled drugs were not being followed. We were later advised by the registered manager that the person was

Requires improvement

Is the service safe?

actually self-administering this medicine and the records in the Controlled Drugs book were to check stock levels. The information was misleading and therefore not following protocols for accurate recording.

One person we spoke with told us they didn't think they always received their eye drops as they should. When we looked at their MAR we saw they should have been administered four times daily. However, on six out of the last ten days there was no record of administration for the evening administration of the eye drops.

The provider's senior service quality inspector who was at the home on the day of inspection said they recognised and understood the issues we had raised and said this would be addressed without delay. We noted from their recent visit that previous issues had been raised and addressed promptly.

We looked at the care file for a person who the registered manager had informed us had pressure sores which were being treated by the district nurse. We saw that the care file contained risk assessments relating to the sores but did not give any detail about them. The care plans lacked detail to instruct staff on how to support the intervention of the district nurse to affect the healing process and to promote good skin integrity. We noted that despite this person having been resident at the home for a month, there were no care plans in place.

In another care file we noted that risk assessments and care plans were out of date as they described the care to be given to a person with a broken limb in a plaster cast. We saw that the person had not had the cast for a month. We also saw in this person's care file information about a condition they had which adversely affected their vision. However, when we looked at the care plan for vision, this condition was not mentioned and stated the person's vision was good. This meant the service had not identified where people's care needs had changed and was providing misleading information for staff who referred to the care plan for information.

We looked at how accidents and incidents were recorded. We saw that a number of accidents, for example where a person had suffered some trauma, had been recorded as incidents rather than accidents. The registered manager told us that accidents were analysed to establish any trends or patterns and we were concerned that this would be affected if the event was not recorded correctly.

We saw that staff used wrong walking aids for people. For example, one person was supported with a walking aid which belonged to a person much taller that they were. We brought this to the attention of the registered manager who said they would label the walking aids to prevent confusion and risk to the individuals.

One person told us "They're short staffed. He's come in for two hours today. He'll be in again tonight" as we observed someone come in during the morning who had not been on duty when we first arrived. The registered manager had told us there were three care staff on duty, one senior and two care workers, in addition to a housekeeper, a member of staff in the laundry and the cook.

Staff we spoke with told us they felt the numbers of staff on duty were acceptable at the current time but they were aware they were not able to spend as much time with people who used the service as initially as the home increased its occupancy. We asked the registered manager how staffing levels were determined and were shown a dependency tool which categorised levels of need for people using the service and then showed minimum staffing level requirements. The service was operating according to this model.

We saw the staffing rotas for the previous and current months which indicated there were gaps due to holidays. It was not clear how these shortfalls had been addressed and we observed the registered manager on the day of inspection fielding calls to the service, answering the door and supporting in making drinks for people in addition to their usual duties. It was also noted that the senior care assistant was on 12 hour shifts for ten consecutive days. We asked the staff member about this and they told us they were happy to work these hours. However, we did not feel this was advisable for either their own wellbeing or that of the service due to the amount of hours and responsibility of that particular role.

We looked at the files of three staff members. We saw the service had followed safe recruitment practices. All the files contained a job application form, interview questions, two references and a DBS check had been carried out.

Good

Is the service effective?

Our findings

We asked people their views of the food in the home. One person told us "The food is good on the whole" and another said "The food is excellent. There's enough choice". However, other people told us "The food is atrocious. There are two choices. At weekend you don't get a choice but the weekend food is the best. Teatime is always the same. The alternative is only what I refused in the first place". This was a view expressed by two more people who said the choice was limited; "You just have what's on the menu. There's just one thing on the menu". Other people remained neutral on the topic. We saw the menu displayed in the downstairs dining room and this only had one option for the main lunchtime and teatime meals.

We spent time in the dining room at lunchtime observing and found that the staff interacted well with people, and saw noticed staff getting down on their haunches, to an appropriate level, to talk to residents and to find out their needs. Drinks were offered to residents before the meal including wine, sherry, orange juice and other beverages. People were able to sit with others or on their own as they preferred. One person we spoke with chose to eat in their room and had support to do this.

