

Althea HealthCare Limited

The Depperhaugh

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 30 July 2016 and was unannounced. On the day of this inspection there were 30 people living in the service. Our inspection of July 2015 had found that the service required improvement as infection control measures were not adequate, people were not involved in their care planning with some care plans containing content which was generic and not relevant to the person. This inspection found that the service had improved in all of these areas. The infection control problems had been fully addressed and good progress had been made in care planning.

The service had a registered manager. 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.

Risks to people had been identified, assessed and managed safely. There was guidance for staff on how to manage people's care needs. Staff understood the signs of potential abuse and what action they needed to take if it was suspected.

There were sufficient numbers of staff employed to meet people's needs and the service followed safe recruitment practices. The service actively managed the number of staff on duty to ensure there were staff available to meet people's needs. Medicines were managed safely.

Staff were trained in all the essential areas and undertook an induction programme. Staff were supported by the management team and received regular supervision and appraisal.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Appropriate referrals had been made to the relevant authorities. This ensured decisions were taken in accordance with the MCA and associated Code of Practice.

People had access to healthcare professionals and the GP visited the service weekly. A choice of food and drink was available which took account of personal preferences and health needs.

People and staff had developed positive caring relationships. People felt they were well looked after by kind, friendly staff who understood and knew them well. People's preferences and choices were known and respected by staff and they were encouraged to express their views and be involved in all aspects of their care. People's privacy and dignity was respected.

Care plans covered people's needs and personal preferences. We noted some contained generic statements and some contradictory information. The registered manager was aware of this and was able to explain the reasons and what action they were taking to address the issue.

People, their relatives and staff spoken with had confidence in the registered manager and provider and felt the service had clear leadership in the service. There were effective systems to assess and monitor the quality of the service.

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 was safe.

People felt safe in the service and staff were aware of the processes involved in safeguarding vulnerable adults from harm.

Systems were in place for staff to identify and manage risks and respond to accidents and incidents.

There were sufficient numbers of staff to meet people's needs. Safe recruitment practices were followed.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the knowledge and skills necessary to provide safe the required care and support.

People's freedom and rights were respected by staff who acted within the requirements of the law.

People's health and wellbeing were monitored and they were supported to access healthcare services where necessary.

Is the service caring?

Good ●

The service was caring.

People had developed positive caring relationships with staff.

People and relatives were encouraged to express their views and felt these were acted upon.

Staff involved people in the decisions of daily living.

Is the service responsive?

Good ●

The service was responsive.

People were treated as individuals. There was a variety of activities both group and personalised.

People were encouraged and supported to maintain relationships that were important to them.

Is the service well-led?

Good ●

The service was well-led.

The registered manager had developed positive working relationships with people living in the service, relatives and the staff team.

There were systems in place to monitor the quality of the service, which included regular audits.

The registered manager received on going support from the provider.

The Depperhaugh

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 30 June 2016 and was unannounced. It was carried out by one inspector 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. Our expert had experience of dementia care.

Before the inspection we reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about and information that had been sent to us by other agencies.

During our inspection we spoke with six people who lived at the service, four relatives, four members of care staff, the registered manager and the Director of Service and Quality for the provider. We also carried out informal observations of care in the service.

We looked at three people's care plan records and other records related to the running of, and the quality of the service. Records viewed included staff files and audit reports.

Is the service safe?

Our findings

Our inspection of July 2015 had found that the service required improvement in infection control and the general cleanliness within the service. Flies were also a problem. During this inspection we found that the general level of cleanliness had greatly improved and the issue with flies was being pro-actively addressed.

During our inspection we noted that the environment was clean and no unpleasant odours were detected in corridors, lounges or in people's bedrooms. Communal bathrooms and toilets were clean and fresh. We discussed with the registered manager the improvements they had made to the cleaning regime and the plans they had in place for further improvements. These included enhanced auditing procedures for the cleaning and the refurbishment of some bathrooms which were becoming tired.

All people spoken with told us they felt safe and secure living in the service. One person said, "Yes I feel very safe. It's lovely here; it's a fine place to be." Another said, "Safe? Oh, yes, we're safe here."

We discussed safeguarding vulnerable adults from abuse with the registered manager and three members of care staff. We found that staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would not hesitate to report any concerns to the registered manager and / or the local authority. Staff said they received safeguarding training and records of training sent to us following the inspection confirmed this. Staff also received additional training in moving and handling and infection control which also contributed to keeping people safe.

