

Seaham Care Limited

Denehurst Nursing Home

Inspection report

Merrington Lane
Ferryhill
County Durham
DL17 8NL
Tel: 01740 655314
Website:

Date of inspection visit: 20 April 2015
Date of publication: 04/06/2015

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 took place on 20 April 2015 and was unannounced, this meant that the provider and staff did not know we would be visiting.

Denehurst provides care and accommodation for up to 31 older people some require nursing care. On the day of our inspection there were a total of 27 people using the service.

The home had a registered manager in place. 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 and associated Regulations about how the service is run.

During our inspection there was a very calm and relaxed atmosphere in the home and we saw staff interacted with people in a friendly and respectful manner. People who used the service told us they were very happy with the care they received. All appeared happy and relaxed with the staff on duty. We saw that the staff communicated with people who used the service respectfully and in a

Summary of findings

caring way. One person's family member described their relative's care as, "Excellent." Another said, "It's a marvellous place especially since the new registered manager and deputy manager took up post."

Staff and visitors we spoke with described the management of the home as open and approachable.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the provider and looked at records. We found the provider was following the requirements of DoLS.

Staff we spoke with said they had received appropriate training to undertake their role to meet the needs of people who used the service. We saw records to support this. Staff had also received training in how to recognise and report abuse. We spoke with four staff and all were clear about how to report any concerns. Staff said they were confident that any allegations made would be fully investigated to ensure people were protected.

Throughout the inspection we saw staff interacting with people in a caring and professional way. We saw two members of staff supporting one person with their mobility and appropriately using a hoist. They were interacting happily and explaining what they were doing and how. We noted that throughout the inspection when staff offered support to people they always respected their wishes and described how they were going to support them. We saw people smiling and happily engaging with staff when they were approached.

We saw there was a weekly activity programme and records showed that people were able to take part in group activities or on a one to one basis. We saw activities were personalised and there were very regular outings to the local shops and pubs and places of interest.

We saw people were treated with respect and privacy was upheld.

People received a wholesome and balanced diet and at times convenient to them. The manager told us that the menus were being reviewed in line with people's choices.

We saw the provider had policies and procedures for dealing with medicines and these were adhered to.

The provider had an effective complaints procedure which people and their representatives were able to see and use. We saw all people who used the service could access an independent advocate who could act in their best interests where needed.

We saw people who used the service were supported and protected by the provider's recruitment policy and practices.

The home was clean and equipment used was regularly serviced. We saw the home had commenced a major refurbishment programme.

The provider had a quality assurance system, based on seeking the views of people, their relatives and other health and social care professionals. There was a systematic cycle of planning, action and review, reflecting aims and outcomes for people who used the service.

Staff told us they received regular supervision. We saw records to support this.

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 was safe.

People's rights and dignity were respected and they were involved in making decisions about any risks they may take. The service had an efficient system to manage accidents and incidents and learn from them so they were less likely to happen again.

Staff knew what to do when safeguarding concerns were raised and they followed effective policies and procedures. People were protected from discrimination and their human rights were protected

There were appropriate arrangements in place to ensure that people's medicines were safely managed.

Effective infection control measures were in place to keep people safe.

Good



Is the service effective?

The service was effective.

People and those that mattered to them were involved about their health and quality of life outcomes and these were taken into account in the assessment of their needs and the planning of their care.

Staff had the skill and knowledge to meet people's assessed needs, preferences and choices.

The service understood the requirements of the Mental Capacity Act 2005, its main Codes of Practice and Deprivation of Liberty Safeguards, and puts them into practice to protect people.

People had the support and equipment they needed to enable them to be as independent as possible.

Good



Is the service caring?

The service was caring.

People were treated with kindness and compassion and their dignity was respected. The service allowed staff the time to provide the care people needed and ensured staff timetables were flexible to accommodate people's changing needs.

People were understood and had their individual needs met, including needs around age, disability, gender, race, religion and belief.

People were supported to access advocacy services, should they wish to do so.

Good



Is the service responsive?

The service was responsive.

People were given the information they needed at the time they needed it.

People received care and support in accordance with their preferences, interests, aspirations and diverse needs. People and those that mattered to them were encouraged to make their views known about their care, treatment and support.

