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Dawn Rest Home

Inspection report

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Date of inspection visit:
15 July 2017

Date of publication:
03 August 2017

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

Dawn Rest Home provides accommodation, care and support for up to 18 older people. At the time of the inspection there were 17 people living at the service. The accommodation is spread over three floors. The inspection was announced 24 hours in advance. This was because the inspection took place on a Saturday and we wanted to be sure someone would be available who had access to all the information we needed.

We carried out this comprehensive inspection on 15 July 2017. At the last inspection, in May 2015, the service was rated Good. At this inspection we found the service remained Good.

People told us they were happy with the care they received and believed it was a safe environment. The atmosphere was calm and relaxed. People moved around the building choosing where to spend their time and who with. People had good and meaningful relationships with staff and staff interacted with people in a caring and respectful manner.

There were sufficient numbers of suitably qualified staff on duty to meet people's needs. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse. Formal systems for supporting care staff were not in place or fully established and we have made a recommendation about this in the report.

The premises were arranged to meet people's needs. People had access to quiet areas or were able to socialize with others in a sun lounge or large lounge. The gardens were pleasant and accessible. Garden furniture was provided so people were able to choose to eat outside if they wished. Bedrooms were of a good size and well maintained.

People received their medicines on time. Medicines administration records were kept appropriately and medicines were stored and managed to a good standard. Staff supported people to access to healthcare services such as occupational therapists, GPs, chiropodists and dieticians. Relatives told us staff always kept them informed if their family member was unwell or a doctor was called.

Any risks in relation to people's care and support were identified and appropriately managed. Care plans contained information about people's individual support needs. The depth of information in care plans was inconsistent.

There was a variety of home cooked meals on offer and people told us they enjoyed their meals. When necessary food and fluid records were kept to help ensure people received enough to eat and drink.

Management and staff had a good understanding of the underlying principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives; the policies and systems in the service supported this practice.

At the last inspection we found management roles were not clearly defined. At this inspection we found improvements had been made in this area and the management structure provided clear lines of responsibility and accountability. Staff had a positive attitude and told us they enjoyed their jobs and worked well together. People and relatives all described the management of the home as open and approachable.

People and their families were given information about how to complain. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remained Good.

Is the service effective?

Good

The service remained Good.

Is the service caring?

Good

The service remained Good.

Is the service responsive?

Good

The service remained Good.

Is the service well-led?

Good

The service improved from Requires Improvement to Good. The management team and senior staff had a clear set of roles and responsibilities.

People and their families told us the management were very approachable and they were included in decisions about the running of the service.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Dawn Rest 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 July 2017 and was carried out by one adult social care inspector. We announced the inspection 24 hours in advance because the inspection took place at the weekend and we wanted to be sure we would have access to all records.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed other information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with nine people who were living at Dawn Rest Home. We looked around the premises and observed care practices on the day of our visit. We spoke with the registered manager, the assurance manager, four care staff, the cook and five visitors.

We looked at four records relating to people's individual care. We also looked at three staff recruitment files, staff duty rotas, staff training records and records relating to the running of the service. Following the inspection we were sent further information in relation to training, audits and care plan development.

Good

Is the service safe?

Our findings

People and their relatives told us they were happy with the care provided and felt the environment was safe. Comments included; "We thank our lucky stars, they treat [relative] so well" and ""If you can't live in your own home you can't do better than here."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff received safeguarding training as part of their initial induction. Some were due to have their safeguarding training updated and there were plans in place to organise this. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. They told us if they had any concerns they would report them to management and were confident they would be followed up appropriately. There was a safeguarding policy available for staff which included the contact details of the local safeguarding team and CQC.

Care files included risk assessments which identified risks and the control measures in place to minimise risk. These covered areas such as falls and skin integrity. Information guided staff on the actions they should take to minimise an identified risk. For example, "Assist to clean glasses and make sure they are within reach." Staff supported people to move from one area of the premises to another by using the correct handling techniques and appropriate equipment.

Incidents and accidents were recorded in the service. We looked at records of these and found that appropriate action had been taken and additional guidance provided for staff to help minimise any risk.

There were enough skilled and experienced staff to help ensure the safety of people who lived at Dawn Rest Home. Staff responded quickly when people asked for support and appeared unrushed and patient in their approach. Rotas for the two weeks preceding the inspection showed the appropriate staffing levels were consistently met. As well as care staff the providers employed domestic and kitchen staff and a gardener. Meeting notes showed arrangements had been made for a kitchen assistant to work an extra half an hour to collect breakfast trays. The minutes read; "This will enable staff to concentrate on the residents needs and spend a little more time with them."

Staff had completed a thorough recruitment process to help ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks and two references. One person told us they had been involved with staff interviews.