Staff had access to internal policies and procedures on safeguarding vulnerable adults. Our records showed that the registered manager was aware of their responsibilities with regard to keeping people safe and had reported concerns and taken necessary action.

Risks to individuals and the service were managed. This helped to protect people's rights to freedom and independence. The registered manager told us that they had identified that the uneven surface to part of the outdoor area was a risk to people who may have difficulty walking and told us plans they had in place to address this. Regular safety checks were carried out including fire alarms, fire extinguishers and hoists.

Individual risks had been assessed and recorded in people's care plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. Examples of risk assessments included a person's inability to use the call bell and moving and handling. Records showed that risk assessments were reviewed and updated regularly. This was supported by the computer programme which alerted staff when risk assessments required review.

The registered manager monitored incident and accident reports taking action on individual incidents and monitoring all reports for identifiable trends. For example making the appropriate referrals to professionals when these reports showed change in a person's behaviour.

People mostly felt that there were sufficient staff to support them. One person said, "Yes. They [staff] don't rush me which is good," and another said, "Yes, they're very good here." However, two people we spoke with said used the word, "Mostly," in their reply when asked if there were sufficient staff and one relative expressed concerns about the visibility of staff in communal areas. We spoke with the registered manager about this and they explained to us how they had recently changed the number of staff on duty in the morning in response to people's changing needs. They told us that they anticipated people would see an improvement because of these changes. Staff we spoke with told us there were sufficient staff on duty to provide the care and support people required. They referred to the change in staffing numbers in the morning as a response to the change in people's needs.

The service followed safe recruitment practices. We looked at three recruitment files for staff employed by the service and saw that appropriate checks had been carried out before staff started work. The checks included taking up written references and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults to help employers make safe recruitment decisions. We asked the Director of Service and Quality if the provider had a policy on repeating DBS checks. They told us that there was not at present but that they would investigate this and consider carrying out checks on a regular basis to ensure staff had not received any criminal convictions..

People were satisfied with the way their medicines were managed. One person said, "Yes, it's spot on. Unfortunately, I have to have more medication but they [staff] know exactly what I have and the nurse comes round with it." People were protected by safe systems for the storage, administration and recording of medicines. Medicines were kept securely in a locked trolley in a locked room. Medicines entering the service from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. We observed staff administer medicines safely by checking each person's medicine with their individual records, which contained a photograph of the person, before administration. This ensured the right person got the right medicine. Suitable arrangements were in place for the storage, recording, administering and disposing of medicines.

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. People were happy with the care they received and told us that it met their needs. One person told us, "Most of them [staff] do. The ones who've been here a while do. There are three or four young trainees learning on the job. They're [the young trainees] keen though." A relative said, "They [staff] are trained. Most of them seek okay."

From the staff training records and discussion with staff we found they received training and support which equipped them for their roles. All staff completed induction training when they commenced work in the service. This included an initial orientation and training in the care certificate. The care certificate is an identified set of standards that health and social care workers need to meet to provide good quality care. New staff shadowed experienced staff for at least two shifts depending on their level of experience. New staff were also supported by a more experienced member of staff in a 'buddy' system. This helped staff to learn and understand the expectation of their role.

There was a rolling programme of training which included safeguarding, moving and handling, and mental capacity. Staff also completed specialist training which included a Best Practice in Dementia Care Learning Programme. This was a six month distance learning course accredited with Sterling University.

Staff received regular supervision and told us they felt supported by the registered manager. The supervision sessions enabled staff to discuss their performance and provided an opportunity to plan their training and development needs. Records of supervision seen during the inspection also encouraged staff to reflect on their practice.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff understood the relevant requirements of the MCA and put what they learned into practice. One person told us, "Oh yes. My [relative] sorted everything out for me to come here. Now any decisions that get made are agreed between me and the home." Another person said, "Of course yes. I still have a brain. My [relatives] found this home and I know what's going on." We observed staff spoke with people and gained their consent before providing support or assistance.

Appropriate applications had been made under DoLS. The registered manager maintained a system to

ensure that these authorisations were regularly reviewed.

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. People told us they enjoyed the food and were given a choice of meals and drinks. One person said, "The food is alright, yes it is." A person on a special diet said, "I am [diagnosis] so they cater for me. The food's quite good. We get a choice for lunch."

