Dauntsey House Care Limited

Dauntsey 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

Overall summary

Dauntsey House is a care home, registered to provide accommodation and personal care for up to 20 older people, some of whom may have dementia. At time of the inspection there were 17 people living there. Dauntsey House has 19 bedrooms spread over two floors with access to a communal lounge, dining room and conservatory on the ground floor.

The service had a registered manager who was responsible for the day to day running of the home. 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.

People told us Dauntsey House had a homely feel to it. On the day of the inspection the home had a lively and busy atmosphere with people getting ready for the local school childrens' carol singing. People's rooms were decorated to their taste and were individual with their own furniture from home. People told us they felt safe living at the home. Staff understood their responsibilities

Summary of findings

and the actions they needed to take to keep people safe from harm and abuse. Risks to people's health and safety were identified and plans were in place to minimise these risks.

Staff knew people well and supported them with maintaining their independence. People and their

relatives told us staff treated them or their relative with kindness, respected their privacy and dignity. People were supported to have sufficient food and drink to maintain good health. People told us they enjoyed the food and that there was always plenty available. They said they would be offered an alternative if they didn't like the options available.

The home had a programme of activities in place for people, including meaningful activities for people living with dementia. We saw people were encouraged and supported to remain independent where they could. There was an in-room enrichment programme for people who preferred to stay in their rooms.

People's medicines were managed safely and they had access to health care services when required.

Arrangements were in place for keeping the home clean and hygienic to ensure people were protected from the risk of infections. During our visit we observed that bedrooms, bathrooms and communal areas were clean and free from odours.

Health and social care professionals spoke positively about the care and support people received and praised the management team. They said they found the staff and management team approachable and told us they sought advice and guidance where appropriate regarding people's changes in care and support. The management team was proactive in advocating for people's rights.

Staff acted in accordance with the requirements of the Mental Capacity Act (2005) where people were unable to consent to living in the home. Where people did not have the capacity to make the decisions themselves about their care and treatment, there was a lack of mental capacity assessments to support best interest decisions, for example with covert medication. Where required Deprivation of Liberty Safeguarding applications had been submitted by the registered manager.

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?
The service is safe.

Good

There were sufficient numbers of suitable staff to keep people safe and meet their needs. There was a very low turn over of staff and the service did not use agency staff.

Staff understood their responsibilities to keep people safe from harm. Staff knew the processes for reporting concerns and said they felt management would take appropriate actions where required.

There were systems in place for the prevention and control of infections.

Medicines were administered as prescribed and were kept securely.

Is the service effective?
The service is effective.

Good

Staff received training to enhance their knowledge and skills they need to carry out their roles and responsibilities.

Consent to care and treatment was not always sought in line with the Mental Capacity Act (2005).

People were supported to have sufficient food and drink and to maintain a balanced diet.

People were supported to maintain good health and to access healthcare services when needed.

Is the service caring?
The service was caring.

Good

Staff acted in a caring, compassionate and respectful way.

Staff undertook tasks at a pace appropriate to the person and had opportunities to sit down with people and talk. Staff knew the people they were caring for well and were aware of their likes and dislikes.

Staff had a good understanding of caring for people living with Dementia.

Is the service responsive?
The service was responsive.

Good

Care and support was provided in a person centred way which promoted choice and reflected people's individual preferences.

The service had not received any complaints but family members were confident if they needed to complain or raise an issue, they would be listened to and the matter would be acted on.

The care provided enabled people and their families to participate in decision making.

People were supported to have activities and interests and access to the community.

The services had effective systems in place for sharing of information between services.

Summary of findings

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post who was supported by a deputy manager.

Management had a clear vision for the service and were passionate about the people who use the service and the staff.

Management had a strong presence in the service and staff felt valued.

There were quality assurance systems in place and policies and procedures were up to date.

Dauntsey House

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 10 December 2015 and was unannounced. Two inspectors carried out this inspection. During our last inspection in January 2014 we found the provider satisfied the legal requirements in the areas that we looked at.

Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with 8 people who use the service and 3 relatives about their views on the quality of the care and support being provided.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included care and support plans, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices for part of the day. During our inspection we observed how staff supported and interacted with people who used the service. We spoke with the registered manager, deputy manager and 5 staff including housekeeping staff, the chef and the activity coordinator. After the inspection we contacted health and social care professionals who worked alongside Dauntsey House. We received positive feedback relating to the care and support received by people living in the home.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe living at Dauntsey House. Comments included “They (staff) are friendly and helpful. It couldn’t be better” and “They are responsive when you have concerns”.

Policies were in place in relation to safeguarding and whistleblowing procedures which guided staff on any actions that needed to be taken. Records showed staff had received training in this area . This was also part of new staff member’s training during induction. All the staff we spoke with had a good understanding of the correct reporting procedure. Staff were able to identify different kinds of abuse which could potentially take place. The manager told us they had recently identified alleged financial abuse of one of the people using the service and was acting on this.