Medicines were managed safely at Dawn Rest Home. All medicines were stored appropriately and Medicines Administration Record (MAR) charts were fully completed. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. A lockable medicine refrigerator was available for medicines which needed to be stored at a low temperature. Records demonstrated the temperature was consistently monitored. The records showed sometimes the refrigerator

had been running on or slightly above the recommended temperature. We advised the registered manager who said they would consider moving the refrigerator to a cooler location.

Staff were competent in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record. Some people had been prescribed creams and not all of these had been dated upon opening. This meant staff may have been unaware of the expiry date of the item, when the cream would no longer be safe to use. The MARs were audited daily and any errors were followed up with the member of staff responsible. The audits showed there had been repeated occasions when certain medicines had not been signed for on the MAR. We discussed this with the assurance manager who explained this was due to a misunderstanding with some staff about the service's policy which stated staff needed to indicate on the MAR when medicines taken as required (PRN) had been refused. This requirement had since been discussed with staff.

Some people administered their own medicines and consent forms were in place to indicate they had agreed to this. These decisions were regularly reviewed and there was evidence the people concerned had sometimes asked that certain medicines be administered by staff. This demonstrated people were fully involved in decisions regarding their medicines. There were no associated risk assessments in place. This is important to show any risks have been considered regarding the administration and storage of medicines and action taken to minimise the risks.

The environment was clean and well maintained. There was a system of health and safety risk assessments. The boiler, gas appliances and water supply had been tested to ensure they were safe to use. Portable electrical appliances had been tested and were safe. A current gas safety certificate was in place. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. There was a record of regular fire drills. There were no Personal Emergency Evacuation Plans (PEEPs) in place. These are important as they can inform first responders to an emergency, such as a fire, as to the support individuals might need to exit the building safely. We discussed this with the management team who agreed they would develop PEEPs for all residents.

The service held personal monies for some people. Receipts for any transactions were kept alongside records of any money spent or received. We checked the records for one person and found the amount held tallied with the record.

Good

Is the service effective?

Our findings

Staff were knowledgeable about the people living at the service and had the skills to meet people's needs. Relatives told us they were confident that staff knew people well and understood how to meet their needs.

Newly employed staff were required to complete an induction which included training in areas identified as necessary for the service such as fire, moving and handling, health and safety and safeguarding. They also spent time familiarising themselves with the service's policies and procedures and working practices. New employees spent a period of time working alongside more experienced staff getting to know people's needs and how they wanted to be supported. The induction ensured staff new to care were familiar with the 15 fundamental standards of care as outlined in the Care Certificate.

Staff completed a range of training to help ensure they were able to meet people's needs across a range of areas. For example, moving and handling, infection control and health and safety. Some staff needed to update their training in some areas to ensure their knowledge and skills were refreshed and up to date. Arrangements were in place for staff to have refresher training in infection control and food hygiene. Some staff had received additional training in areas specific to people's needs. For example, dementia, continence and end of life care.

Only five members of staff had received a formal supervision recently and annual appraisals had not been completed in the past 12 months. The registered manager told us they were aware of this and were planning to complete supervisions in the next few weeks. Staff meetings for day care workers were not taking place. This meant staff were not being provided with formal opportunities to raise any concerns they might have. One member of staff said; "It would be good to have a staff meeting to discuss things as a team." However, staff told us they felt supported by the management team and said the registered manager and assurance manager were visible and approachable if they needed to discuss anything.

We recommend that the service introduce formal systems to facilitate and document support for staff.

People's individual health needs were well managed and staff had the skills to recognise when people may be a risk of their health deteriorating. People had access to healthcare services such as occupational therapists, GPs, chiropodists and dieticians. District nurses visited the service to support people with their health care needs. Relatives told us staff always kept them informed if their family member was unwell or a doctor was called. Comments included; "[Relative] has been poorly at times. They are wonderful and they get the doctor immediately" and "They [staff] are always quick to inform me." One person living at Dawn Rest Home told us; "Anything wrong and they do what they can to heal you."

The service monitored people's weight in line with their nutritional assessment. Where people were assessed as being at risk of losing weight their food and fluid intake was monitored each day and records were completed appropriately by staff. Management checked these records to help ensure people ate and drank enough for their needs. People were provided with drinks throughout the day of the inspection and at the lunch tables.

We observed the support people received during the lunchtime period. Mealtime was unrushed and people were talking with each other and with staff. Tables were attractively laid with vases of flowers, serviettes and clean table clothes. People told us they enjoyed their meals and they were able to choose what they wanted each day. Some people required assistance with their meals and the dining room was arranged to allow them some privacy and dignity. Following the lunch time meal the chef came into the dining room to ask people what they would like to eat that evening and for lunch the following day. One person told us; "The food is good and well cooked."

