

Derriford House Limited

Derriford House

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

About the service

Derriford House is a residential care home providing personal care to 30 people at the time of the inspection. The service can support up to 34 older people who may be living with the early stages of dementia.

People's experience of using this service and what we found

People received care and support that was safe. The provider had improved how they managed people's medicines in response to recommendations we made in our last report. The provider protected people from risks, including the risk of abuse or avoidable harm, and risks associated with the building and equipment used. There were effective recruitment processes in place to make sure staff employed were suitable to work with people in their homes. The provider actively promoted safety in the home, including processes to control the risk of infection.

People received care and support that was effective and based on thorough, detailed assessments and computer-based care plans. Staff received training and support to deliver effective care according to people's needs and preferences. The provider worked with other agencies to deliver consistent and effective care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were caring and kind relationships between people and their care workers and other staff. These were based on compassion and understanding of people's needs. The provider worked to respect and promote people's privacy, dignity and independence, and encouraged people to be involved in their care.

People received care and support which met their needs and reflected their preferences. The provider followed best practice guidance with respect to meeting people's communication needs. People had access to a range of relevant and meaningful activities.

The service was well led. There was focus on meeting people's individual needs in a comfortable, home-like environment. The provider worked in cooperation with others and worked to continuously improve the service people received. This was supported by effective management, governance and quality systems.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (published 31 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Derriford House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team comprised an inspector and an assistant inspector.

Service and service type

Derriford House is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and one visiting relative about their experience of the care provided. We spoke with the registered manager, the provider's quality inspector, and five members of staff. We observed the care people received in the shared areas of the home.

We reviewed a range of records. This included people's care records and medicines records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We reviewed the evidence we gathered during the inspection and information sent to us by the provider after the inspection to rate the service according to our published characteristics of ratings.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we recommended the provider consider best practice guidance on administering medicines and act to update their practice. The provider had made improvements.

- The provider had processes in place to make sure people received their medicines safely and as prescribed. The provider had introduced a new computer-based system for managing, recording and checking medicines administration. This included appropriate protocols and records for medicines prescribed to be taken "as required". Staff records on this system were accurate, complete and up to date. The system was set up to give warnings if time-critical medicines were not administered on time.
- The provider had suitable arrangements in place to store medicines securely and according to the manufacturers' guidance. There was an alternative room available for people's medicines if the temperature rose above recommended levels. Arrangements were in place for the storing and recording of controlled drugs in line with legal requirements.
- People received their medicines from staff who had appropriate training. There were competency checks in place to make sure training had been effective. There were regular audits to check staff administered medicines according to the provider's policies and procedures.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems, processes and procedures in place to protect people from the risk of abuse and poor care. Staff received appropriate training in safeguarding and were aware of safeguarding issues and how to respond to them.
- The provider followed their processes if concerns were raised about people's safety. There was cooperation with other agencies such as the local authority to investigate concerns. The provider notified us as required by regulation when certain events occurred.

Assessing risk, safety monitoring and management

- The provider assessed risks to people's safety and managed risks to keep people safe. People had individual risk assessments for risks, such as the risk of falls. Staff took steps to keep people safe in line with their risk assessments, and were aware of actions to take to prevent and manage risks. People told us they felt safe. One person said, "They really look after us."
- The provider took appropriate steps to make sure the building and equipment used were maintained in a safe way. There were regular maintenance and safety checks on equipment such as hoists used to help people change position. A fire risk assessment had recommended actions, all of which had been carried out. People had individual evacuation plans showing the support they would need in an emergency.

Staffing and recruitment

- There were sufficient staff, with the right mix of skills, to support people safely and according to their needs. We saw staff went about their duties in a calm, professional manner, and were able to spend time with people. Staff told us their workload was manageable.
- The provider's recruitment practices included the necessary checks that staff were suitable to work in the care sector. Staff records included the records required by regulations to be kept. Where the provider employed agency staff, they received confirmation from the agency of checks made to make sure staff were suitable to work in the care sector.

Preventing and controlling infection

- The provider had arrangements in place to make sure the home was kept clean and hygienic and people were protected from infections. These included regular audits, use of suitable protective equipment such as disposable aprons and gloves, and promotion of hand hygiene.
- Arrangements were in place to maintain high standards of food hygiene. The service had a food hygiene standard rating of "very good" (5). The environmental health inspector had given Derriford House an extra "star" for showing exceptionally high standards. This was a recognition given to a very small number of businesses in the local authority area.

