Contemplation Care Limited

Denehurst

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

Denehurst is a small residential home for up to 11 people with a learning disability and/or mental health conditions. The home is set back in a residential road in New Milton. It has a living/ dining room leading out onto a large decked area and enclosed garden where people help to grow plants and vegetables. At the time of the inspection, nine people were living at Denehurst.

The home had a registered manager. 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 were protected from abuse because staff understood how to recognise the signs of abuse and how to report any concerns within the service and to external agencies such as CQC and the Local Authority. An up to date safeguarding policy and whistleblowing policy were in place to provide guidance for staff in keeping people safe.

Staff were effectively deployed to meet people's needs, which included opportunities for activities outside of the home. Recruitment practices were robust and appropriate checks were carried out to ensure staff were safe to work in an adult social care setting before they started work.

Staff received regular training, supervision and observed practice to support them in their role. Staff supported, able to raise issues and ideas and were involved in the development of the service.

Staff treated people with kindness, dignity and respect and created a friendly, relaxed and homely atmosphere at Denehurst.

People had person centred support plans, which included pictorial versions where appropriate, with photographs of people and the activities they enjoyed. This helped to ensure that people's wishes, skills and independence were encouraged.

People received support to manage their health needs and referrals to health professionals were made promptly. Staff understood people's individual risks which had been appropriately identified, and assessments were in place to manage these.

People's medicines were administered safely by staff who were trained to do so. Medicines were managed, stored and disposed of appropriately.

Staff obtained consent from people before care or support was provided. Where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act 2005. People's mental

capacity was assessed when specific decisions needed to be made, and the outcome recorded to confirm whether they had capacity to make the decision. The manager was aware of their responsibilities under the Deprivation of Liberty Safeguards (DoLS) and appropriate applications had been made to the local authority where required.

Systems were in place to monitor and assess the quality and effectiveness of the service such as staff surveys, gaining feedback from people using the service and service audits. Learning took place from any incidents and accidents which were recorded. Regular checks were carried out in relation to health and safety, fire equipment and the environment and procedures were in place to report any defects.

We last inspected the service in January 2014 and found no concerns.

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 is safe. People were protected from abuse because staff knew how to identify abuse and report any concerns. Recruitment processes were robust and only suitable staff were employed.

People's individual risks and environmental risks had been identified, and measures put in place to minimise these.

People received their medicines safely from staff who had been trained to do so. Incidents and accidents were investigated and learnt from.

Is the service effective?

Good

The service is effective. Staff had received relevant training, supervision and support to enable them to support people appropriately and meet their needs.

People were supported to maintain their health and wellbeing and were promptly referred to healthcare professionals when necessary.

People were involved in choosing the menus and were supported to eat and drink sufficient for their needs.

Is the service caring?

Good

The service is caring. Staff were friendly and interacted with people in a way that promoted their independence.

Staff respected people's privacy and dignity and treated people with kindness. People were encouraged to make choices and these were respected by staff.

Family and friends were welcome to visit at any time.

Is the service responsive?

Good

The service is responsive. People's support plans were person centred and detailed their individual preferences, likes and dislikes as well as their support needs. Support plans were

regularly reviewed by staff and updated to reflect people's changing needs.

Staff knew people well and supported them to follow their hobbies and interests both at home and in the community.

People knew how to make a complaint and who to talk to if they were unhappy.

Is the service well-led?

Good

The home is well led. The home had a registered manager who understood their role and responsibilities and provided effective leadership.

There was an open culture within the home and staff told us they felt able to speak to the registered manager or senior staff about any concerns.

Quality assurance systems were in place to assess, monitor and develop the service. People, staff and community professionals were asked for their ideas and opinions and were involved in improving the home.

Denehurst

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 was carried out on 23 & 24 May 2016. The inspection was carried out by one inspector, due to the small size of the home and people's complex needs.

Before the inspection, we reviewed all the information we held about the service including notifications received by the Care Quality Commission (CQC). A notification is when the provider tells us about important issues and events which have happened at the service. This information helps us decide what areas to focus on during inspection. Before the inspection, the provider 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 used the information in the PIR to help us decide what else to inspect.

