

Sure Healthcare Limited

Derwent House Residential Home

Inspection report

Riverside Care Complex, Hull Road
Kexby
York
North Yorkshire
YO41 5LD

Tel: 01759388223

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Derwent House Residential Home is a care home providing personal care for up to 65 older people. At the time of our inspection 40 people lived at the service across two separate areas. Derwent House supports people with residential care needs and Riverview Lodge supports people living with dementia

People's experience of using this service

The standards of care provided to people had improved since the last inspection. We received positive views from people and social care professionals about the support provided to people. Care and support was now more tailored to people's needs and preferences.

People were generally safe from risk. However, some risk assessments and care plans needed improving to ensure this. People, staff and relatives raised concerns regarding staffing levels. Staffing levels were increased during the inspection based on our feedback. Although the systems in place to monitor quality had not found these concerns, great improvements had been made in the quality of care provided and the service was no longer in special measures.

People received their medicines on time and their health was well managed. Staff had positive links with health care professionals which promoted people's wellbeing. Recruitment processes were safe and robust. There were systems in place to safeguard people from abuse and staff demonstrated an awareness of these.

Staff demonstrated effective skills in supporting people with communication. Staff had received training and support to enable them to carry out their role. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were supported with activities and interests to suit them. Staff knew people's likes and dislikes well. Staff told us the management team were approachable. The provider had systems in place to safeguard people from abuse.

The registered manager was supported by a management team and the nominated individual. All the management team spoke passionately about improving the service and being committed to raising the quality of care provided. Relatives and staff told us the registered manager was approachable and knowledgeable and was making positive steps to improve the service.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 19 August 2019) and there were multiple breaches

of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Derwent House Residential Home

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

One inspector, a specialist advisor, a medicines inspector and an Expert by Experience carried out this inspection on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day was carried out by two inspectors.

Service and service type

Derwent House Residential Home 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 CQC. This means that 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 on the first day. We told the provider when we would be returning for the second day.

What we did before the inspection

We reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority. 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 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 spoke with the nominated individual (the nominated individual is responsible for supervising the management of the service on behalf of the provider), registered manager, the operations director, the unit manager, three senior care workers, four care workers, a domestic, an activities worker and the maintenance worker. We spoke with seven people using the service and four relatives. We looked at four people's care records in full and one in part. We also looked people's medication administration records and a selection of documentation about the management and running of the service. We looked at recruitment information for three members of staff, staff training records and records of complaints.

After the inspection

We received further information via email from the provider to verify information they told us during the inspection.

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 inadequate. At this inspection this key question has improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Some areas of risk needed addressing during the inspection. One person was being provided with a drink which could place them at risk. The registered manager said they would speak with the staff straight away. One person's care plan did not provide sufficient information regarding current risk and control measures in place. The registered manager acted on our feedback and updated the care plan for this person before our second day of inspection.
- Staff understood and recognised potential risks to people. Care plans and risk assessments contained explanations of the control measures for staff to follow to keep people safe.
- Accidents and incidents were responded to appropriately. These were monitored, and records demonstrated how they had considered lessons learnt and recommended changes when necessary. Information updating one person's care plan following an incident could not be located during the inspection. The registered manager assured us this had been completed and would ensure it was available to all staff within the care plan.
- Risk assessments, including a fire risk assessment, helped to keep people safe and these were regularly reviewed.

Staffing and recruitment

- Feedback from people, relatives and staff; and records of complaints told us that there was not always enough staff available to meet people's needs. We discussed this with the registered manager who told us that staffing levels were set according to their dependency tool, which gives guidance on staffing levels. The registered manager discussed this with the nominated individual and agreed that staffing numbers would be increased immediately.
- Recruitment procedures were safe and robust. Checks on agency staff were more in-depth and more effectively monitored since the last inspection.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Staff demonstrated a good awareness of safeguarding

procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them.

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of healthcare related infections.
- The environment was clean and well maintained.

Using medicines safely

- Medicines arrangements were safe and managed appropriately; people received their medicines when they should.
- Protocols were in place for medicines prescribed for use 'as and when required' to guide staff when these medicines should be given.

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 had improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to follow the Mental Capacity Act (MCA) for people and failed to ensure staff were suitable trained and supported staff. This was a breach of regulation 11 (Need for consent) and regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11 and regulation 18.

Staff support: induction, training, skills and experience

- Staff were sufficiently supported to fulfil their role. Regular supervisions and annual appraisals took place and these were being monitored. Staff told us, "I have supervision every 6 weeks. It's regular. We have a good chat, and I can discuss any training I want."
- Staff felt supported by the management team and told us they could approach them at any time for advice or support.
- A staff induction and training programme was in place. Staff regularly attended training including on line learning and external training providers. There was a commitment from the management team to promote and encourage attendance on training and for staff to increase their knowledge and skills.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people did not have capacity to make specific decisions or consent to their care, records showed decisions had been made in people's best interests.
- Applications to deprive someone of their liberty had been made and systems were in place to monitor

these.

- Staff showed a good understanding of the principles of MCA. One comment included, "Even though people have dementia, it's important to make sure they have choice of clothes etc. We always promote choice."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- Assessments of people's needs were completed, and these had been reviewed.
- Care and support was planned, delivered and monitored in line with current best practice and evidence-based guidance.
- The service was adaptable to meet the needs of people, working with other services to provide a package of care and support to meet the person's needs.

