

Hazelgate Ltd

The Dene Lodge Minehead

Inspection report

Bircham Road

Alcombe

Tel: 01643 703584

Website: www.thedenelodge.co.uk

Date of inspection visit: 10 November

Date of publication: 21/12/2015

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

This inspection was unannounced and took place on 10 and 11 November 2015.

The Dene Lodge is registered to provide accommodation and personal care for up to 30 people. The home specialises in the care of older people and provides support for some people living with dementia. At the time of this inspection there were 22 people living at the home.

Within the home is the Exmoor unit which is a secure unit for five people living with advanced dementia. There is a member of staff present at all times. People are encouraged and supported to join in the activities in the main home.

At the last inspection of the home no concerns were identified with the care being provided to people.

There is a registered manager 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 2008 and associated Regulations about how the service is run.

People, staff and visitors felt the service was well led by an enthusiastic and approachable manager. The

Summary of findings

registered manager was seen to be involved in the daily lives of people in the home. They knew people very well. People told us they could rely on them to “sort things out.”

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. When people needed staff attention they responded promptly. People said staff would come and help whenever they needed them. Staff numbers were consistently maintained and there were always senior staff available to support care staff and people living in the home.

People were supported by kind and caring staff. All comments about staff were very positive. One person said “The staff are very nice. Very kind. They are friendly and do their best. It is nice to be here.” Another person told us “They are ever so kind. I couldn’t do without them.”

We visited the Exmoor unit for people living with dementia. People were relaxed and happy. People were used to kindness. They were able to move freely about the unit and looked “at home” there.

People’s health was monitored and it was clear from their comments and care records that appropriate action was taken when people were unwell. Staff in the home worked with other health professionals to ensure people’s health needs were met.

People were very positive about the meals served in the home. Staff assisted people to order their choice of meals. Mealtimes were sociable and enjoyable.

People were able to take part in a range of activities according to their interests. Staff encouraged and supported people to enjoy their days in the home.

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?

Good



The service was safe.

There were systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

There were sufficient numbers of experienced and appropriately trained staff to meet people's needs.

Is the service effective?

Good



The service was effective.

People received care and support from staff who received appropriate training to carry out their jobs.

People's nutritional needs were assessed and met.

People's health needs were met because staff monitored their healthcare needs and made referrals to other healthcare professionals where appropriate.

Is the service caring?

Good



The service was caring.

People were supported by kind and caring staff.

People's privacy was respected and they were able to choose to socialise or spend time alone.

People had opportunities to express their opinions about the care they received.

Is the service responsive?

Good



The service was responsive.

People were able to make choices about all aspects of their day to day lives.

People were offered a range of activities by staff who understood the importance of encouraging people to enjoy and maintain their creative and social skills.

Care and support was personalised to ensure people's wishes and needs were met.

There was a complaints procedure in place and action was taken to ensure all people and their relatives knew how to make a complaint if they needed to.

Is the service well-led?

Good



The service was well led.

There was a registered manager in post who was approachable and enthusiastic about the service they provided for people.

People's well-being was monitored and action was taken when concerns were identified.

Summary of findings

People were cared for by staff who were well supported by the management structure in the home.
There were systems in place to monitor the quality of the service and plan ongoing improvements.

The Dene Lodge Minehead

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 and 11 November 2015 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and at other

information we held about the home. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service. At the last inspection the service was meeting the essential standards of quality and safety and no concerns were identified.

At the time of this inspection there were 22 people living in the home. We spoke with 14 people and six members of staff. We also spoke with three health and social care professionals and two relatives.

We spent time talking to people in the communal areas and observed how staff interacted with them.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care records of four people who were living in the home. We looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. Some people understood they were able to raise issues with the manager, deputy manager or any of the staff. One person said “I am safe and have no worries. Staff are alright. There is no place like home but this is as good as can be expected.” Another person said “I don’t remember any worries. No, none at all.”

Not everyone in the home was able to talk to us. These people appeared relaxed and happy with the staff who cared for them. When we looked at people’s care records we saw their relatives were consulted about their care. Families and friends were welcomed into the home at all times. People had their care reviewed regularly by health and social care professionals. GPs and community nurses visited the home on a very regular basis. No concerns had been raised about the care of people in the home.

Risks of abuse to people were minimised because the provider made sure that all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and checking that prospective staff were safe to work with vulnerable adults.

Staff told us they had received training in how to recognise and report abuse. Records confirmed this. Staff spoken with had a clear understanding of the actions to be taken to keep people safe if any concerns of abuse were identified. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. When staff had reported a concern to the registered manager they had worked in partnership with relevant professionals to make sure issues were fully investigated and people were protected. The manager was knowledgeable about the systems and procedures in place in the local authority and their role in safeguarding people.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. There were no staff vacancies as three new staff had recently commenced employment. When people needed staff attention they responded promptly. People said staff would come and help whenever they needed them.