Care files contained consent forms for people to agree to areas such as care, use of equipment and medicine administration. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their life and spend their time.

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). Nobody at the home was subject to the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Training for the MCA and DoLS was included in the induction process and in the list of training requiring updating regularly. The manager and staff demonstrated an understanding of the principles underpinning the MCA. Mental capacity assessments were carried out appropriately. Most people living at Dawn Rest Home had capacity to make decisions about their daily lives. The registered manager told us about one person whose capacity fluctuated. They explained they would talk with the person when they were well and able to articulate their wishes to ensure they were aware of how the person preferred to be supported when they were less able to consent to their care.

The design, layout and decoration of the building met people's individual needs. There was a lift which enabled people on the two upper floors to access the ground floor. One person told us they had recently started using this due to a decline in their mobility. There were three lounges, including a sun lounge. There were other quiet seating areas within the building and we saw people chose to sit in different areas according to their mood and how they wished to spend their time. For example, some people were watching Wimbledon in a lounge, one person was chatting with relatives in the quiet lounge and other people were sitting at tables in the sun lounge overlooking the garden reading newspapers or playing cards. Another person was sitting in a quieter area. They told us they did not feel like socialising that day but wanted to watch people go by rather than sit in their room.
The dining room was light and looked out onto a pleasant garden. One person took us into the garden to look at the fish pond. They said they enjoyed spending time outside watching the fish in the warm weather. Garden tables and chairs were available and the registered manager told us people had chosen to eat lunch and afternoon tea outside in the recent hot weather. Bedrooms at the rear of the building on the upper floors looked out over the countryside. The registered manager told us that, as rooms became available, windows in these rooms were being lowered to make the most of the views.

Good

Is the service caring?

Our findings

On the day of our inspection there was a calm and relaxed atmosphere in the service. Staff interacted with people in a caring and respectful manner. For example, we observed a member of staff approach someone to ask a question. The person was engaged in conversation with someone and the care worker leant down and said; "Do excuse me." This simple act of politeness was typical of many interactions we observed during the day. People were highly complementary about the care staff, comments included; "There's much kindness here" and "Staff are lovely, they're very nice to me." Relatives said; "It's really like being part of the family" and "We are more than happy, they've gone over and above what you can expect."

The care we observed being provided throughout the inspection was appropriate to people's needs and enhanced people's well-being. Staff were patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example, we observed staff encouraging people to come out of their room and join in a game of cards. A relative told us their family member had been taken ill the previous evening. They told us; "It brought tears to my eyes when I got here. [Staff name] was sitting with her just gently stroking her head."

There was a stable staff team in place and many had worked at the service for a long time. The registered manager had been in post for over twenty years. They spoke about people knowledgably and with fondness. They told us of past residents who were remembered particularly with the different levels of the building being named after them. People had good and meaningful relationships with each other and staff. The atmosphere was very friendly and amicable. We heard people greet each other and enquire as to their well-being. People's comments included; "I know all the residents names and all the carer's names" and "I'm very happy with what I've got, we all get on very well."

People were able to make choices about their daily lives. People told us they were able to get up in the morning and go to bed at night when they wanted to. People were able to choose where to spend their time, either in the lounge or in their own rooms. Where people chose to spend their time in their room, staff regularly went in to their rooms to have a chat with them and check if they needed anything. We heard staff asking people where they wanted to spend their time and what they wanted to eat and drink.

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Staff always knocked on bedroom doors and waited for a response before entering. All but one of the rooms was en-suite with a sink and toilet. There was a choice of bath and shower rooms to meet people's personal preferences.

People and their families had the opportunity to be involved in decisions about their care and the running of the service through regular meetings and questionnaires. Staff spoke with people on a daily basis to check they were satisfied with the care provided. Staff had identified that one person whose mobility had deteriorated disliked using a wheelchair and was spending more time in bed. The management team were arranging the purchase of a specialized armchair which they hoped the person would be more comfortable

using. The registered manager told us; "It will reduce the amount of time they need to be in the hoist and they just look uncomfortable in the wheelchair." This demonstrated a commitment to improving people's quality of life.

Staff supported people to maintain contact with friends and family. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in one of the lounges or in their own room. We observed staff greeted visitors on arrival and made them feel comfortable. One told us; "They always ask if I want a cup of tea."

Good

Is the service responsive?

Our findings

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Dawn Rest Home. Staff spoke knowledgeably about how people liked to be supported and what was important to them. People and their visitors told us staff knew how to care for them.