There were policies and procedures for managing risk and staff understood and consistently followed them to protect people. Restrictions were minimised so that people felt safe but also had the most freedom possible, regardless of disability or other needs. For example people living with dementia was able to leave the building when they wished to do so, but staff would follow close by to ensure their safety and invite them back in for a cup of tea. Risk assessments were proportionate and centred around the needs of the person.

We saw medicines were stored and administered safely. Medicine administration records showed people received their medicines as prescribed. Staff who administered medicines were trained to do so. Staff understood people’s individual needs and followed the guidance provided. We observed part of a medication round. People were not rushed and staff spent time ensuring they had taken their medicine before signing the records. Medicines no longer required were disposed of safely through the pharmacy.

Medicine trolleys were locked when not in use and kept in a locked room. This ensured medicines were stored safely. End of life medicines were locked away in a separate cabinet.

Management and staff all had a good understanding of infection control and prevention. There were clear systems in place to monitor infection control, with the infection control lead completing monthly audits. All care staff had completed training in this area. There was sufficient personal protective equipment (PPE) available to staff and we observed staff using gloves and aprons when required. Management carried out random checks to monitor the use of PPE. Correct procedures were followed to dispose of waste safely.

Cleaning policies were in place and there was a maintenance person on-site who was also responsible for the cleaning. Staff had night cleaning duties and a deep clean was completed 3 times a week. The management team had close links with Wiltshire County Council for Infection control.

Food was stored appropriately and at the correct temperature. The catering manager completed daily audits of the cleanliness of the kitchen and surfaces. A recent food health and safety inspection by Wiltshire County Council rated the home 5 for food hygiene. We observed dampness on the kitchen walls, which was caused by lack of ventilation. The manager confirmed that there was a plan in place to fit an extractor fan and repaint the walls.

Safe recruitment and selection processes were in place. We looked at the files for three of the staff employed and found appropriate checks were undertaken before they commenced work. The staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity had also been obtained. The DBS helps employers to make safer recruitment decisions by providing information about a person’s criminal record and whether they are barred from working with vulnerable adults.

Good

Is the service effective?

Our findings

Staff had a thorough induction that gave them the skills and confidence to carry out their role and responsibilities effectively. People had their needs met and experienced a good quality of life. Staff were signed up for completing their Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to. There were two designated people who were responsible for arranging training. Staff told us they could ask for specialist training if needed. Specialist trainers were brought into the service to provide training around Dementia, safeguarding and pressure area care. The service also provided in-house training, for example the safe moving of people, basic first aid and end of life training.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. 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).

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. We found that staff demonstrated a good understanding of supporting people to make choices. People were offered choices of what time to get up or go to bed, what to eat and drink or what activities they wished to take part in. Staff were aware that some people who used the service lacked the mental capacity to make certain decisions for themselves. There were evidence of mental capacity assessments on people's care files to consent to living in the Care Home. Where people lacked the capacity to consent to their care and treatment staff were following the best interest process and involving the relevant people and professionals in the decision making. This was not always reflected in the care plans and recording, for example where people were receiving covert medicines (medicines hidden in food or drink) or were unable to consent to a do not attempt resuscitation (DNAR), mental capacity assessments were not always in place to support the best interest decision. General practitioners did review the DNAR's and recorded their decision in the daily records. Management were planning to address the issue around consent to covert medications and DNAR's.

The registered manager told us they had made applications for DoLs authorisations. Applications had been submitted to the local authority supervisory body and they were awaiting a response. People were receiving care and treatment in the least restrictive way and could move freely around the downstairs of the building. Peope were closer supervised when moving around upstairs due to the layout of the building and potential risk of harm. Management assessed the suitability of people living upstairs, for example a person living with dementia and walks around, would not be placed upstairs.

There was a coded keypad at the back door, which restrictred people from leaving. Staff reassured us people could have the code if they so wished but would take into account people's support needs when leaving the building and if a staff member was required to accompany them.

When people behaved in a way that might challenge others, staff managed the situation in a positive way and protected people's dignity and rights. For example where staff supported a person wishing to leave when they were getting distressed, staff stayed close enough to ensure their safety. The use of restraint was not practised within this service.

The service engaged proactively with health and social care agencies and acted on their recommendations and guidance in people's best interests. Appropriate referrals were made to other health and social care services. Professionals told us, for example, where there was a decline in a person's mental health, the management team would refer to the mental health team for a review.