Learning lessons when things go wrong

- The provider had processes and procedures to learn from accidents, incidents and near misses. The provider had responded positively to a recommendation in our last report. There was a system in place to identify trends and patterns in accidents and incidents. Where lessons were identified, the provider followed up with other agencies, including their pharmacy and GP.
- Staff understood their responsibility to report concerns. Staff were aware of and understood the provider's whistle blowing policy, which gave them confidence to speak up if they had concerns.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service achieved good outcomes for people by delivering care based on effective assessments and care plans. Care plans were person-centred and identified individual needs and preferences across different areas of care. The provider used features of their computer-based care planning system to keep care plans up to date. If a person's risk assessment for malnutrition or skin health changed, the system prompted that a corresponding change was needed in the relevant care plan. The provider delivered care in line with people's changing needs.
- People's assessments and care plans took into account relevant standards and guidance. The registered manager was aware of relevant standards and guidance. The provider delivered care in line with standards from NICE (National Institute for Health and Care Excellence), CQC, and advice from specialist healthcare professionals.

Staff support: induction, training, skills and experience

- People had their needs met by staff with the right skills and knowledge. There was a wide-ranging training programme for staff which included training in specific needs and conditions, such as dementia care, pressure injury care and diabetes care. Induction for new staff was based on the Care Certificate which sets out an agreed set of standards for workers in the social care sector. The provider encouraged staff to obtain relevant qualifications and diplomas.
- There were processes and systems in place to support staff. These included regular supervision and appraisal meetings. Staff told us they found these "really helpful", and they set goals and targets to achieve. One staff member said, "This makes me feel like I want to do better and better."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff involved people in choices about what they ate. People had a choice of hot meals and drinks, including non-alcoholic wine for people who had been advised to avoid alcohol. Kitchen staff knew about people's individual choices and preferences and prepared their meals accordingly.
- People had a balanced, healthy diet which took into account their food needs. Kitchen staff took into account people's individual needs and specialist advice. People told us the food was good and cooked to their liking. A visitor said, "Book me in now! The food is really, really good."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other specialist agencies and professionals to make sure people had consistent care when moving between services. These included community nurses, specialist nurses and GPs. The provider took part in a scheme designed to speed up people's discharge from hospital to care services.

Adapting service, design, decoration to meet people's needs

- The provider had adapted the premises in line with people's care and support needs. People who had computer tablets could connect them using wireless internet connection available throughout the home. Decoration was home-like and comfortable. The home appeared well maintained, and empty rooms were being refurbished at the time of our inspection. There were suitable shared areas in the home and enclosed garden which people could use to spend time together with visitors or to take part in activities.
- People were involved in decisions about their environment. The provider had consulted with people about the choice of carpets, colour schemes, and how to replace a tree which blew down in the garden.

Supporting people to live healthier lives, access healthcare services and support

- People's care and support took into account their day to day health and wellbeing needs. People could join in group activities designed to support their wellbeing, such as gentle exercise and singing sessions. People could have activities, such as hand massage in their rooms. Staff supported people to exercise according to recommendations from physiotherapists.
- People had access to healthcare services. Staff supported people to attend GP and other appointments. The provider worked with other healthcare professionals, including the community mental health team, to make sure people's support met their needs.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

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 had the appropriate legal authority and were being met.

- Staff understood the legal requirements and good practice guidance if people lacked capacity. Staff training included considerations of mental capacity and deprivation of liberty. At the time of our inspection, everybody living at Derriford House was doing so with their consent. People told us staff asked for consent before supporting them with personal care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and respect. There were positive interactions between people and staff. People were happy and relaxed around staff and the registered manager. People told us they liked the staff who supported them. One person's relative said, "[Name] was at home here straight away and we haven't looked back."
- There was a focus on supporting people with compassion. This started with interviews for new staff where the registered manager looked for compassionate characteristics ahead of care experience. Caring attitudes were then reinforced through induction, supervision and leadership by example. The provider had an "ageing suit" which staff could wear to improve their understanding of older people's needs.

Supporting people to express their views and be involved in making decisions about their care

- The provider encouraged people to take part in decisions about their care. Staff involved people in reviews of their own care plans. Surveys allowed people and their families to express their views about the service in general. The registered manager had an "open door" policy which meant people and their families were encouraged to discuss any matters at a time convenient to them. People and their families could also put their views in an email to the registered manager.
- The registered manager consulted with people about individual decisions about the service which affected their care and support. These included changes to menus and how furniture was arranged in shared areas of the home.