We reviewed the staff rotas and saw staff numbers were consistently maintained and there was a balanced skill mix

of staff on at all times. This meant there were always senior staff available to support care staff and people living in the home. On the Exmoor unit one dedicated member of staff was present at all times. Other staff came to assist this member of staff whenever they were needed. The member of staff on duty said the system worked well. They said other staff were always very willing to help. At night one person was based in the unit.

Risk assessments for each person were kept in care plans. People assessed as at risk of falling had pressure mats with alarms in place so staff at night were able to give prompt assistance if the person got out of bed. There were also general environmental risk assessments completed for the whole building and people’s activities within it. The building had been adapted to ensure people were safe but able to move about freely and enjoy a pleasant outside garden area.

People’s medicines were administered by senior care staff who had received appropriate training. We spoke with the senior staff who administered and audited the medicines. They confirmed they received regular training and there were policies in place to support them and avoid medicine errors.

There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. The home used a blister pack system with printed medication administration records. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct.

Some people were prescribed medicines on an ‘as required’ basis or could take a variable dose of medicine according to their needs. We saw records relating to these medications showed clearly how much had been given. The pharmacy supplying the medicines to the home conducted a pharmacy advice visit. The last visit was made

Is the service safe?

in June 2015. The report of the visit showed medicines were ordered, stored and administered safely at all times. The staff were advised about the storage of some of the eye drops and this had been immediately actioned.

The home was very clean and free from odour. Staff had received training in infection control and were observed following appropriate guidelines relating to handwashing and the wearing of personal protection throughout the inspection.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs.

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. Following initial induction staff were supported by a competent member of staff as they completed shadow shifts. Staff rotas confirmed shadow shifts were in place for new staff. Within the first three months of their employment new staff were required to start the care certificate qualification which covers health and safety, safeguarding, confidentiality, equality and inclusion, duty of care, reporting of accidents and incidents, and infection control. One new member of staff said staff and managers had “been very good, very helpful.”

There was a comprehensive training plan in place to make sure staff kept up to date with good practice and were able to undertake training appropriate to the needs of people who used the service. Staff had completed various courses in dementia care. All staff had completed dementia awareness training. Senior staff had been encouraged to attend external courses to develop their skills and knowledge when caring for people with dementia.

People’s nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. When necessary people were referred for assessment and support to a dietician. People who had any problems with swallowing were assessed by the Speech And Language Team (SALT.) One person had all their meals pureed and their drinks thickened to assist them to swallow safely. Records of food intake were completed when there were concerns about people losing weight.

People were very positive about the meals served in the home. One person said “The food is very nice. Breakfast is toast and boiled eggs. They do bacon and egg.” Staff assisted people to order their choice of meals in advance. They described the meal and helped people to make their decisions. At lunch time people chose where they ate and had selected different meals. The dining room tables were set attractively and people sat with people they wanted to talk to. Staff took time to assist people to sit in their dining chairs and served meals politely. Food was presented well and looked appetising. Most people went to the dining room to eat their meals and there was a cheerful

atmosphere with a buzz of conversation. People who were unwell received assistance to eat their meals in their rooms. In the Exmoor unit the member of staff ate their lunch with people living there. This is good practice when supporting people with dementia.

Results of a questionnaire sent to relatives confirmed the variety and quality of the food was considered good, very good or excellent. A catering survey asked people living in the home to give their views on a range of food issues. 17 of the 19 people said the food was good or very good overall. Some people had expressed a wish for a cooked breakfast. The minutes of a kitchen staff meeting which was held after the survey was completed showed they had listened to the comments and implemented the suggestions people had made. Also the range of snacks available between meals had been increased.

Not all people who lived in the home were able to make decisions about what care or treatment they received. Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. In people’s care plans there were examples of decisions made by relatives and staff regarding people’s care which were proportionate and kind. People were always asked for their consent before staff assisted them with any tasks and explained quietly and kindly to them what was happening

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The manager had followed the correct procedures and fully understood the situations in which DoLS should be considered. For example decisions had been made for people to start living at the home when it was not possible to provide sufficient protective care and support at their own home. They had come to the home for a trial period and were now settled and happy. The manager and health and social care professionals had contributed to and

Is the service effective?

appropriately recorded the decisions made. Records of a decision made regarding the front door which lead onto a busy road was appropriate and fully documented. People who were assessed as being safe to leave the building without support had their own key card.