Good



Summary of findings

Where appropriate, people had access to activities that were important and relevant to them and they were protected from social isolation.

Is the service well-led?

The service was well led.

There was an emphasis on fairness, support and transparency and an open culture. Staff were supported to question practice and those who raised concerns and whistle-blowers were protected

There was a clear set of values that included involvement, compassion, dignity, respect, equality and independence, which were understood by all staff.

There were effective quality assurance systems in place to continually review the service including, safeguarding concerns, accidents and incidents.

The service worked effectively and in partnership with other stakeholders.

Good



Denehurst Nursing Home

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.

The inspection took place on the 20 April 2015 and was unannounced, this meant the provider and staff did not know we would be visiting. The inspection was undertaken by a single Adult Social Care Inspector and specialist advisor who specialised in people who required nursing care.

Before we visited the home we checked the information that we held about this location and the service provider. We checked all safeguarding notifications raised and enquires received. No concerns had been raised. This was the first inspection of the service since the new provider purchased the home on 5 January 2015.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people were supported during their lunch. We did this to help us see what people's experiences were. This allowed us to spend time watching what was going on in the service and helped us to see whether people living at Denehurst had positive mealtime experiences. This included looking at the support that was given to them by the staff.

We also reviewed four people's care records, staff training records, and records relating to the management of the service such as audits, surveys and policies. We looked at the procedures the service had in place to deal effectively with untoward events, near misses and emergency situations that could arise.

People who used the service told us they were happy with the care, treatment and support they received. We saw that staff understood people's needs and communicated with people effectively.

We also spoke with the registered manager, the deputy manager and care staff. All demonstrated in-depth knowledge of people's care, treatment and support needs.

Before our inspection we contacted healthcare professionals involved in caring for people who used the service, including; Healthwatch and commissioners of services. No concerns were raised by any of these professionals.

Before the inspection, the provider was not asked to complete a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, and what the service does well and improvements they planned to make. During this inspection we asked the registered manager to tell us what improvements they planned to make.

Is the service safe?

Our findings

During this inspection all the people we spoke with who used the service said they felt safe. People said, “I would say if there are any concerns.”, “Yes I would speak up, loud and clear.”, “The staff are lovely they are very kind to us” and “I am happy here.”

Relatives we spoke with said, “My wife is well looked after I wouldn’t want her anywhere else.” and “The home is making extreme efforts to improve. The registered manager and deputy manager have made such a difference to the place”.

From our observations, staff were taking steps to ensure people living at the service were safe. We spoke with staff about safeguarding and the steps they would take if they felt they witnessed abuse. We asked staff to tell us about their understanding of the safeguarding process. Staff gave us appropriate responses and told us they would report any incident to the person in charge and they knew how to take it further if needed to. Staff we spoke with were able to describe how they would ensure the welfare of people was protected through the organisation’s whistleblowing and safeguarding procedures.

There were risk assessments in place, supported by plans which detailed what might trigger each person’s behaviour, what behaviour the person may display and how staff should respond to this. For example one person shouts out if distressed and the care file documented what steps to take if this happened. This meant people were protected against the risk of harm because the provider had suitable arrangements in place. We saw staff managing a person when they became anxious and upset and they did this in a calm and caring way, they gently escorted the person to a quiet area where they stayed with them providing reassurance until they were settled.

We looked at staffing levels and each day they had a nurse and five carers on duty for 27 people. The service used a dependency tool which worked out how many staff should be on duty at any one time. People who used the service told us there were enough staff on duty, and that they never had to wait very long for assistance. All relatives we spoke with said, “There was always enough staff on duty.”

We looked at the recruitment records for four staff members. We found recruitment practices were safe and relevant checks had been completed before staff had

worked unsupervised at the home. We saw evidence to show they had attended an interview, had given reference information and confirmed a Disclosure and Barring Service (DBS) check had been completed before they started work in the home, (The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, this enables employers to make safe recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults).

New staff were fully trained in common induction standards and did several days induction.

During our discussions with the registered manager we asked what would happen if the building needed to be evacuated in the event of an emergency such as a fire. The manager showed us the Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP was to provide staff and emergency workers with the necessary information to evacuate people who could not safely get themselves out of the building unaided during an emergency. The PEEP’s were all individually personalised to each person who used the service.