However, we also found that the portion sizes were rather large and overwhelmed some people. This was reflected in comments made by both people living in the home and relatives. One relative told us "I think sometimes the portions are a bit big for her appetite". We also noted that the chef took orders from people but then forgot to give them what they asked for. We also observed a complete changeover of staff in the middle of the lunch hour – at the start there were four staff assisting but these then left and were replaced by two different members of staff.

Staff felt the food was very good and very tasty. They told us people could choose to have whatever they wanted at mealtimes. We were told people could have their choice of snacks through the day such as crisps, fruit and biscuits. On the day of the inspection, we saw people were only offered biscuits. Fruit was available from the fruit bowl on the kitchen unit. The fruit bowl was covered with a box of teabags and it was difficult to see.

People's dietary needs had been recorded in their care plan, including specialist diets such as diabetic diet. Another person was having their fluid intake and urine output monitored. We could see this was being monitored daily but not being analysed so it was difficult to establish why the fluid intake and output was being monitored. Another record we looked at stated 'fluids given' but gave no indication as to how much or when in that person's daily log. Although they were not at nutritional risk the value of such a statement needed to be considered.

The registered manager advised us that all weights were taken monthly and recorded on an electronic system. Any concerns would be flagged up at this point, if not noted earlier, and appropriate referrals made to relevant health professionals. We were told a member of staff had particular responsibility for this area.

We spoke with a visiting district nurse. They told us there had been some problems when the home first opened regarding people having the correct pressure relieving equipment but since that time had found staff to be supportive of their work.

Staff confirmed they had taken part in an induction at the start of their employment. We saw staff had covered topics such as health and safety, equality and inclusion, safeguarding and person-centred support. Staff we spoke with told us the induction had enabled them to have the knowledge and skills to carry out their role. They told us this was helped with ongoing training. The service did not offer dementia awareness training or end of life care. We spoke with the registered manager about this who told us training was being arranged for staff.

We saw that staff had bi-monthly supervision. The topics were pre-determined with a set agenda for discussion between the registered manager and the member of staff. We saw supervision had been carried out in line with their policy. Staff found the supervision sessions helpful. One staff member told us "Supervision is good; I have refresher training and one to one with my manager." Another person told us "Supervision is good, I can ask questions and get support".

Staff felt the training offered by the service was good and gave them the skills and knowledge to do their job effectively. Some of the people we spoke with told us they felt the staff were well trained and knew what they were doing. One staff member told us "The training is good and detailed, you get shown how to do things as well as read about them".

Good

Is the service effective?

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act (MCA) 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.

Staff we spoke with told us they had training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We spoke with one staff member who was able to give us a good example of their understanding of DoLS and MCA.

We asked staff to tell us what they would do if people became upset or angry. They told us "I would try and distract them and remove them from the situation. A cup of tea usually helps so I would offer them one".

In the care plans we looked at we saw the service carried out assessment of people's capacity. In one care plan, we noted the person had short term memory loss which had not been taken into account in the capacity assessment. We asked the registered manager how often they would review the capacity assessments. They told us they would only do this if there was a change in the person's behaviour. However, they assured us they would review this person's' assessment in light of their short term memory loss.

The care plans also showed the service carried out DoLS assessments. There were no people assessed as requiring a DoLS at the time of the inspection. People who used the service had been given the information needed to get into and out of the building. People were free to walk around the home as they needed. In the lounge on the ground floor, the door to the paved garden area was open and people had been to sit outside for short periods. There were no restrictions in place to prevent people from leaving the building.

Good

Is the service caring?

Our findings

We asked people living in the home whether they felt staff were caring. One person told us “It's like a home from home. The staff are all so kind. They are there at every beck and call. They go out of their way to help you”. Another said “The staff are very pleasant, the care staff”. A further person said “It’s so lovely here, the staff are so caring”.

One person was keen to tell us how they had been supported to be more independent: “At first they had to dress me but now I can dress and wash myself. They do help me with my socks”. Staff told us the aim was to encourage people to remain as independent as possible.

