Countrywide Care Homes (2) Limited

Dussindale Park

Inspection report

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Tel: 01603701900

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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

Dussindale Park provides purpose-built accommodation and care for a maximum of 58 older people. It provided personal and nursing care to 48 people at the time of the inspection.

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

We found a service that had been working hard to overcome matters raised at the previous inspection. The impact of these positive changes had ensured a rise in the quality of service offered to people.

People at this service were well cared for by dedicated staff. People benefited from good personal care. People using the service were relaxed with staff and the way staff interacted with people had a positive effect on their well-being. People were treated with kindness, respect and compassion and their privacy, dignity and independence were promoted.

People's feedback was consistently positive about the care, support and nursing staff. People particularly liked the home because of the caring staff employed. One person told us, "We were just saying about the happy positive atmosphere. It has improved to my mind. The staff are laughing more with us now."

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.

Systems and process in place at the service kept people safe in all areas of their care including the administration of medicines.

There were enough staff on shift to support people with their nursing and care needs. Robust recruitment checks were carried out before staff started working at the service. Staff received induction, training and supervision to ensure that they had the right skills and abilities to support people.

People were supported to eat and drink enough to maintain a balanced diet and had appropriate access to healthcare support.

The manager and organisation had a system of audits in place that were used to monitor and improve the quality of the service. Complaints were responded to appropriately by the manager and they understood their duty of candour.

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

Rating at last inspection The last rating for this service was Requires Improvement (Published on 25 September 2018)

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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.

Dussindale Park

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
Membership of the team consisted of three inspectors. One of whom was a nurse specialist and an expert by experience. An expert by experience is a person that has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Dussindale Park 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 did not have a manager registered with the Care Quality Commission. 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.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also received feedback from allied health and social care professionals that support the service.

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 two staff in the kitchen, activities and housekeeping staff, in addition to speaking with three nurse's and three care staff. We also had discussions with the providers representative and the manager throughout the day. 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 six 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.

Good

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

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management
At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. Nursing staff had not always recorded and reassessed pressure areas consistently to ensure ongoing risk assessment and appropriate treatment. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

● We found good quality records relating to the prevention and the treatment of pressure sores. Where people had been admitted with pressure sores nursing intervention had worked and these sores were healed or healing.
● Risks to people were assessed with guidance available for staff in how to minimise risk. Risk assessments covered areas such as people's risk of falling. People told us that staff acted "promptly" if this happened. People told us they felt safe when staff used the hoist to move them. One said, "Yes, when they need to move me they use the hoist; it's fine, I don't mind it at all."
● Regular checks on the environment and equipment took place. Where bed rails were used these were checked regularly to ensure they were safe. People had personal emergency evacuation plans in place.

Staffing and recruitment
At our last inspection the provider had failed to ensure consistent levels of staff. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

● Staffing levels were safe and met people's care needs but we found that not enough staff were consistently available to facilitate everyone's social needs. Observations on the day were that people in their rooms spent long periods of time not socially engaged. One staff member said that on occasion peoples scheduled bath would be postponed until staff levels enabled this to happen.
● The manager told us they used a dependency tool to set safe staffing levels. Peoples feedback was that there were generally enough staff available. One person said, "There seems to be more staff around these days."

● The provider operated systems that helped ensure that staff were recruited safely.

Systems and processes to safeguard people from the risk of abuse
● People consistently told us they felt safe.
● Staff knew what to do if they suspected a person was being abused and were confident that any safeguarding issues they raised would be acted upon. One staff member said, "I would report to safeguarding any concerns. The residents come first here."
● The provider had appropriate systems in place to report safeguarding matters to the local authority for assessment and investigation and we found that this had happened in practice.

Using medicines safely
● People received their medicines as required by trained and competent staff.
● Medicines were managed safely and associated records were maintained correctly.
● Where people were prescribed medicines to take 'as and when required' guidance was available for staff to follow. One person told us, "Last night I had a headache which would not go away. I rang and they brought me paracetamol. I'm OK now."
● Topical medicines were administered consistently as intended. Controlled medicines were stored and accounted for correctly.
● People were assessed to see if they could take their own medicines safely. We saw a comprehensive risk assessment in place to ensure a person continued to be independent and administer their own medicines.

Preventing and controlling infection
● Good systems, practice and equipment were in place. Nurses were effectively 'barrier' nursing one person to stop infection transmission.
● The whole environment looked clean and smelt fresh.

Learning lessons when things go wrong
● The manager and provider critically reviewed incidents and events and determined if improvements were needed. Staff records were of good quality when reporting incidents.
● Changes to practice were made where incidents and events had highlighted shortfalls or risks in the delivery of the service. An example being where a person had tried to climb over bedrails these had been replaced with a low-profile bed and a crash mat so that the risk was eliminated in future.

Good

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 now improved to good.

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

Ensuring consent to care and treatment in line with law and guidance
At our last inspection the provider had failed to ensure that the Mental Capacity Act was followed as intended. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 11.

