

St Philips Care Limited

# Dearne Valley Care Centre

## 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

Dearne Valley Care Centre is a residential care home providing personal and nursing care for 26 people at the time of the inspection, some of whom were living with dementia. Accommodation was provided in a purpose-built home across two floors, with communal areas on each floor.

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

People were pleased with the quality of care and support they experienced. They told us they felt safe when care workers were providing support to them. One person told us, "I feel safe because there is always staff around."

Staff understood what it meant to protect people from abuse. They told us they were confident any concerns they raised would be taken seriously by the registered manager. Safe procedures were in place to make sure people received their medicines as prescribed.

There were enough staff available to make sure people's care and support needs were met. The provider had effective recruitment procedures in place to make sure staff had the required skills and were of suitable character and background.

Staff received training which supported them to have the knowledge and skills to do their job well and effectively meet people's needs.

Staff understood the requirements of the Mental Capacity Act 2005. 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.

People were supported to access relevant health and social care professionals to ensure they were getting the care and support they needed to best meet their needs.

Positive and supportive relationships had been developed between people and staff. People were treated with dignity and respect. Staff were committed to promoting people's independence. People were supported to maintain a balanced diet.

People's care and support was planned and delivered in a way that ensured it met their needs and reflected their preferences. The care records we looked at included risk assessments. They had been devised to help minimise and monitor the risks, while promoting the person's independence as far as possible.

People knew how to complain and were confident the registered manager or other staff would resolve their complaint.

People who used the service, relatives and staff could express their views about the service which were acted upon. The management team provided leadership that gained the respect of staff and motivated them as a team.

There were systems in place to monitor the quality of the service and make improvements when needed. These included audits staff training supervision and appraisal, environmental audits and audits of pressure cushions, slings hoists and bed rails. All show actions that had been taken in response to completing audits.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was Good (published 18 April 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Dearne Valley Care Centre

## 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 consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Dearne Valley Care Centre is a 'care home.' People in care homes receive accommodation and nursing or personal care as 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 the Care Quality Commission. This means 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 sought feedback from the local authority and professionals who worked with the service. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with seven people who used the service and six relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, senior care workers, care workers, the activities coordinator, domestic staff and the chef. We also spoke to one visiting healthcare professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three 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 continued to seek clarification from the provider to validate evidence found. We looked at training data and care records.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were managed safely and as prescribed. One person said, "I have lots of tablets to keep me well, and they [staff] give them me regularly."
- Care workers received training on the safe management of medicines and records showed their competency to administer medicines had been checked on a regular basis
- We found some areas of the providers system for the storage of medicines required attention. For example, the air conditioning unit in the treatment room was not working effectively. We raised these concerns with the registered manager and found they took immediate action to address the concerns. Following our inspection, the registered manager sent confirmation a new air conditioning unit would be supplied and fitted to ensure the safe storage of medicines.

### Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were protected from abuse.
- Staff we spoke with were knowledgeable about safeguarding people from abuse and knew what action to take to keep people safe.
- We spoke with people who used the service and their relatives, and they told us they felt safe. Comments included, "I'm as safe as houses here," and "I feel safe because there is always staff around."

### Assessing risk, safety monitoring and management

- Risks associated with people's care were identified and managed in a safe way.
- Care records contained risk assessments which highlighted how best to support people to minimise risks occurring.
- People had personal emergency evacuation plans in place, which explained the support people required to safely evacuate the premises

### Staffing and recruitment

- Staff were recruited safely, and appropriate checks were carried out to protect people from the employment of unsuitable staff.
- The service was adequately staffed which meant staff provided a person-centred approach to care delivery.
- People who used the service and their relatives told us, "We come at lots of different times and there appears to be plenty of staff about, so I feel [my relative] is safe" and "I feel safe because there is always staff around when you need them."

#### Preventing and controlling infection

- People were protected from the risk and spread of infection. Infection prevention and control policies and procedures were in place.
- Staff had access to personal protective equipment such as gloves and aprons. These were worn as and when appropriate.
- Areas of the home such as bedrooms and communal areas were clean and well maintained.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to show trends and patterns.
- Action was taken to minimise the risk of further accidents and incidents occurring.



# 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 requires improvement. At this inspection this key question has improved to good. 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

- People's care and support needs were assessed before a service was offered.
- People and their relatives told us they lived in a home which was well supported by staff who recognised and understood how to meet their needs.
- Care plans had been developed with people which ensured their preferences and diverse needs were met in all areas of their support. This included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability.

Staff support: induction, training, skills and experience

- Staff received training which supported them to have the knowledge and skills to do their job well and effectively meet people's needs. Staff said, "You get training depending on what support people need "and "We get a lot of training, it's really good."
- Staff had supervision and appraisal meetings with the registered manager and other senior staff. This allowed staff time to express their views and reflect on their practice. New staff received an induction which included shadowing senior staff.

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

- People were supported to eat and drink a balanced diet.
- People told us, "The food is good and on time and nice and hot "and "I like my meals, we get plenty of food, nicely cooked."
- We observed lunch being served throughout the home and found this was a pleasant experience for people. We heard people telling staff they had enjoyed their meals."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare professionals.
- Where healthcare professionals had been involved, their advice was followed.
- People we spoke with and their relatives confirmed they had attended hospital appointments, and maintained routine appointments with chiropodists, opticians and dentists.