We observed the lunch time meal and saw a member of care staff taking a lunch order from two people. As they hesitated as to what they would have the staff member suggested a little of each which really pleased them. The tables in the dining room were dressed with place settings, tablecloths and condiments. Staff ensured people had drinks and these were topped up when required. Staff engaged people in conversation and the atmosphere was cheerful and good humoured.

People's weight and nutritional intake were monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. Risk assessments had been carried out to assess and identify people at risk of malnutrition or dehydration and appropriate actions put in place.

People were supported to maintain good health and access healthcare services. One person said, "The GP comes every Tuesday dinnertime. If I need him they [staff] get me to my room." Another said, "If I need the GP he comes to the home every week. I also see the chiropodist and the optician came recently." People told us they felt confident discussing their health needs with staff. One person said, "I can talk with the staff alright. Oh yes." Another said, "Yes, no problem the staff are really very good."

Is the service caring?

Our findings

People were able to develop positive caring relationships with staff. One person said, "I get on well with the staff." Another person when asked if they had a positive relationship with staff said, "Oh most definitely, yes." Relatives also gave us positive feedback about the service. One relative said, "I am always welcome. I'm very much involved with [relative's] care and with planning outings and events."

Relatives confirmed there were no restrictions placed on visiting and they were made welcome in the service. We observed relatives visiting throughout the day of our inspection. One relative said, "They give you a cup of tea and I sometimes stay for lunch, I pay of course. There is usually a nice choice of food which is always good."

We observed the service had a friendly and welcoming atmosphere. Staff spoken with were enthusiastic about their job and understood their role in providing people with compassionate care and support. There was a 'keyworker' system in place. This linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. Staff spoken with were knowledgeable about people's individual needs, backgrounds and personalities. One person said, "I haven't been here long but they already know I like to be as independent as possible. They leave me to sort myself out which means I can relax and enjoy my own space." Another person said, "They know us well."

People were encouraged to express their views as part of daily conversations and resident's and relatives meetings. A relative said, "I go to the relative's meetings, they're every three months. You can make suggestions and work with the manager."

Staff told us how they consulted with people and involved them in making decisions. We observed people being asked for their opinions on various matters and being involved in day to day decisions, for example where they wished to sit.

People's privacy and dignity were respected. One person said, "They're [staff] always careful when I'm having a wash to cover my up. Yes my privacy and dignity's respected." People could spend time alone if they wished. One person liked to sit in a small area on the first floor and the service had personalised this for them with furniture and photographs. We observed two care staff supporting a person to transfer from a wheelchair to a chair in the dining room using a walking frame. They were kind, attentive and supportive and offered encouragement to the person. We observed care staff knocking people's bedrooms and awaiting a response before entering which came across as normal practice.

People were supported to be comfortable in their surroundings. We saw that people were able to personalise their bedrooms with their own belongings and possessions. This helped promote a sense of comfort and familiarity. For example, some people had photographs of themselves or others had a photograph with a family member. This promoted good dementia care and enabled people to orient themselves so they were not always dependent on staff.

Is the service responsive?

Our findings

Our inspection of July 2015 had found that people had not been involved in regular reviews of their care plans to ensure they were meeting their needs. We also found that care plans were generic using standard phrases and containing contradictions.

At this inspection we found that some improvements had been made. People told us they were involved with their care planning. One person said, "I'm totally involved." Another said, "My [relative] and I went through everything when I came in here. I'm very happy with this home."

However, although improved some care plans still contained generic statements and did not reflect the up to date position with regard to people's care and support. We discussed this with the registered manager and Director of Service and Quality director. Some of the problem arose due to the computer system. To address this the manager had put in place a parallel system for recording and monitoring one aspect of care, however this conflicted with some information held on the computer. The Director of Quality and Service was able to explain how this could be amended. The registered manager was aware of the issues regarding generic comments in care plans and assured us that these were being addressed. We observed that staff had limited access to computer terminals had an impact on this updating of care plans.

Care plans covered a range of care needs such as mobility, medicines, mental and physical health and socialisation needs. They were reviewed and updated regularly and included information relating to people's specific care needs and how they were to be supported by staff. Staff told us there was sufficient information in the care plans to enable them to meet people's needs. People who were able to were involved in the review of their care and, where appropriate, relatives were also invited to be involved in the review process. A relative told us, "I'm kept updated." Where a person's needs had changed staff were made aware of the changes through daily handover meetings. This showed us that staff had up to date information which ensured people received the care and support they needed to meet their needs. During our inspection it was clear that staff knew people very well and were aware of their life histories, care and support needs.