Care staff reported any concerns about people's health to senior staff. People were monitored and it was clear from their comments and care records action was taken when people were unwell. The home arranged for people to see health care professionals according to their individual needs. Long term health conditions were monitored and appropriate referrals and visits were made to consultants and specialist clinics. One person was supported to attend long term hospital treatment which enabled them to continue living in the home. Other people visited consultant clinics or received consultant visits at the home. Advice had been given regarding the timing of medicines for one person. When we were looking at the medicine administration record for this person the advice had been followed. Another person came to the home with some skin damage. This had been healed and preventive skin care continued to prevent a re-occurrence of skin break down.

Staff in the home worked with other health professionals to meet people's needs. The community nurses supported people in the home with diabetic care. Community psychiatric nurses visited to support people who had mental health needs. People were referred to the dietician when there were concerns about their weight. One person had been encouraged to regain their mobility and independence with the assistance of a physiotherapist.

G.P's came to the home annually to complete a medication and health reviews with each resident in person. Senior staff were present to support people and to provide additional information regarding the person's medical and physical needs. People told us opticians and chiropodists visited the home regularly. Care records showed when health and social care professionals visited people and the treatment they received.

The manager discussed with us the action taken when people's needs changed. Following consultation when a person living on the Exmoor unit had become unwell they had moved to a large room on the ground floor so a hoist could be used to help them to move.

Is the service caring?

Our findings

People said they were supported by kind and caring staff. All comments about staff were very positive. One person said “The staff are very nice. Very kind. They are friendly and do their best. It is nice to be here.” Another person told us “ They are ever so kind. I couldn’t do without them.”

During the inspection we saw staff supporting people and interacting with them in a kind and friendly manner. We visited the Exmoor unit for people living with dementia. Whenever we approached people they were relaxed and smiled at us. People were used to kindness. They were able to move freely about the unit and looked “at home” there.

People spoke with us in the large conservatory sitting room and in the dining room. Some people there were also living with dementia. Most people talked to us easily, telling us about their previous lives and their families. Staff knew their stories and were able to reassure them when necessary. For example one person worried about their father being at home alone. Staff responded to this person with patience and kindness. Other people were more withdrawn but began to smile and respond to regular staff when they were approached.

One person had played an instrument to a very high standard but was no longer able to do this. A member of staff played them a piece of music they knew well and talked to them about their career. The person looked really happy and enjoyed the music and remembered the skilled musician they had been. Another person was asked what they wanted to do on their birthday. “Fish and chips down the seafront?” The person agreed with this suggestion with pleasure and enthusiasm.

People’s privacy was respected and all personal care was provided in private. Throughout the home there was consideration for people when leaving the communal areas to access toilet facilities. At lunch time in the Exmoor unit people were assisted discreetly with personal care before

sitting at the dining table. Staff spoke very quietly and with consideration for people’s dignity and privacy in these matters. When staff discussed people’s care needs with us they did so in a respectful and compassionate way. One person with dementia approached a member of staff we were talking with. The person was not able to speak to the staff member but they understood the person and provided appropriate care and support.

People told us they were able to have visitors at any time. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. There was also a choice of sitting areas where some people and their relatives chose to spend time. Relatives who returned a questionnaire in September 2015 said staff were helpful and polite.

There were ways for people to express their views about their care. People met regularly with senior staff. The manager visited people daily and observed their care. There were residents meetings when people who were able to give their views. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions.

Whenever possible people were cared for at the home till the end of their lives. One person had been very poorly and arrangements had been made to support them and keep them as comfortable as possible. Care plans had been up-dated to address the person’s changed needs. Additional pressure relieving equipment was in place. Records showed the person received frequent appropriate care from staff. There had been very regular visits from the GP and the community nurse had been visiting each day. Staff were pleased on this occasion when the person’s health had begun to improve again. The manager told us they always tried to support people to stay at the home and received very good support from other health professionals.

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. Most people were able to make choices about all aspects of their day to day lives. When people were not able to express their choices easily by themselves staff continued to offer alternatives. They checked with people continually, observing their behaviours and expressions to establish they were happy with the care and support provided. Relatives of people living in the home were involved in people's care when appropriate and said this was beneficial to their relative.

People were encouraged and supported to remain as independent as possible. Some people were able to tell us they could live as they wanted to. They told us about their social lives outside the home. Other people were encouraged to join in conversations and activities in the home.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. People had been visited by the manager and asked about the support they needed.