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).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The manager had understood their responsibilities in terms of making applications for deprivation of liberty safeguards (DoLS) to the authorising authority and once granted making notifications to us about those applications.
- We routinely saw that staff asked for consent before delivering care and treatment. People consistently said this was the case. One said, "They help me put on cream for my skin. I can do some myself, but they always ask me if they can help or if I'd prefer to do it myself."
- Care plans and the PIR showed us that consent, best interest decisions and people's legal status such as Last Power of Attorney was well understood, and processes followed.

● Staff had received training in the application of the MCA.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● People's needs were assessed prior to moving into the service and then developed into a care plan. The PIR stated that if any risk identified the need for equipment then this was ordered before the person arrived at the service.
● The manager explained how they strived to make the assessment process as inclusive as possible with the person and their family if relevant. We saw evidence of meetings with people and their families to develop a person-centred approach.
● Assessments completed considered principles of human rights, equality and diversity.

Staff support: induction, training, skills and experience
● The PIR completed told us that all staff were 100% up to date with training identified to meet the needs of people at the service. Due to this people had benefitted from less pressure ulcers and less weight loss.
● We tested this claim and found that there was good staff knowledge in the clinical treatment of pressure ulcers and care staff understood the importance of good nutrition, good continence management and good repositioning.
● Nursing staff had appropriate clinical updates in place such as wound care training and MCA. Nurses told us they had access to clinical supervision on a regular basis.
● Care staff new to care were supported to obtain the Care Certificate [a nationally recognised induction for staff working in social care] and could go on to obtain a recognised qualification in care. Currently 17 care staff held a suitable qualification in care.

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

● Nursing interventions had improved people's wellbeing. There was a reduction in pressure ulcers. Where people had been admitted with pressure ulcers we saw that these had healed or were getting better.
● People were routinely registered with healthcare professionals. A GP visited when required to ensure access to treatment and medicine. There was a good relationship between the service and healthcare professionals. One person told us they did not need to worry about arranging their health care needs because it was all arranged for them, "The doctor visits twice a week so if I need to see him, I just let them know. If it's more urgent they'll call the doctor out. They'll arrange for the optician or a dentist and the chiropodist come about once every six weeks."
● There were several examples of the service staff working effectively with others to ensure good outcomes for people. There were strong links with tissue viability nurses, speech and language therapists and
● Appropriate information was shared in a timely way, if a hospital admission was required or if a person was attending hospital appointments for example; diabetic checks relating to diabetic retinopathy.

Supporting people to eat and drink enough to maintain a balanced diet
● People spoke positively about the quality and quantity of food and drink available to them. One relative said, "There's a choice and even if my relative doesn't like that he can ask for something else." People spoke positively of the newly recruited chef and we saw them consulting people about the food on offer.
● Advice was sought from appropriate health professionals in relation to nutrition. The chef and staff had updated information to hand on special diets required. Peoples weight was regularly taken as part of nutritional assessments and plans with actions taken if needed.
● The mealtime experience was observed and found to be a positive social experience with sufficient staff

available to support those people who required assistance.

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

● The service is a purpose-built nursing home and as such was accessible to people with disabilities. There was a shaft lift and access to gardens that were safe.

● Finance had been identified to develop the dining rooms further. Recently facilities to make drinks and a fridge had been developed in a lounge downstairs. Better facilities were being developed for the first floor that would enhance people's experiences of eating and access to drinks.

Good

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 now improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us that staff were kind and caring. We observed some positive practice by staff who emotionally supported people with compassion. One person told us about a recent incident when they were anxious and how staff had supported them, "The other evening I was upset and one of the girls realised and came and gave me a big hug sat with me for nearly an hour. I felt better after that."
- People consistently said they were treated well and had the correct support given with dignity and respect. A relative explained how a staff member had responded quickly to their concerns for a relative's dignity and had immediately supplied equipment to make using the toilet that much easier in their room.

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

- People told us that they were generally involved with decision making and their decisions were respected. One person gave an example of being listened to and a change being made for them in relation to medicine, "I have two pills a day and they were giving me the pink one at about 10pm in the evening; it left a nasty taste in my mouth. I asked if I could have it a bit earlier. They agreed and now I have it at 5pm."
- Relative and resident meetings were held every two months. Notices of the dates were displayed. One person explained how they liked to attend because they found out about any intended changes and could speak about matters such as changes to the menu.

Respecting and promoting people's privacy, dignity and independence

- People and their families completed life histories, and this enabled staff to develop meaningful relationships and have respect for people as individuals. Daily notes made by care staff showed clear respectful recording of care given.
- Relatives confirmed to us that people's privacy and dignity was always maintained. Our observations were that staff were mindful in their actions and how they spoke with people. People consistently said staff ensured their privacy with knocking on doors and closing doors before care was provided.
- People's independence was respected. One person explained how they made their own hot drink, another said they had jobs in the service such as folding the towels, which they enjoyed. Another person told us how they were supported to maintain their independence with walking, "I know my walking isn't as good as it was, but they do let me try to get about. I've got this frame which helps, and the carers keep an eye on me."