During our inspection we observed how staff interacted with people and how they supported them. We spoke with four people living at the home to find out what their views were on the care and support they received. We also spoke with the registered manager, three care staff and the operations manager. We reviewed three people's care records which included their support plans, risk assessments and daily records. We looked at recruitment and training files for four staff and the supervision records of six staff. We also looked at records relating to the management of the home which included maintenance and health and safety records, audits, minutes of meetings and incident and accidents. Following the inspection we spoke to one care professional to gain further feedback about the home.

Good

Is the service safe?

Our findings

When asked if they felt safe, three people said yes. A fourth person told us "I'm safe. Staff look after me." A care professional told us they had visited the home a number of times and had "Never seen anything concerning." A visiting relative said they had "No concerns" about their family member living at Denehurst.

People were protected from abuse because staff had received training in how to keep people safe and understood their responsibilities to report any concerns. Staff told us they had access to the registered manager and the operations manager if they needed to raise a concern and felt confident they would act on information given to them. Staff also knew who to report concerns to external agencies if they needed to such as the CQC or the local authority safeguarding team. Staff had read the provider's safeguarding policy, including the whistleblowing procedure and said they would not hesitate to use it if they had to. Whistleblowing is when a staff member can raise concerns about another staff member's practice outside of their own organisation and can do so anonymously if they wish to.

People were cared for by staff who were suitable for the role. All staff had completed an application form which included a full employment history and any gaps had been accounted for. The provider had carried out appropriate checks and obtained satisfactory references which confirmed their skills and experience, and that they were of good character. Criminal records checks were completed which ensured staff were suitable to work with people in a residential care setting. When agency staff were used, these were regular staff and the registered manager had verified their suitability with the agency.

Staff told us there were sufficient staff on duty to meet people's needs and our observations confirmed this. One staff member said "I think so. There are only nine service users and two are at the day centre. If we were fully housed we would have to look at it." Two people attended a day centre every week day so there were usually seven people to support at home or with activities. There were usually three members of care staff on duty each day and additional support hours were available between 10am and 4pm for specific activities if needed. The registered manager also provided support to people when required.

The provider had arrangements in place for the ordering, storage and disposal of medicines. Medicines, including controlled drugs (CDs), were securely and appropriately stored in locked cupboards within a dedicated medication room. CDs are medicines that must be managed using specific procedures, in line with the Misuse of Drugs Act 1971.

Medicines, including CDs were dispensed appropriately. We observed staff administering medicines to people at lunchtime. Staff asked people for their consent before being given their medicines and explained what they were doing throughout the process. MAR charts and the CD register were signed by staff after each medicine was given to record that the person had taken it successfully. Staff had received training in administering medicines and staff competency was re-assessed annually or when required which ensured people only received their medicines from staff who were competent to do so.

People were protected from foreseeable harm because the provider had carried out individual risk

assessments, such as for the risk of choking. Measures had been put in place to reduce these risks which staff understood. Accidents and incidents were recorded and analysed and learning from these was shared across all of the homes within the group.

The home and its equipment were maintained to a safe standard. Environmental risk assessments were in place for the safe management of the home and were reviewed each year by the provider's health and safety officer. Checks were carried out on equipment such as the fire alarm, emergency lighting and gas boiler and any actions required were recorded and completed.

Fire evacuation drills were carried out at regular intervals to identify how people and staff responded in the event of an emergency and actions recorded. Each person had a 'personal emergency evacuation plan' that identified the support they would need from staff in the event that they needed to leave the home in an emergency situation.

The home had an emergency contingency plan which outlined steps to be taken by staff if something happened that stopped the home from running normally, such as a flood or loss of electricity. The plan included what actions should be taken and by whom, as well as emergency contact details of utilities companies and senior managers.

Good

Is the service effective?

Our findings

People told us staff asked for their consent before providing any care or support. For example, one person said the staff "Knock on my door" and asked if was okay before entering their room. Our observations confirmed that staff asked people for consent and respected their wishes.

People were supported to eat and drink sufficiently for their needs. Menus were planned in advance and the daily meal choices were on display in the dining room. People told us they helped to decide what meals to put on the menu and were supported to make choices about the food they ate. We observed that staff showed people the different choices to help them decide.

Healthy meal options were available. One person helped to cook the lunch meal of noodles with fresh vegetables and there was a choice of fresh fruit in the fruit bowl in the dining room. One person told us they had a "Delicious dinner" and another person said "The food's nice." A choice of drinks was freely available whenever people wanted them throughout the day. Staff knew about people's dietary requirements and food preferences. For example, one person required their food to be prepared in a particular way and when asked, staff were able to describe this.