The staff were all aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their nutritional care plans. People told us they liked the

Good

Is the service effective?

food and were able to make choices about what they had to eat. People were offered an alternative if they did not like the food on offer. We saw that people were frequently offered drinks and snacks. Additional snacks were available in bowls in communal areas so that people could help themselves. This included healther options such as fruit.

Good

Is the service caring?

Our findings

Everyone we spoke with was consistently positive about the caring attitude of the staff. Staff were clearly able to tell us about peoples life history, likes, preferences and needs. This enabled staff to provide care and support that related to the person as an individual. For example one person was supported by staff to hand out tea and coffee as this was what the person enjoyed doing. People's care plans took into account of what was important to people, what gave them a sense of security and comfort as well as a sense of belonging. The relationships between staff and people receiving support consistently demonstrated dignity and respect at all times. We observed that people were spoken to in a kind and patient manner, for example the way the hairdresser patiently answered a person who was repeatedly asking the same question.

People told us the staff were kind and respectful. We saw that staff undertook tasks at the pace of the person and staff frequently had opportunities to sit down with people and talk. People had a specific keyworker (a staff member allocated to an individual person) who knew them well. This was beneficial to people as it ensured continuity in their care and the keyworker was able to build and maintain relationships with the people they cared for. People told us they were given choice rather than being told what to do.

People valued their relationships with the staff team and felt that they often went 'the extra mile' for them, when providing care and support. As a result they felt really cared for and that they mattered. One person said "The home is a bit out of the way, but it is no trouble for staff to take me to the shop of my choice." Staff were exceptional in enabling people to remain independent and had an in-depth appreciation of people's individual needs, for example one person living with dementia was able to dress independently but would dress in several layers of clothing, which resulted in skin breakdown. Staff moved his wardrobe and would provide appropriate clothing for that day, enabling the person to still dress independently and minimise the risk of harm. Staff had an appreciation and understanding of people's dignity and privacy. We observed staff knocking before entering rooms and only entering when given consent. Staff told us when supporting people with any personal care they would always ensure this was done with the person's door closed. They would always explain what was happening and encourage the person to do as much for themselves as they could. They said they would always ensure that people were covered when supporting with intimate tasks.

Staff had a good understanding of caring for people who may have dementia, for example one person regularly flooded the sink in their bedroom. An "out of order" sign was put by the sink, which reminded the person not to use it. Another example was where people were disposing of the contents of their commode in the sink. A sign saying "Flush me" was put by the call bell pull cord by the commode. This meant every time the commode was used, the cord would be pulled, alarming staff to empty the commode.

Health and social care professionals were complimentary about the care people received. They felt they had an exceptional rapport with the management team and that the staff and management went above and beyond for the people who used the service. For example night staff dressed in their pyjamas as a prompt to people living with dementia that it was night time. This also gave a homely atmosphere and a feeling of staff living there and not just working there.

People were given support when making decisions about their preferences for end of life care. Staff told us that people were supported as far as possible to remain in the home until the end of their live, instead of moving them to a nursing home. Management and staff worked very closely with the community nursing team and palliative care teams in providing effective end of life care. Specialists equipment was provided as and when needed. People's care plans were updated to reflect the change in their needs and management liaised closely with relatives. The Management recognised that staff and people living at the home could find the death of a person difficult and upsetting. The managers and staff told us about the processes that they had in place to support people and staff after a bereavement, this included providing support to relatives.

People were able to choose what activities they took part in and suggest other activities they would like to complete. For example where people enjoyed gardening, they were supported to build a polly tunnel at the end of the garden. People with grandchildren who wanted to play football when they visited, had a goal post placed in the garden for their use. People we spoke with said "Staff get to know you

Good

Is the service caring?

and the things you like to do". "Staff encourage people to go out". People who chose to stay in their rooms had access to an in-room enrichment programme, providing one-to-one support to people with an activity of their choice.

Good

Is the service responsive?

Our findings

People had a range of activities they could be involved in. Two activity coordinators were present and responsible for organising daily activities such as arts, quizzes and outings. On the day of the inspection there were numerous activities happening. School children from the local school visited during the morning to sing Christmas carols and people joined in with arts and crafts with an artist in the afternoon. The Home was decorated in Christmas decorations and people told us they were involved in putting these up.

People had their individual needs regularly assessed, recorded and reviewed. We saw that care reviews were held regularly involving the person, relatives where relevant and other professionals. People told us that this enabled them to express their views about the care that they received. Where people's needs had changed staff and management made appropriate referrals to other health and social care professionals for advice and support. Professionals confirmed that management were very proactive in recognising any change in people's physical or mental health condition. They felt confident that management and staff would act accordingly for example with swallowing difficulties management would make an appropriate referral to speech and language therapy and put interim plans in place to minimise the risk of harm. Professionals we spoke to said "They had an exceptional rapport with management" and "Management would respond very quickly if any redness to skin was noticed and made an immediate referral to the community nursing team for a visit."