Respecting and promoting people's privacy, dignity and independence

- There were arrangements in place to make sure people's independence was respected and promoted. People could use adapted plates which made it easier for them to be independent at meal times. People's care plans were focused on helping people to be as independent as possible.
- Respect for people's privacy and dignity was reflected in people's day to day care and support. People told us staff knew how to respect their privacy and dignity during support with personal care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff supported people according to their care plans in ways that met people's needs and reflected their preferences. The provider had introduced a computer-based system for maintaining people's care plans. Care plans were personalised and identified individual needs, likes, and dislikes across different areas of care. Staff accessed them using hand-held devices which meant they always had the most recent information about people's care needs. The system gave the registered manager an overview of the care and support people received, with warnings if time-critical care and support activities were late.
- People's care and support took account of their needs and preferences as an individual. Individual risk assessments were in place, for example if there were risks specific to a person while they were asleep, of they were living with a long-term condition such as Parkinson's disease. Care plans included information about their life history, interests and choices. At the time of their inspection none of the people living at Derriford House had individual needs arising from their religious or cultural background, but the provider had processes and practices in place to ensure any protected characteristics under the Equality Act 2010 would be respected.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the legal requirements of the AIS. People's care plans included any needs arising from a disability or sensory impairment and steps staff should take to meet them. These included an awareness of the need to speak slowly and clearly, using large print and arranging translation into a person's first language. Staff could adjust the font size of people's computer-based care plans to make them easier to read. The provider had explored other methods to meet people's communication needs, including speaking newspapers, an audible clock, and an adapted telephone.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported people to take part in activities that were relevant to their interests and personal history. Staff adapted activities to people's individual needs, for instance by having non-alcoholic options available at a wine-tasting event. People told us they enjoyed the activities. A new activities co-ordinator had recently joined the service. A visitor told us they had brought fresh ideas which had been beneficial for

people. They said they had "seen an improvement in all the ladies, they have a sort of glow".

- The provider supported people to avoid social isolation. Staff supported people to contact friends and family using internet-connected computers. There were events such as a garden party to which families were invited. A person using the service was interested in horse racing. Staff organised an event in the home when a famous race was on television and made it a social event for anybody who wanted to join in.

Improving care quality in response to complaints or concerns

- The provider had a suitable process and policy for dealing with complaints. There had been no recent complaints. The registered manager told us they preferred to deal with concerns before people felt the need to complain formally.

End of life care and support

- The provider had processes and procedures in place to make sure people at the end of their life had a comfortable, dignified and pain-free death. Where possible people could choose to spend their final days at the home. Staff worked with community nurses and GPs to make sure the necessary medicines would be available if required.

- End of life care and support was delivered with compassion and empathy. Staff took into account the needs of the dying person's family. Arrangements were made for family members to stay at the home. The provider had contact with the local hospice for advice on best practice end of life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was well led and promoted high quality care, which maintained people's independence, privacy and dignity. These values were understood by people and their families, and the staff team was motivated to achieve them. The registered manager promoted a positive culture through staff team meetings, supervisions and appraisals.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the duty of candour. The service was managed in an open, transparent way with honest communication with people and their families.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was an effective governance system in place. The registered manager was a member of the provider's board of directors. They were supported by the other directors and members of the provider's family. This support was by means of regular monthly meetings and visits to the home. This had made sure there was continuity of management and that standards were maintained.
- There was a good understanding of quality performance throughout the organisation. There was a system of internal quality audits and quarterly audits by an external consultant. The registered manager reviewed those audits where other staff were responsible and kept an overview of the quality of service provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider encouraged people who used the service and others to engage with and be involved with the service. There were regular staff and residents' forum meetings.
- There was widespread involvement with the wider community. The provider worked with local charities, youth groups and churches. The provider used these contacts to enhance people's wellbeing in the home, and to enable people to take part in events outside the home. These included church services, performances and productions by local groups, and attendance at a local music therapy group.

Continuous learning and improving care

- The provider had systems and processes in place to improve the service. There was an improvement plan

which identified future actions to enhance the environment of the home. Changes driven by the improvement plan included additional use of technology, computer-based training for staff, and wireless internet access for people using the service. The provider analysed complaints, incidents and accidents to identify other areas for improvement.

Working in partnership with others

- The provider worked in partnership with other agencies. The service worked closely with the community nursing team, and there was good two-way communication with the GP to make sure people received care and support that met their needs. The service had been involved in a pilot project run by the local NHS hospital to identify a method to avoid unwanted hospital admissions.
- The provider shared relevant information about people with other agencies in an effective way. There was a "hospital pack" in place for when people were admitted to hospital to make sure hospital and other staff had the information they needed. This has received a positive written comment from a paramedic, which referred to "excellent paperwork" and "comprehensive understanding of patient's needs".