Good

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 now improved to good.

This meant people's needs were met through good organisation and delivery.

At our last inspection the provider had failed to ensure effective care planning and delivery of person-centred care. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

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

- Since our last inspection all care plans had been rewritten. These were more person centred and were in the process of being reviewed with people.
- People with more complex needs and health care needs had good effective plans in place that were based upon best practice. For example, care planning relating to diabetes was of good quality and addressed all aspects of the condition and guided staff to access other professionals and read the persons symptoms appropriately in relation to hypo and hyper glycaemic coma. Another good example was the development of care planning to address wounds. These had incorporated advice from other professionals. Wound evaluation charts and photographs were used appropriately to monitor. Record and treatment plans showed an upward trend for people.
- Our nurse specialist concluded that care plans were up to date and were regularly reviewed and gave good guidance to staff to enable a consistent approach that benefited people at the service.

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 had their communication needs assessed appropriately and this formed part of the care planning. People with sensory loss such as hearing were supported with hearing aids, opticians visited, and speech and language therapists were consulted where needed.

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 spoke of a varied and interesting access to social activities. Several people mentioned they had

enjoyed the musical entertainment the day before. One person said, "I enjoyed Cliff -didn't you, he was good." A different person explained, "There are a number of things which they organise. In my folder, I've got a sheet they give me every week to let me know what's happening. They come and tell me too. I go to some. I like the bingo, I win quite a lot and I like a quiz too." Another person spoke of their liking of the gardening group. We fed back at the end of the inspection our observations that people in bed or isolated in their rooms had limited social stimulation. The managers agreed to consider our feedback further.

● There had been an increase in the number of activity staff employed. One person spoke of how they were able to go out to local shops another person explained that a person came every Tuesday and offered to do any shopping people required. The service had shared access to a minibus and organised regular trips out for those who chose to go.

Improving care quality in response to complaints or concerns

● There were known complaints systems and procedures in place. The procedure was displayed.

● People and relatives said that they felt able to speak to the manager at any time. People knew who the manager was. One person said, "I'd speak to [named the manager], she's easy to talk to and I think she gets things done." Staff were aware of how to resolve concerns at a lower level if possible.

● We saw evidence that complaints received were taken seriously to improve the service where possible and appropriate actions with records were in place.

End of life care and support

● All aspects of peoples live require planning, and this includes end of life care planning for some people. People's wishes of planning ahead and advanced decisions on treatment were consistently recorded, and families were routinely involved as appropriate. Peoples beliefs and wishes were known.

● There were known systems in place with regards resuscitation wishes and decisions were appropriately recorded on known paperwork, such as forms published by the Resuscitation Council that were recognised by health and social care professionals.

Good

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

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Managers had worked hard to improve the service on offer to people. We had received an action plan that had been worked on and this had ensured all previous breaches of regulation were risks had been identified had now been addressed.
- Governance systems were being embedded into the running of the service. There was a framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service. This meant people were assured of a quality service being developed and maintained over time.
- Medicines audits had been revised and were now effective. We saw that audits that measured cleanliness and infection control were effective. A staff member linked with an external group to better understand infection control issues. Fire and health and safety matters had management oversight. The systems in place showed us that managers were clear about their responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a new effective manager in place. They were in the process of applying to become registered with the us the Care Quality Commission. People and staff were positive about the new appointment. One person said, "I think staff are happier now; the other morning when the shift change-over was happening, I could hear them laughing and chatting, it was lovely. The atmosphere has changed, it's much better." A staff member thought the new appointment was the right one, "The home is moving forward thanks to the newly appointed manager who has a working knowledge of the place. She is part of the answer to retain staff and improve the place."

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 a policy and procedure in place and fully understood the need for candour when things went wrong. We saw examples of when they had been open and apologised when matters had not gone as planned.

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

characteristics

● The service did involve both people and staff in the running of the service, there were regular resident and relative meetings and staff meetings with minutes kept. One relative told us, "I think they want to improve, when something crops up, we talk about what's the best way forwards." A person at the service said they attended meetings and "I'm aware the manager is trying to recruit more staff."

● The PIR told us that surveys were used to develop and plan improvements within the service.

Working in partnership with others; Continuous learning and improving care

● The service worked in partnership with health and social care professionals who were involved in people`s care. We had ongoing dialogue with the local CCG who visited the service and had found improvements to the care provision since our last inspection.

● The manager and team networked locally and nationally with colleagues to share best practice. The provider is registered with Investors in People. Dussindale Park Nursing Home has been awarded the highest score.

● There were systems in place to review and revise all policies and procedures in place on an annual basis therefore enabling staff to have access to updated practice.