

Valorum Care Limited

Denison House Care Home

Inspection report

3 Denison Road
Selby
North Yorkshire
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Tel: 01757703884

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Denison House is residential care home providing personal and nursing care to 27 people aged 65 and over at the time of the inspection; some of whom were living with dementia. The service can support up to 31 people.

Accommodation was provided over two floors; the majority were single rooms although couples could share if requested.

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

People, relatives and staff felt there were positive changes taking place and the registered manager was listening to their views and opinions. There was evidence of improvement around leadership, oversight and management within the service.

People felt safe and well looked after. All areas were clean, tidy and there was sufficient cleaning taking place to keep people safe from the risk of infection. Relatives said they were confident that staff provided good care in a safe way.

Care plans and risk assessments were in place for people's support needs. These had improved in quality since our last inspection and covered people's health conditions. Families confirmed that they were able to contribute their views on their relative's care and support.

The assessment, monitoring and mitigation of risk towards people who used the service had improved. The registered manager carried out regular checks and analysis of falls and incidents to ensure learning from events was undertaken. This meant risks to people's health and safety were reduced.

People received their medicines on time and when they needed them. Improvements had been made to the recording of the application of topical medicines, such as external creams and ointments. Staff had positive links with healthcare professionals which promoted people's wellbeing.

Staffing levels had improved and staff were patient, kind and respectful towards people. Care was more person-centred and staff had time to talk with people during the day.

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.

A registered manager had come into post since the last inspection. They were making positive changes to the service and people, staff and relatives spoke highly of them.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 10 September 2019) and there were two breaches of regulation.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 10 July 2019. Two breaches of legal requirement were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve quality assurance and cleanliness as part of their governance of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led, which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Denison House on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Denison House Care 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

Two inspectors carried out this inspection. An Expert by Experience was used to contact relatives by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Denison House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The 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

We gave a short period of notice of the inspection because of the Coronavirus pandemic. We had to arrange safe working procedures for our inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. The Expert by Experience spoke with seven relatives over the telephone. We spoke with the registered manager, a team leader and the maintenance person and telephoned five care staff and a member of the domestic staff to talk about their experience of the service.

We walked around the service and observed care, meal times and social interactions throughout the service using infection, prevention and control and socially distanced practices.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. We requested copies of a variety of records relating to the management of the service, which we took away to review as part of the inspection process.

After the inspection

We continued to seek clarification from the registered manager to validate evidence taken away from the service.

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 improved to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to the cleanliness of the premises and equipment, and appropriate standards of hygiene had not been maintained. This was a breach of regulation 15 (premises and equipment) 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 15.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns internally and to relevant professionals.
- The registered manager understood their responsibility to liaise with the local authority if safeguarding concerns were raised.
- Families were confident that the service let them know if anything was wrong. One relative said, "Staff notify me of any changes to [Name's] mental health and wellbeing or if there have been any behavioural incidents."

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

- Risks to people's safety and wellbeing were appropriately managed. People's care plans included, individualised risk assessments which provided staff with a clear description of any risks and guidance on the support people needed.

- The registered manager monitored and analysed accidents, incidents and safeguarding concerns to aid learning and reduce the risk of them happening again.
- The environment and equipment were safe and maintained. Emergency plans were in place to ensure people were protected in the event of a fire.
- Staff were trained to ensure people were cared for safely. The majority of staff had attended moving and handling, infection prevention and control and fire drill training.
- People and relatives were satisfied about safety in the service. One person who used the service said, "I feel safe here. The staff are young, but they do okay. Any problems and I would speak with the manager. They sort things out."

Staffing and recruitment

- Staff were recruited safely. Appropriate checks were carried out to protect people from the employment of unsuitable staff.
- The registered manager used a tool to monitor the number of staff required, based on people's needs. The registered manager had increased the number of staff on each shift and was using a small amount of agency staff whilst recruiting for additional permanent staff.
- There were enough staff on duty to meet people's needs. The service was calm, quiet and well organised. People were clean, their requests for attention were dealt with quickly and staff were working in an efficient way.

Using medicines safely

- Medicines were safely managed. Improvements had been made to the recording of 'as and when needed' (PRN) medicines and topical medicines such as creams and ointments.
- Staff had the skills and knowledge to administer people's medicines safely. Staff received medicine management training and competency checks were regularly completed.

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 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; Continuous learning and improving care

At our last inspection the provider's systems had failed to identify and address issues which could affect the quality or safety of the service. 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.

- The registered manager had made significant and widespread changes to improve the quality and safety of the service. For example, improvements included staffing levels and cleanliness and hygiene standards. Issues with the environment had also been addressed. A relative told us, "I would recommend this home because there is good care and I feel that [Name] is well looked after in a pleasant and cheerful environment."
- Governance systems had been put in place and were used to identify quality shortfalls. The registered manager had an action plan in place and support from the provider to move the service forward.

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

- There was a positive, calm and friendly atmosphere within the service. Staff told us they felt supported by the registered manager and one member of staff said, "Staff are working more as a team. [Name of manager] lets you know what they expect of you. Any issues are kept confidential."
- The service was well run. It was welcoming and friendly; people were treated with respect and kindness. A relative said, "The staff chat regularly with residents and there always seems to be a positive culture with helpful staff, all pulling together to create a happy 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 registered manager communicated relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- There was good communication with people and families. One relative said, "The manager and staff are all approachable and responsive to queries."

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

- People, relatives, staff and health-care professionals were asked for their opinions of the service. Meetings, satisfaction surveys and one to one discussion were used to gather feedback. This was analysed and followed up by the registered manager.
- During the coronavirus pandemic the service had used phone calls, emails and IT (virtual meetings) to ensure people and relatives remained in contact with each other.

Working in partnership with others

- The registered manager had worked closely and collaboratively with the local authority and other professionals to make improvements and develop the service.