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

- The design and décor of the home met the needs of people living with dementia and frailty due to old age. Suitable signage, such as for toilets, helped people find their way about.
- People had individually decorated bedroom doors with photos or objects important to them to help them identify their bedroom.
- People had access to call bells to summon support when needed. The maintenance person checked these and many other aspects of the premises and equipment regularly.
- Secure outside space was available to people. People were encouraged to spend time outside.

#### 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, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The registered manager and staff understood the implications of the MCA and were aware of the need for best interest meetings when significant decisions needed to be made for a person lacking capacity.
- The service was working within the principles of the MCA. Any restrictions on people's liberty had been authorised and conditions on such authorisations were being met.
- People's care records contained consent to care documents. It was clear where people did not have capacity and would require support with making some decisions.

# 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.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- People's and relatives views about the staff were positive. Comments included, "I think they are very caring I have everything I need, I'm happy" and "I have a nice clean room, plenty of company and I am well cared for."
- People told us care workers respected their privacy and dignity, for example by keeping them covered when supporting with bathing and showering.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

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

- Equality was promoted within the service and staff knew how to support the cultural needs of people from different ethnic and religious backgrounds.
- Through talking with people, staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected.
- People who used the service and their relatives told us staff were always kind, very caring and respectful. People's comments included, "Its brilliant here, the staff are so kind and caring and I know [my relative] is well looked after here" and "Me and my daughter chose here because we knew it was caring. The staff will sit and talk to [my relative]and hold [my relatives] hand."

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

- People and their families were able to contribute to their care planning.
- People told us they felt confident to express their views and make decisions about their care.
- When people asked for changes to their care and support, we saw this was actioned.

# 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 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

- People received personalised care which met their needs and took in to consideration their preferences.
- Care plan documents were reviewed regularly to ensure records were up to date and in line with people's preferences, choice and current needs.
- People and their relatives felt very strongly that they received care which was centred on their individual needs and preferences.
- Staff were attentive and responded to people's requests for help and recognised the importance of giving people time and attention.

Meeting people's communication needs

Since 2016 onwards 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.

- Staff understood the importance of supporting people living with dementia in communicating their needs and wishes and staff were tactile and knew people well. They made eye contact and listened to what people were saying.

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

- Activities were provided for people. There was an activity co-ordinator in post who worked flexibly over the week.
- People we spoke with really valued the activities provided. Their comments included, "I like to be active so they [staff] let me help with activities," "I like it when we go out to the unity centre, we have a great time there" and "We have plenty to do, listen to music, play bingo and we try new activities."

Improving care quality in response to complaints or concerns

- People told us they had seen information about the service's complaints policy, but most people said they had not used this as they did not have any concerns about the service.
- There were no open or unresolved complaints and we saw positive feedback for the service. The registered manager regularly communicated with the staff, people who used the service, their family members and other healthcare professionals. By having this open approach concerns could be dealt with quickly.

### End of life care and support

- The registered manager and staff team were passionate about ensuring end of life care was carried out respectfully, with thought and in line with people's preferences and choices.
- Staff told us they had cared for people at the end of their life with the support of district nursing services, McMillan nurses and GP's. Staff said they had also covered End of Life care in their training.

# 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 has 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 registered manager showed an open and transparent approach and was passionate about promoting a person centred, inclusive and empowering culture.
- Everyone we spoke with said they would recommend the service. Everyone knew the registered manager by name and spoke very positively about them. Comments included, "The managers are very nice" and "The staff know what they are doing, we just have to ask, and they will always try to help."
- Care workers told us the registered manager was supportive and regularly worked alongside them. One staff member told us, "The managers are brilliant, they always pitch in when we are short."

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 provider had met the regulatory obligations for their registration and in relation to their duty of candour responsibility. The duty of candour places legal responsibilities on organisations to be open and honest when things go wrong.
- The provider had sent us written notifications about any important events when they happened at the service to help us check the safety of people's care when needed.
- The provider was open and transparent when dealing with issues and concerns. They understood their responsibility to apologise to people and give feedback if things went wrong.

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

- People and staff told us the service was well managed. Comments from staff included, "[Name of registered manager] is very supportive, the staff are in a good place and are very happy" and "The managers are very approachable and very supportive."
- Staff were committed to providing person-centred care and learning from any incidents.
- The provider continued to ensure the ratings from their last inspection were clearly displayed in the office and on their website.

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

- People and staff were given the opportunity to give feedback on the service. We saw the minutes from meetings with staff. The registered manager met regularly with the staff team.

- The provider had several opportunities where people could be involved in the service. People were supported to access a dementia café, social afternoons at a local community venue. Relatives and residents' meetings took place and minutes were available.
- The provider sent out an annual quality assurance questionnaire to people and their relatives. This was to request feedback about the service. We saw action had been taken when people made suggestions.

#### Continuous learning and improving care

- The provider had a system in place to ensure the service was operating to their standards.
- The registered manager and the staff team completed a range of audits to ensure care was provided in a safe and person-centred way.
- We raised some issues on inspection in relation to the safe storage of medicines, and the provider took immediate and appropriate action to address these concerns.

#### Working in partnership with others

- People were supported by a range of professionals.
- The registered manager had links with the local community and key organisations to benefit people living in the home and to help with the development of the service.