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

- People were supported to maintain a balanced diet.
- People were protected from risks of poor nutrition and dehydration, despite some records not meeting best practice.
- People gave positive feedback regarding the food. Comments included, "The food is very good. The sweets are very good, plenty of choice and variety. There are plenty of drinks throughout the day and at meal times."

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

- Guidance and support from healthcare professionals was obtained and followed. Information was shared with other agencies if people needed to access other services such as hospitals.
- Systems to record contact with professionals were clear.

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 requires improvement. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection the provider had failed protect people's rights to be treated with dignity and respect. This was a breach of regulation 10 (dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

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

- People were treated with kindness; they were actively listened to and their choices respected. Comments from people included, "The care is very good and I feel well looked after."
- Staff were friendly and worked together as a team. A staff member told us, "Team work has improved a lot, it has been a massive improvement to where we were before. Staff are in a better mood and this makes the atmosphere better for people."
- Staff demonstrated a good knowledge of people's personalities, diverse needs, and what was important to them.
- Some staff felt staffing levels kept them task focused and they were unable to spend much meaningful time with people. One comment included, "My only thing I wish I could spend more time with people. I'm sure they would really enjoy that little conversation, other than when completing tasks. To me that's what being a carer is all about." The provider informed us at the end of the inspection that they would increase staffing levels based on our feedback. This would give staff more time to spend with people.

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

- Staff supported people to make decisions about their care. They knew when people wanted help and support from their relatives. Where needed staff sought external professional help to support decision making for people, such as other health professionals.

Respecting and promoting people's privacy, dignity and independence

- People were treated with compassion, dignity and respect.
- People's right to privacy was respected and reflected in care planning. Staff could tell us how they maintained people's privacy; comments included, "You would always make sure the curtains were closed, and if giving a wash we would put a towel over each area as we clean them."
- People were supported to remain as independent as possible. Staff could describe how people were encouraged and supported to do things for themselves, including personal care. A relative told us, "[Name

of person] is treated really well. They are very independent and pro-active in what they try to do and this is encouraged and supported by the staff."

- Systems were in place to maintain confidentiality and staff understood the importance of this. Care files and other private and confidential information were stored securely.

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 requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

At our last inspection the provider had failed to provide personalised care for people and failed to take action following complaints. This was a breach of regulation 9 (person centred care) and regulation 16 (complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9 and regulation 16.

Improving care quality in response to complaints or concerns

- Systems were in place to respond to complaints. The complaints procedure was available within the service.
- People told us they knew how to make complaints. Comments included, "I don't have any complaints, if I did I know the registered manager would deal with it." A relative told us, "We had a bit of an issue a while ago, but I was able to resolve it satisfactorily with management."
- All complaints received had been investigated and responded to.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs and information on how best to meet their preferences were recorded and updated. Some records could be further enhanced and the registered manager recognised that was required through continuous improvement and development of the service.
- Staff were knowledgeable about people and had a good understanding of their preferences and interests; this enabled them to provide personalised care.

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

- People engaged in activities in the home and in the local community. The service employed a passionate and enthusiastic activities coordinator who provided a variety of activities to suit people's interests and abilities.
- People were also encouraged to spend time with family and friends. Comments included, "My visitors can come in any time they wish, there are no time restrictions. The staff always make them feel welcome."

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.

- People's communication needs were identified, and reasonable adjustments were made. Information was presented in a way people could understand.
- Information in people's care plans supported staff to understand people's forms of communication.

End of life care and support

- End of life care planning was recorded in care plans.

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 inadequate. At this inspection this key question has improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed have systems in place to monitor the quality of care provider and failed to maintain up to date records. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- Since the last inspection systems and processes had been put in place to monitor and improve the quality of care provided. Not all concerns we found during the inspection had been identified by the management team, however, great improvements had been made. More time was needed to show systems had been embedded in practice and continued to drive forward improvements.
- Plans were in place to drive forward and monitor improvement. The registered manager recognised some action plans had not been created following audits or updated when actions completed. They said this would be included moving forward.
- Some records were not available or up to date to support people's holistic needs and keep them safe from risk. However, gaps in record keeping had reduced since the last inspection and the registered manager and supporting team were quick to respond to any gaps identified.
- The registered manager was aware of best practice and our expectations in relation to quality. They were working with the whole staff team to move the service forward and support improvements.
- People and staff had confidence in the management team and found them to be approachable. A staff member told us, "I have every faith in the registered manager. I was here when they worked here before. You just know where you are with them. I trust them. It's not often I would have to question anything they ask of me."
- Not all staff felt communication was effective. Although communication methods were in place, some care staff felt this could be improved. The registered manager assured us they would consult with staff and make changes were necessary.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider demonstrated a commitment to improving person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- People had opportunities to be involved in developing the service. We saw people and their relatives were asked to complete a quality assurance questionnaire. Feedback was summarised, and action was taken where people made suggestions.

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 registered manager was open and transparent when dealing with issues and concerns. They understood their responsibility to apologise and give feedback if things went wrong.

Working in partnership with others

- The service worked closely with key organisations, such as district nursing team and had good links within the local community to ensure good outcomes for people.