We looked through the medicine administration records (MARs) and it was clear all medicines had been administered and recorded correctly, with full explanations if people had refused. The medicine trolley was stored safely when not in use and the room temperature was checked and recorded daily. We looked at the storage and administration of drugs liable to misuse called controlled drugs. We saw these were stored and recorded safely. The service had protocols for when required medicines (PRN) and these were individual to each person, explaining why and how each PRN should be administered. Each MAR had a photograph of the individual resident for identification purposes. The medicines records were focussed and detailed. They included the reason why it was prescribed, with a clear explanation as to what each individual medicine was for and some of the side effects. The medicine fridge was lockable and there was also evidence of temperature monitoring. Sample signatures of nurses administering medication were in place and up to date. An annual competency check was undertaken by the registered manager. The treatment room held an up to

Is the service safe?

date British National Formulary for medication guide book. The Nursing Midwifery Council Standards for Administration of Medication were also available for reference.

We spent time looking around the service and found the service to be comfortable and furnished to meet the needs of people who used the service. Bedrooms were individualised to how each person wanted them. The service was clean and tidy. We saw there was plenty of personal protection equipment (PPE) such as gloves and aprons. Staff we spoke with confirmed they always had enough PPE.

The service had recently had an infection prevention and control audit, which showed some positive results and we saw where the infection control team had identified areas for improvement particularly with the fixtures and fittings that a major refurbishment had commenced to rectify these.

We saw safety checks and certificates that were all within the last six months for items that had been serviced such as moving and handling equipment, boiler safety and water temperature checks.

Is the service effective?

Our findings

People were supported by staff that were trained to deliver care safely and to an appropriate standard. We saw staff had a programme of training, supervision and appraisal.

Staff we spoke with felt they had received the training they required. One staff member said, "I am open to all training." Another staff member said, "I have completed my level 3, which was really good." Two staff said they felt there was now a greater emphasis on training, and the fact that there were alternative dates for most sessions which meant they were more able to attend.

Relatives we spoke with said, "The staff know how to care for my relative and they do it very well."

All training was up to date; we saw evidence of this on the training matrix and backed up with certificates held in staff files. The training staff had received included end of life care, dementia care, equality and diversity, DoLS, challenging behaviour, safeguarding, health and safety, infection control, nutrition, medicines, and tissue viability. The manager told us all care staff had achieved NVQ level 3 in care. This helped to ensure those who worked at the home were knowledgeable about how to appropriately support people and safety issues.

We found staff received good support through supervision. Topics discussed during supervision were policies, performance, training needs, attitude and professionalism.

Group supervisions also took place where topics discussed were feedback from other health care professionals and infection control reports, care plans, team work and moving the home forward.

The registered manager had also planned in appraisals for all staff; she said these would be completed by the end of August 2015.

We observed a lunch time meal. People were offered choice and were supported appropriately where needed.

The majority of the people we spoke with said the food was always good, one person said "It's is always nice." One relative said "The food is always very good, I know because I visit daily and I have lunch with my husband."

We saw that the Speech and Language Therapy (SALT) team had been out to reassess a person, and this person had previously been on a pureed diet and was now able to have a soft diet. This person's wife said, "This had improved the quality of his life." We saw this was all included in their care plan and consent to care, treatment and support was in place.

The registered manager demonstrated a good understanding of the Mental Capacity Act (2005). In discussion with staff, we found they were clear about the principles and their responsibilities in accordance with the Mental Capacity Act (2005). The Mental Capacity Act (2005) protects people who lack capacity to make a decision for themselves because of permanent or temporary problems such as mental illness, brain impairment or a learning disability. If a person lacks the capacity to make a decision for themselves, the decision must be made in their best interests. We saw that the registered manager had submitted two DoLS applications and one had been authorised.

The staff we spoke with were aware of the Mental Capacity Act (2005) and had recently received training on this and Deprivation of Liberty Safeguards (DoLS).

During this inspection we saw major refurbishment work had commenced by the new provider, several areas had new flooring laid, new lounge chairs, bedroom furniture, en-suite facilities refitted, new electric sockets, decoration, soft furnishing and bathrooms, shower rooms and toilets were also being upgraded. We saw this work had been planned safely and was not impinging on people's well-being.