People told us they received the care and support they needed and that staff responded well to any requests for assistance. One person said, "All the staff are great here. Even the gardener fills my bird feeder every day..... All this makes such a difference." We observed a person and their relative walking in the corridor. The person was unsteady on their feet and a member of care staff offered support and reassured the person, chatting easily as they made their way to the lounge.

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. One person who lived in the service was unable to attend the wedding of a close relative. The service was in the process of arranging a second wedding ceremony in the grounds of The Depperhaugh so that the person could attend. The registered manager explained how this was planned to be a duplicate of the legal ceremony with the grounds being decorated and family attending. This meant the person felt involved with an important family event and did not feel isolated because they were living in

the service.

The service organised a range of activities including trips out to local functions and organised events in the grounds of The Depperhaugh. When asked if there was sufficient activities in the service a relative said, "I'm involved with the group who arrange days out. I feel valued and a part of things. The new activities person is very keen. We took two residents to a local music festival, they really enjoyed it." Another relative said, "They have music on and shows. [Relative] quite enjoys that." We saw that a recent concert had been held at the service and a craft fayre was planned.

We spoke with the activities organiser who had recently begun working in the service. They explained how they gave people a lot of one to one support which was required due to the diverse needs of people living in the service. They told us how they supported and involved people in activities they had enjoyed prior to moving into the service. We observed one person preparing carrots for lunch, supported by staff. Staff told us that this person also enjoyed folding the laundry. This made the person feel valued as an individual.

People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. One person told us, "Yes definitely. I'd start by speaking to the manager." The service had a policy and procedure for dealing with any complaints or concerns, which included relevant time scales. There had been no formal complaints since our last inspection in July 2015.

Is the service well-led?

Our findings

People staff and relatives made positive comments about the leadership and management of the service. One person said, "Well managed here, oh yes." Staff members described the management team as supportive and approachable.

There was a registered manager in post. They had joined the service shortly before our last inspection in July 2015. When asked about the management of the service one person said, "[First name] is the manager and [first name] is the Deputy, she's a treasure. The manager treats you like a proper person not an old person." People told us that they knew the registered manager; they named them, and said they saw them around and could chat freely. By being visible and accessible in the service the manager ensured they were aware of the day to day culture in the service, including the attitudes and behaviour of staff.

Open communication with people using the service was encouraged and their views were respected. One person said, "The manager [first name] chats easily. I often tell her how things are." Another person said, "I think they [provider and manager] are amenable and responsive." Relatives told us they felt involved with the service and that their feedback and suggestions were valued and acted upon. One relative said, "Oh yes, they have meetings about every three months. They're very useful, we get updated. The manager tells us what is happening." Another relative said, "Yes, they are very open and you can voice any concerns. We hear about events." For people and relatives who could not attend meetings the service produced a newsletter which a relative told us was useful to receive to hear about what was happening. Staff told us that the management team were approachable and listened to their suggestions. For example staff had been fully involved in the recent change of rota to increase numbers of staff available in the morning.

The registered manager told us they were committed to continuously improving the service. They described how they were developing community links by approaching the local pub to have a dementia friendly lunch time, not just for people living in the service but for local people to attend. They also described how they were developing links with the local community music festival with people living in the service visiting the festival and a variety of musicians attending the service. People told us that the service was continually improving. One person said, "Oh yes. It's very good. They've been internal staff changes, new carpets and decoration as well as bathroom upgrades." The manager told us about further improvements they were planning for the environment such as improving access to the gardens.

The registered manager understood their responsibilities in relation to registration with the CQC. Statutory notifications had been submitted to us in a timely manner and safeguarding matters had been effectively managed.

A representative of the provider, the Development Director, visited the service regularly and supported the registered manager. They also carried out audits during the visit to assure themselves that the service provided was to a good standard. The registered manager told us that they found these visits to be supportive and they were able to discuss any issues with the Development Director. The registered manager also told us they were supported by the provider to develop and improve their professional knowledge. For

example they had completed a distance learning course provided by Stirling University and attend the Alzheimer's Show in London. A positive outcome of this had been the identification of new equipment to enhance dementia support.

The registered manager used various ways to monitor the quality of the service. These included audits of the medicines systems, staff training, infection control and accidents and incidents. The audits and checks were designed to ensure different aspects of the service were meeting the required standards. Where shortfalls or trends were identified the appropriate action was taken to ensure the necessary improvements were made