Change in people's care plans were communicated to staff at a handover between each shift. Management told us they would also ensure any change was communicated immediately to the relevant keyworker and relevant care plans updated.

The service had good links with the local community, for example young people from the local senior school regularly came into the home to befriend people. Staff were proactive in supporting people to maintain relationships that mattered to them, for example we observed a staff member noticing a person was upset and asking them what the matter was. The staff member recognised the person wanted to talk to their relative and offered to support the person later to contact the relative. Records contained the information staff needed about people's relationships and family backgrounds.

People had a choice about who provided their personal care, for example male or female and their choices were respected. There were a range of ways for people to feed back their experience of the care they received and raises any issues or concerns they might have. For example a record was kept of any concerns raised any actions taken and the date it was resolved. Questionnaires for people who use the service and their relatives were used for the purpose of Quality assurance.

Management told us they had robust recruitment procedures in place to ensure they recruited exceptional staff who had the skills, knowledge and relevant qualifications to support people, especially around people who may have dementia. Management gave us an example of a specialist dementia trainer they accessed to ensure the staff had the necessary skills to support people.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager. People and staff told us that the management had a strong presence in the home. Staff, people and their relatives spoke highly of the management team. People told us management would go above and beyond for the people who use the service. People felt the management team was approachable with an open door policy. Staff felt they could raise concerns with management and were confident any issues would be addressed appropriately. Staff told us they felt well supported in their role. Management knew the people and their relatives and spoke passionately about the people living there.

Management was proactive in promoting a positive culture within the Home. The management's vision was to have a care home which provided the best care for people. They stated that "People who use the service didn't live where they worked, but they worked where the people lived". There was a strong sense of individuality and encouraging people to maintain a sense of their own home when moving into the care home.

Staff and other professionals felt communication from management was open and transparent. Staff felt supported and had regular supervision and appraisals. There were regular team meetings and management recognised the value of their staff. This was evident through activities arranged by the management to show their appreciation of the work staff did, for example bowling and disco, trips to the races and meals out. Management have also ordered pizzas to be delivered to the home for staff on shift and have purchased gifts for staff to show their appreciation for their hard and dedicated work. This had a positive impact on the people who use the service as staff were happy in their job roles.

The registered manager had recognised the challenges of hospital admission for people who use the service. This was especially evident when people were admitted to hospital and not receiving the care and support they needed during their hospital stay. Management would also recognise people's care needs during their stay in hospital and arrange for a member of staff to visit them in hospital, ensuring their needs were met.

Management developed strong connections with the local community, for example with the local school who comes and read or sing to people. This enabled people who use the service to maintain links and feel part of the local community. There were various other links such as Alzheimer's support, Wiltshire sight, local churches, cubs and scouts groups. Management told us that these links enriched peoples' lives and they used these links to improve the service to people. The home also offered a meal delivery service for a nominal fee, delivering freshly cooked meals to people in the community on a daily basis. This ensured that people in the community, many of whom lived alone had daily contact with someone to ensure their safety and well being. In addition any monies made from the delivery service were put into the homes activities fund, providing people with more opportunities for socialising and activities of their choice, for example trips out.

Staff were supported to question the practice of other staff members. Staff had access to the company's Whistleblowing policy and procedure. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. All the staff confirmed they understood how they could share concerns about the care people received. Staff knew and understood what was expected of their roles and responsibilities.

Staff members' training was monitored by the deputy manager to make sure their knowledge and skills were up to date. There was a training record of when staff had received training and when they should receive refresher training. Staff told us they received the correct training to assist them to carry out their roles.

Accidents and incidents were monitored and recorded, for example when a person had a fall staff would complete a 24hr monitoring chart and review the care plan. Complaints procedure was in place and people and their relatives were encouraged to provide regular feedback, which was recorded and acted upon. People and their relatives also had an opportunity to complete a questionnaire for the purpose of quality assurance. Relatives were encouraged to review the service on the care homes website.

Management ensured best practice by attending the Care Quality Commission's and other workshops to keep

Good

Is the service well-led?

updated with regulations and any changes in policies or procedures. They have close contact with Wiltshire county council and receive e-mails to update them on any changes.

Emergency plans were in place, for example if people had to be evacuated, there were arrangements for transporting people to the local village hall. Management told us a lot of their staff lived in the village, who would be able to walk to work in case of severe weather conditions. Management were on-call 24hrs a day and staff and relatives had a contact number in case of an emergency.

Management saw the service as continually developing. There are currently maintenance works in place to maintain the building and make improvements for people who use the service, for example they now have access to a new wet room. Further improvements include new windows, replacing work surfaces and cabinets in the kitchen, a new extractor fan in the kitchen and further decoration of the building.