People were given information and were supported to be involved with monitoring and managing their health conditions. One person had received significant dental treatment and told us they were waiting to see the dentist again before making a decision about the next step. Staff were able to tell us about people's on going health needs, such as diabetes, and how they managed these. Healthcare professionals were called promptly when people's health needs changed, or when there were concerns about their health and records of their visits were recorded in people's care records. A care professional highlighted one person's complex health needs and said the staff managed them "Very well".

People were supported by staff who received regular training, supervision and observed practice. This is where the registered manager or senior care staff observed staff performing specific duties, such as personal care and administering medication, to check they were competent. An annual training plan was in place which staff were supported to complete. Staff confirmed they received regular training including fire safety, moving and handling and first aid. Staff were trained in Proact Scipr (physical intervention techniques), which enabled them to manage people's behaviour in the least restrictive way when this became challenging. There were regular opportunities for supervision, and staff told us they were able to talk about any issues or training needs as well as their keyworker role. A key worker is a member of staff with lead responsibility for supporting and reviewing people's care and support with them. Where appropriate, staff had received an annual appraisal which enabled them to discuss performance, achievements and set new goals.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as

being required to protect the person from harm. The registered manager understood their responsibilities in relation to DoLS and had submitted relevant applications where required.

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. The registered manager and staff were knowledgeable about the requirements of The Mental Capacity Act 2005 (MCA). People's capacity had been appropriately assessed and the outcomes documented. Where people lacked capacity to make decisions, these were made in their best interests and recorded. Relatives and care professionals were involved in making decisions about people's care where appropriate. A care professional told us "He [The registered manager] identified [a person] needed a DoLS and made the required authorisation. He knows his stuff."

Good

Is the service caring?

Our findings

People told us they were happy at Denehurst. One person said "I like living here. The staff are kind." Another person told us "I'm happy here. Staff are kind. They help me feel better." A visiting relative told us the staff were "Brilliant" and "Fantastic."

Staff were kind and showed concern for people if they became anxious. They gave people time to try to explain how they were feeling and what their anxieties were. Staff talked to people to re-assure them and used distraction techniques where appropriate to re-focus people, for example on activities.

Staff communicated effectively with people, giving them the information and time they needed to make informed decisions, such as how they wanted to receive their care or what they wanted to do each day. People had access to advocates to support them in making decisions if this was required. Staff knew people well and were able to tell us about them in detail, such as their likes and dislikes, life histories and family relationships.

Staff supported people with dignity and encouraged their independence in an unhurried manner. For example, one person had put on a dirty shirt when preparing to go out on an activity. A staff member gently encouraged them to go and have a look to see if they could find one of their "Lovely new shirts" to put on, which they did.

The home was relaxed and calm and people were free to walk around the home and garden and into the office where they were welcomed by staff. People's bedrooms were personalised and contained family photographs, pictures, ornaments and possessions that were important to them. One person showed us their room and told us they had chosen the colours for their bed linen and cushions. A staff member told us another person had "Picked the colours for their room. We got some colour charts and over a number of days they kept pointing at the same colour so we bought the paint." People could choose to spend time in their own room or in the communal areas and staff respected their choice.

Relatives and friends were welcome to visit anytime and private space was made available if this was requested.

Good

Is the service responsive?

Our findings

People were encouraged and supported to attend a range of activities both indoors, and outside of the home. One person told us they liked to visit their relative, who lived nearby, every afternoon. Some people went sailing but another person told us "I just like to watch" and didn't get in the boat. Another person said "I went shopping for a present for my grandson" and another person told us "I like shopping in New Milton with [staff member]." During our inspection we observed that people went to a day service, bingo, sailing and visited family members. Other activities included shopping, going to church or out for a meal and themed events, such as a BBQ to celebrate the start of the football. Daily activities were put up on the picture board in reception. The registered manager explained to people what was happening that day and selected relevant pictures to put up, such as the car and the sailing boat. People's activities were recorded in their diaries each day so staff could review what activities they had been involved in.