We saw all equipment had been serviced and health and safety checks had been regularly carried out.

Is the service caring?

Our findings

We observed and talked with people in the communal areas of the service. We asked people if they thought staff were caring, they said, “Yes they treat me with respect they are a nice bunch, always helpful” and “Yes we have lots of friendly banter and lots of laughs.” We asked if staff understood their needs and they said, “Yes they do, they are all very caring and experienced.” and “Yes, I feel they listen to me and do things the way that I want.”

Relatives we spoke with said “The care is really good, it is a marvellous place.” and “It has improved in so many ways since the new manager and deputy manager came into post.” Another said, “The care my wife receives is excellent, I visit every day, it’s a super place.”

Staff we spoke with said, “I enjoy working here.” and “I have been here for 27 years; it’s a really good place to work.”

We observed the care between staff and people who used the service. People were treated with kindness and compassion. Staff were attentive and interacted well with people. We watched people being hoisted and each step was explained to the person, there was lots of laughing and friendly banter between people and the staff assisting them.

During our visit we reviewed the care records of four people. Each person had an assessment, which highlighted their needs. Following this initial assessment, care plans had been drawn up. Care records reviewed contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care and treatment needs of people who used the service were delivered in the way they wanted them to be.

People were supported to be involved in their care as much as they were able or wanted to. All said that things were explained to them.

At a recent resident/relative meeting, the registered manager asked the relatives to be involved in the care planning especially with the implementation of people's life history. We discussed this with one relative who said he was really keen to get involved on behalf of his wife who had short term memory problems, and had agreed to help staff with this. At a more recent meeting, the new provider attended and he explained his ethos and future plans for the service.

We saw the service advocacy policy and information on advocates was prominently displayed on the notice board in the main reception area.

We asked staff how they promoted privacy and dignity. Staff explained they always knocked on doors before entering, and all personal care was provided in private.

We found the environment supported people's privacy and dignity. All bedrooms doors were lockable and there were quiet communal areas where people could receive visitors in private.

There were policies and procedures in place to make sure staff understood how to respect people's privacy, dignity and human rights in the care setting.

People were encouraged and supported to maintain and build relationships with their friends and family. There were no restrictions placed on visitors to the home.

Is the service responsive?

Our findings

We looked at whether people's care and support was person-centred and reflected their individual needs. We checked what arrangements were in place to ensure that the provider recognised people's changing needs and responded appropriately and looked at how the provider learnt from people's experiences, concerns and complaints.

There was an activities board in the main communal areas, with activities planned out for the week, and the home employed a fulltime activities coordinator. We asked staff about the activities available. They described the approach as very flexible, and said that each morning people made plans about what they wanted to do that day. We saw that some people were enjoying sitting in the garden, while others were engaging in one to one conversations with staff. One person told us that they liked to go out every now and then with their family. Another told us they liked to visit the local pub. They said that staff ensured they were also able to do this. They told us that this was really important to them, and they valued the way that staff enabled it to happen. When we asked staff about this, staff demonstrated a clear understanding of why this mattered to this person, and told us that it was important to ensure they were supported to continue engaging with the local community in this way. The activities coordinator had recently organised a fund raising event in the home and this had been well attended by local people living in the area.

We asked the deputy nurse manager about the arrangements for people's friends and relatives visiting the home. They told us that they could visit at any time. We asked a visiting relative if this was their experience and they said that it was. They told us they'd never felt there were any restrictions on when they could visit and they were always made very welcome. Another relative told us that the manager had contacted a free community transport company on their behalf, and that this meant she could visit her husband every day.

We checked care records belonging to four people who were using the service. It was acknowledged that the care record documents were in the process of being updated, from the format of the previous organisation, however the manager was progressing rapidly with these. We found that care plans were highly detailed, setting out exactly how to

support each person so that their individual needs were met. They told staff how to support and care for people to ensure that they received care in the way they had been assessed as needing.