One person who preferred to remain in their room said that staff were very responsive if they needed help. They told us they always had access to their call bell and it was answered quickly if used; “The staff are really good. You only have to move and they come. You ring the bell and they come”.

One relative we spoke with told us “It's like a hotel here. They look after my relative well”. Another person told us how supportive the housekeeping staff were “They come in every day. They make the bed and clean round. The bed linen is changed twice a week”.

We observed that interactions between carers and the people who used the service was very positive. They were quick to get teas and coffees for them and helped to meet other needs, such as helping one person sort out a problem with their hearing aid.

Staff were warm and respectful in their relationships with people living in the home and told us how much they enjoyed working there. One staff member told us “People here are treated very well. It means a lot to me, making people happy”. Another staff member told us “People are treated with dignity and respect. I really love working here”.

It was evident from our general conversations that staff knew people well and had good understanding of their individual needs. We observed the registered manager spend considerable time with one person who needed a lot of reassurance, and despite the registered manager having other demands made to them, they displayed infinite patience and calmness in trying to ensure this person became settled.

We found a lack of written evidence in people’s files that they had been involved in decision-making around their needs but acknowledged that most people had capacity to agree to this on a day to day basis.

We saw staff knocked on people’s door before they entered their rooms and apologised when the drinks were late mid-morning.

We saw in one person’s file an appropriately completed end of life wishes form which had been done in consultation with the person and their family.

Requires improvement

Is the service responsive?

Our findings

We asked people what they did during the day. One person told us "I have manicures and get my hair done". Another said "We don't have any sort of rules. We are able to get up when we want and we go to bed when we want". A further person said "You can have a walk around and come in and listen to music. I have a machine in my room to play music that I brought in from home".

People told us they had freedom to live how they wished. One person liked to have bed rest in the afternoon and another was supported to have a shower daily. Another person told us "I prefer to watch the activities. I'm not a person that joins in. Although I will join in with the cheese and wine". This shows that the service was very aware that this was people's home and they respected and supported people's choices.

We asked people what activities were arranged during the day. One person told us they had recently played ten pin bowling in the lounge. Another confirmed this and said "It was a bit of fun, that was what it was all about and I won". We did not see any evidence of structured activities on the day of inspection as the activities co-ordinator was on leave. However, there were daily newspapers on hand for people to read and we saw they were being read by people. Most people living in the home were able to make their own choices as to how to spend their day.

One person told us how much they enjoyed listening to Radio Four Extra because it played old comedies and detective mysteries. Other people were big fans of 'The Archers' but they had lost track of the show because they had not been able to listen to it since they went to stay at the home. We asked them if they had talked to staff about having a radio in the lounge so they could listen to it but they hadn't mentioned it to the registered manager.

Staff we spoke with told us people went out to visit relatives. One person told us that staff regularly offered to take them over the road to the local shops. The registered manager told us they had planned was supposed to be doing a reminiscence activity but people had not wished to participate.

We saw in people's care records that one to one time with staff, reading the paper, ten pin bowling and visiting relatives were logged as activities. In the reception area, we saw a thank you card from some local school children who had been to visit the home and talked to people about their memories of World War Two. Staff had dressed up on this occasion and people living in the home had shown children how some of older toys had been used. There were also links with the local Methodist Church who provided visitors on a regular basis.

We asked people if residents' meetings were held and we were told "There are no residents' meetings. Well, I've not been asked to go". We asked the registered manager if there were meetings and were advised there were but the latest documentation we saw was dated February 2015. It did show, however that key issues had been identified and followed up. The registered manager told us that the chef had discussed menu options with the people living in the home and the summer fair had arisen out of this meeting.

We saw a list of activities for August 2015 which included all the activities listed above and advance notice of a meeting scheduled for the end of the month. We also saw very well presented newsletter with details of the recently held summer fair, staffing news and forthcoming events.

We look at care records. They were divided into four sections which was initially confusing as they were based on the length of stay someone was in the home. The pre-admission and initial post-admission information was completed fully and in a person-centred manner. There were details about people's preferences and how much assistance they felt they needed, thus ensuring the service was being led by the person living in the home. The morning routine was particularly detailed. There were also specific risk assessments around individual needs such as smokers.