People had made a 'Dignity tree' which was on the wall in the dining room. Each person had been given two leaves. On one leaf they wrote one thing they wanted to do over the coming year. On the second leaf they wrote one thing they would like to change about Denehurst. For example, one person had written that they wanted to go to see the wrestling. Another person had written that they wanted to have more photographs of themselves around the home. Both of these wishes had been achieved and others were being planned, such as a trip to the Isle of Wight in June 2016.

People's support plans were comprehensive and individualised and where appropriate, included pictorial person centred plans with photographs of each person carrying out their daily care tasks. Support plans provided guidance for staff in how to provide care in the way people wanted and included positive risk taking to promote independence. For example, one person had asked if they could walk unsupported by staff to visit people at another home. A trial had been facilitated by staff to assess the person's ability to walk unsupervised and to help them develop their confidence and independent travel skills. However, the risk of an accident was deemed to be too great and this was discussed with the person who agreed to continue to walk with staff support. This was recorded in their support plan and risk assessment.

People had been involved in discussions about their care and where possible, had signed their support plans to say they agreed with them. Where appropriate, family members and other care professionals were invited to contribute to people's care planning. A care professional told us "They're responsiveness is fantastic. [The registered manager] is very good at letting me know about any incidents. Things are documented in care plans; they'll find a remedy and give me feedback. I'm kept up to date"

People's support plans and risk assessments included information for staff about their health conditions, such as diabetes. These were explained in sufficient detail for staff to understand people's conditions and how to support them. When asked, staff were able to describe people's support needs and any risks to be managed, for example with people's money. People's support plans and risk assessments were reviewed and updated regularly or when their needs changed. Care records included information about people's life history, interests and what was important to them, as well as their individual support needs and details such as food preferences.

The home had a keyworker system in place where key staff took a lead responsibility for individual people's care and reviews. A staff handover took place at each shift change to update incoming staff about people's health, mood and wellbeing, which ensured staff were kept informed of any important information or changes in people's care needs.

The complaints procedure informing people of how to make a complaint was displayed in the reception area and included symbols and pictures and details about how to contact the local authority and CQC. People told us they would speak to staff or the manager if they were worried about anything. The home had received three complaints which were recorded in the complaints book. Each complaint had been investigated and actions taken where necessary. There was a record of the outcome and actions taken and the feedback given to the complainant.

Good

Is the service well-led?

Our findings

Staff told us they felt supported and valued by the registered manager. One said "They are very helpful and supportive." Another said "[The registered manager] wasn't the manager when I started. It's improved now." A care professional told us "[The registered manager] is professional. Knows his stuff. They try really hard."

The culture within the home was open and transparent and staff said they felt able to go to the registered manager with any issues if they needed to. The registered manager was available and visible throughout the home, working alongside staff to support people in their daily routines and activities. Staff shared the visions and values of the service and were committed to providing a good standard of care for people. Staff understood their roles and the lines of accountability within the service.

Quality assurance systems were in place to assess and monitor the quality of the service. People were encouraged to share their views. There were regular residents meetings and minutes showed people were asked for their ideas, such as activities and trips out. People were asked for their feedback after taking part in different activities. For example, one person had said they enjoyed watching the sailing and another had enjoyed planting seeds for the garden. This enabled staff to review the activities and ensure they were relevant and enjoyed by people.

Staff were involved in developing the service and told us there were regular staff meetings where they could raise issues and ideas. Minutes from the most recent meeting in May 2016 showed topics discussed included new staff appointments, food menus, and support plan reviews. The most recent staff survey showed staff were very satisfied. Comments from staff included "I am really happy in the job I do;" and "Excellent support always;" and "A good company to work for." The most recent survey results were scored at "Good;" "Very good;" or "Excellent."

Care professionals were also asked for feedback and the latest responses were positive, with comments including "Excellent service. Well done to the staff and manager." A relative had returned a survey which was less positive and said the service was poor. This was followed up by the registered manager to find out why the relative was unhappy. Following the discussion the relative had realised they had ticked the wrong boxes and this was a mistake. They were happy with the service!

The home had operational policies in place which guided staff in the latest practice and legislation. Staff were knowledgeable about the policies and knew where they were kept if they needed to refer to them. Policy updates were discussed at team meetings and staff were required to sign when they had read them.

The registered manager had in place a range of audits to monitor the home. For example, regular audits were carried out by the providers Quality Manager to check the home was meeting the fundamental standards of care as outlined in the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.