Care records showed that people's care was formally reviewed regularly to ensure it met people's needs. Families were involved in these reviews so that their views about care and support could be incorporated into people's care plans. The plans were person-centred. Person-centred care sees people who used the service as equal partners in planning, development and assessment of their care to make sure it is most appropriate for their needs. It involved putting people at the heart of all decisions. This meant that staff were provided with clear guidance to enable them to provide safe care and support and respond quickly to any potential risks identified. The home had a clearly identified list of people who had an agreed DNAR in place and these were well recorded in their care records.

We asked the registered manager to tell us about a time when people's needs had changed and what had been done to ensure their needs were still met. They told us that a new system had recently been implemented to ensure everyone's needs were better met during each shift period. This meant staff were allocated specific care duties that they were wholly responsible for. They told us that the outcome had been that people received the support they required when they required it. One person told us, "I never feel as if they are rushing me."

The registered manager told us that the home had a nurse practitioner attached to the service who visited the home most days. This meant people's health care needs were monitored closely and responded to quickly, rather than having to wait to see a GP.

There was information about how to make complaints available in the communal area of the home. This was also featured in the service user guide, and in the provider's new statement of purpose which was being implemented. It gave people accurate information about who they could complain to if they were unhappy with the provider's internal complaints processes.

We checked records of complaints received, although there had only been a small number received regarding missing laundry. Where complaints had been received, we saw that

Is the service responsive?

the manager had conducted a thorough investigation to try and resolve each one. We saw the service had received many letters, and cards complimenting the care people had and were currently receiving.

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

Staff members told us, “It’s a well-run home; the registered manager is very committed.”

We saw there were arrangements in place to enable people who used the service, their representatives, staff and other stakeholders to affect the way the service was delivered. For example, the service had a quality assurance and quality monitoring system in place. These were based on seeking the views of people who used the service, their advocates, relatives, friends and health and social care staff who were involved with the service. These were in place to measure the success in meeting the aims, and objectives of the service.

We looked at what the registered manager did to check the quality of the service, and to seek people's views about it. We saw that the registered manager/deputy manager did a daily walk around and completed a daily list, which included health and safety, cleanliness and people’s wellbeing checks, making sure people were smart and suitably dressed and making sure documentation such as daily fluid charts were up to date. When we observed the afternoon shift handover, we saw this information was then used to keep staff informed and up-dated. The handover was very detailed and included the wellbeing of every person who used the service.

We also found the provider was devising an annual development plan, based on a cycle of planning, action and review that reflected the outcomes for people who used the service. We saw the system for self-monitoring included regular internal audits such as accidents, incidents, building, fire safety, control of substances hazardous to health (COSHH), fixtures and fittings, equipment and near misses. The frequency and outcome of any incidents was reviewed by the manager, and individual incidents were followed up by the provider to check the outcome. The home’s manager also maintained a central file of safeguarding, where any incidents were monitored and records kept of referrals to the local authority and notifications to the Care Quality Commission.

We saw there was emphasis on consulting health and social professionals about people’s health, personal care, interests and wellbeing.

The registered manager told us it was essential that best practice guidance was adhered to such as the new fundamental standards 1 April 2015 what these meant for people using the service, to ensure standards of quality, safety and people’s care and welfare were maintained at all times and being honest with people when things go wrong. The registered manager told us that the new provider was committed to making improvements to the service and had invested a substantial amount already with the refurbishment of the home. For example, she had identified one person would benefit by having a reclining chair; she said this was immediately purchased by the provider.

The registered manager said the service had a positive culture that was person-centred, open, inclusive and empowering. When we spoke with staff they had a well-developed understanding of equality, diversity and people’s human rights. All of these were reflected in people’s care plans.

The registered manager was aware of the new duty of candour and the need to display prominently within the home the rating for the service.

The new provider was still developing new policies and procedures to ensure they had a clear vision and set of values that included honesty, involvement, compassion, dignity, independence, respect, equality and safety.

We saw staff were supported through regular supervision meetings. The registered manager said that all staff would have an annual appraisal completed by the end of August.

The registered manager said they worked in partnership with other organisations to make sure they are following current practice and providing a high quality service. In addition, the service worked with other key organisations to support care provision, service development and joined-up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met such as, Department of Health’s quality of life guidance, Service Commissioners, the local mental health team and other health and social care professionals. This showed us how the service sustained and strived to continuously make improvements over time.

Is the service well-led?

We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.