Following these initial assessments were further more specific care plans around particular needs such as dressing and undressing or mobility. Due to the volume of information there was a potential risk of staff not being able to identify someone's key needs quickly.

We saw daily logs completed three times a day but these were mostly task-focused, i.e. 'given medication, support with personal care and fluids given'. They did also detail any social engagement the person had had such as chatting with other people living in the home and staff. It was also evident that the records allowed people to choose when they wanted help as we saw in one record that the person was helped to have a bath mid-afternoon as this was their preference.

Requires improvement

Is the service responsive?

The records also contained a one sheet summary of main tasks undertaken so staff could identify any outstanding assistance required.

Some of the information within the plans showed that people's choice was not always being provided. In one plan it clearly stated the person did not like having a shower and preferred a bath. In the daily records staff had written the person had been having showers. The care plans contained no life history of the person. This would have enabled staff to have a clearer picture of the person.

We saw people had signed their consent for personal care. Relatives had also been involved in care planning where they had lasting power of attorney and had signed on behalf of the person. However, there was no indication within the care plan as to how the service involved the person in its development and review although we noted that care plans had been reviewed on a monthly basis and any changes had been added to the care plan.

We found some of the wording in the care plans was difficult to understand. For example in one it stated 'I walk short distances with two walking sticks but require a care staff to be with me one care staff I do need a wheel chair for long distances". This apparent contradiction is not helpful for staff to be able to determine someone's needs easily.

We asked the registered manager how complaints were handled and they showed us evidence of where minor concerns had been raised and responded to appropriately. The complaints procedure was displayed clearly in all rooms. The service had had no serious complaints.

Good

Is the service well-led?

Our findings

We asked people their feelings about living in the home. One person told us “The home is fine, it's good”. Another said “It's very good. You can't fault it. Everything is nice”. A further person said “The people are friendly and helpful. I had some qualms about coming but I needn't have worried. It's beautiful, it really is. The rooms are lovely. They put fruit in there”.

People also told us they had been made to feel welcome and one relative said “We can visit anytime. Sometimes you worry about how they will react when children visit but the staff are very welcoming”. We asked people if anything could be better and were told by one person “I can't think of anything that could improve it”.

We saw a display of thank you cards in the reception area indicating people had a high level of satisfaction with the service.

Staff we spoke with felt the service had been managed very well. They thought the registered manager was open and approachable and felt able to go to them for advice. The home had a calm atmosphere and staff had been welcoming.

The registered manager told us about ‘quick fire Fridays’ which was a means for a particular topic to be addressed by staff and an opportunity for their knowledge to be checked and updated if needed. A recent topic had been infection control where staff had been reminded of the importance of hand hygiene and safe wound care.

The registered manager told us that there had been two or three staff meetings held since the home had opened (the most recent ones we saw were in May 2015) and they were in the process of catching up with all staff in regards to their appraisals. They had also got a system of staff ‘champions’ for various roles such as dignity and nutrition monitoring. This shows the service was keen to ensure staff had particular specialisms and could share their knowledge with less experienced colleagues.

We asked the registered manager what they felt had been their key achievements since the home had opened last November. They told us they were very happy with the positive feedback the home had received from both people living there and their families. This was evidenced in feedback on carehome.co.uk which is a website looking at satisfaction ratings for care homes across a range of areas.

We were also told that the registered manager was proud of the staff team who supported each other and were keen to learn.

The quality manager for the provider was also in the home on the day of our inspection and they evidenced through their recent report where the home was doing well and areas for improvement. This was mirrored by the regular walk-around the registered manager did to check on any environmental issues.

The service was in the process of installing a new training system which staff would be able to access online before or after their shifts. The registered manager was aware of the need for dementia awareness training and was in the process of arranging this.

We saw that all necessary health and safety checks had been carried out where required on equipment within the home. We saw all fire audits including logs of the weekly fire alarm testing. There were also monthly checks on the premises as required and these were up to date. The service had carried out monthly audit of the care plans and had noted issues.