Care plans gave details about each person's needs. These were reviewed monthly or as people's needs changed. There was little information about people's life histories. This kind of information can help staff to engage meaningfully with people. Some care plans lacked the detail necessary to enable staff less familiar with people's needs to support people according to their individual preferences. Others were more detailed and gave staff clear guidance. For example, one read; "I do forget that I have retired and sometimes think I'm still working and become angry as I don't want to work anymore but please reassure me and I'll be OK." We discussed this with the assurance manager and registered manager. They told us the registered manager, deputy manager and senior carers shared responsibility for overseeing and developing care plans. This may have led to inconsistencies in how the care plans were organised and the level of information in them. They agreed they would identify and implement a more organisational approach to care planning. Following the inspection the assurance manager forwarded us a copy of a new care plan format which they were intending to roll out across the service. They told us they believed this would lead to more person centred care plans being developed.

People sometimes needed regular monitoring because of a decline in their health. For example, one person had recently been having their food intake monitored and some people had their skin checked regularly so staff would be aware of any deterioration. The weather had recently been very hot and fluid charts had been introduced for the period of the heatwave to help ensure people were hydrated. Monitoring records were completed appropriately. This meant staff were able to oversee people's health effectively.

Daily handovers provided staff with clear information about people's needs and kept staff informed as people's needs changed. Staffing was arranged to allow a thorough handover while ensuring staff were still available to meet people's needs as required. Staff daily records detailing the care and support provided each day and how people had spent their time. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people.

People were able to take part in activities of their choice. The deputy manager had spoken to people to find out what kind of activities they were interested in, or had taken part in, in the past. There was a large selection of well-kept books available and a giant scrabble board was kept in one of the lounges. An activity schedule for the month showed a variety of exercise sessions, entertainers and pastimes such as 'name that tune' had been arranged. One person told us; "They're very aware of how long the days can be. We appreciate they're making so much effort to keep us occupied." Activity books for individuals were being developed to record what activities people had taken part in using photographs. These would also be used to share with relatives and as a reminiscence tool.

The provider organised an annual themed garden party for the local community. This year's theme had been Royal Ascot and people had worn decorated hats which were still used when sitting in the garden. Regular coffee mornings were also arranged. This helped ensure the service had a community presence.

People and their families were given information about how to complain and there was an appropriate complaints policy in place. People told us they knew how to raise a concern and they would be comfortable doing so. There were no complaints on-going at the time of the inspection. We saw a selection of recently received thank you cards. One read; "Our mums life was made all the richer for the wonderful care you all provided for her."

Good

Is the service well-led?

Our findings

At our previous inspection we noted there was not always clear leadership within the service and roles and responsibilities had not been well defined or understood. At this inspection we found staff at all levels had clearly defined roles and sets of responsibilities.

The service is required to have a registered manager and at the time of our inspection a registered manager was 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 and associated Regulations about how the service is run.

A partner in the provider company worked full time at the service as an assurance manager and oversaw staffing, quality assurance and the business side of the organisation. The registered manager was supported by a deputy manager and senior carers. The registered manager was not included on the care rota but was always available for support if required. The office was adjacent to the dining area and sun lounge and they told us this meant they were aware of anything that was going on. People and staff told us the assurance manager and registered manager were very visible in the service on a daily basis. We observed them chatting and laughing with people who were very relaxed and at ease with them.

The management team sought ways to continually improve the service. For example, the registered manager had enrolled for additional medicines distance learning in order to develop their own practice. They intended to share their learning with the staff team in order to improve the systems for the management of medicines. Another initiative was the introduction of staff 'champions' for safeguarding and the MCA. The registered manager told us the champions would be supported to undertake a higher level of training in these areas. If successful the scheme would be widened out to cover a wider range of areas.

There was a positive culture within the staff team and it was clear they all worked well together. They told us they enjoyed working at the service. Comments included; "I love it, it's a really nice home" and "There's always a nice atmosphere, I've never had a bad shift, it's an amazing place to work." Staff were highly motivated and keen to ensure the care needs of people they were supporting were met. One member of staff commented, "We are a tight knit team."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. Audits were carried out on areas such as medicines, personal monies and falls. Pressure mattresses, used to protect people from the risk of damage to their skin, were checked regularly to ascertain they were working and set at the correct level. A dependency matrix was in place to give an overview of people's needs in relation to skin integrity. This meant staff would be alerted to any increase in needs at an individual level and throughout the service as a whole.

People and their relatives were asked for their views of the service annually by means of a questionnaire. The results were collated to give the provider an overview. Suggestions for improvement were listened to

and acted upon. For example, there were plans to make the gardens more accessible following feedback from people who lived at Dawn Rest Home. We looked at the results for the most recent survey and saw these had been positive.

Meetings for some sections of the staff team had taken place. For example, senior staff and domestic staff meetings had been held in February and March respectively. Meeting minutes showed domestic staff had requested a communication book to improve how staff on different shifts communicated and this had been provided. As noted in the effective section of this report, meetings for the day care staff team had not been organised.