Staff demonstrated an excellent knowledge of the people who lived at the home which enabled them to personalise their approach to each person. Staff were able to tell us about how different people liked to be supported. We were told of the health improvements one person had made since being in the home. Other people had lived in the home for some years and had been supported as their dementia had become more disabling.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. Care plans were updated every two months or sooner if there were changes to the person's health. Each person or their relative when appropriate can read the care plan at any time and make contributions to it. Some relatives had completed the "This is me" document which gave an account of their relative's previous life and what was important to them. There was information on how people liked to spend their days, their

nutritional and manual handling requirements and information about their lives and family. We were able to see the care described in the care plan was being delivered to the person.

Records of reviews with other health and social care professionals confirmed additional support was considered when necessary.

People were able to take part in a range of activities according to their interests. Two activities staff were employed. They had a variety of skills and were able to spend time with people on one to one basis or in a group. The activity staff had a programme in mind but emphasised it often changed according to people's wishes.

The home was surrounded by an accessible garden and gardening was popular. People were encouraged to maintain awareness and pleasure in the seasons. They grew flowers, such as sweet peas, and runner beans in the summer and had planted pots of bulbs for spring. Sometimes people wanted a quiet day and enjoyed puzzles, quizzes and table top activities.

On the second day of the inspection people were beginning a large Christmas collage. Everyone seated at the table had a part to play. One person with advanced dementia had been allocated a task they could achieve. They were very happy to be included in the group. The activity co-ordinator used this opportunity to encourage conversation and reminiscence about other Christmas decorations they had made or bought.

Some people were watching a film. We asked one person what it was. They said they did not know the name but it was really interesting. There was also a cooking group, exercise sessions and visits to the local "memory café" run by the Alzheimer's society. People who were able to pursue their own interests outside the home were supported to do so. One person told us they went out to various groups and enjoyed lunch and conversation. The home has close links with the local church that provide a service once a month. The home had its own transport and people went out to do shopping, visit garden centre and local areas where people used to live and work. Two people were going out for the day on the day of the inspection.

People were supported to maintain contact with friends and family. Visitors were welcomed into the home at any time. The Provider Information Return (PIR) stated people were able to skype or email family and friends. Some

Is the service responsive?

people liked to talk to their families on the telephone and support was provided to facilitate this when needed. People were able to have their own telephone in their room if they wanted to. Three hairdressers visited the home. One person had visits from the hairdresser who had been previously visiting her at her own home.

There had been very few complaints. People told us they knew how to make a complaint. When relatives who

answered a questionnaire in September said they did not know how to make a complaint the manager wrote to them individually. They enclosed a copy of the complaints procedure and stated where further copies were displayed and available in the home. All relatives who responded to the questionnaire said they would recommend Dene Lodge to a friend.

Is the service well-led?

Our findings

People, staff and visitors felt the service was well led by an open and approachable manager. The registered manager was seen to be involved in the daily lives of people in the home. They knew people very well. People told us they could rely on them to “sort things out.” They spent time each day out in the home and were continually looking at ways to make improvements to the home and the care provided. Staff said they felt well supported and had a clear idea of what was expected from them.

The registered manager had a vision for the home which included providing skilled care for people with dementia. They were short listed for an external award which recognised the skills that they brought to the home particularly in dementia care. The home had undergone a programme of redecoration and improvement recently. The manager told us about the ways life in the home had improved through the introduction of activities based care. People were able to choose how they spent their days in the home but were encouraged to enjoy the company and support of staff and other people in the bright and attractive communal areas. The home had a lively and cheerful atmosphere.

There were effective quality assurance systems in place to monitor care and plan ongoing improvements. There were audits and checks in place to monitor safety and quality of care. We saw that where shortfalls in the service had been identified action had been taken to remedy the situation. The manager carried out regular surveys to gauge the views of people using the service, their relatives, staff and other interested parties. In September 2015 a questionnaire was sent to the relatives of people in the home. The results showed 10 of the 16 relatives who responded said their family member’s care was excellent. Other people said care

was “very good” and “good.” When relatives made comments that indicated improvements or changes could be made action had been taken. Letters had been written to each relative addressing the issue.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The manager was supported by a deputy manager, team leader and senior care staff. An experienced administrator provided financial and business support to the manager. They also contributed to the life of the home in many other ways including making the breakfast porridge.

The Provider Information Return (PIR) informed us the home participated in a local care learning exchange network. These meeting helped them to keep up to date and to network with other homes in the local area. The home had provided an apprenticeship opportunity for a young member of staff in conjunction with the local college. They were members of the care providers association which provided guidance and information regarding training events and seminars. There were plans for senior staff to gain supervisory qualifications to enhance their practice in leadership.

The appraisal and supervision of care staff was shared between the senior staff. This meant there were opportunities for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

All accidents and incidents which occurred in the home were recorded and analysed. The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.