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St Denys Care Home

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

St Denys is a care home without nursing for up to 12 people with predominately mental health issues. The accommodation is provided in a large terraced house with bedrooms on ground and first floor. There is easy access into the local town.

Rating at last inspection

At our last comprehensive inspection completed in November 2017 we rated the service as overall requires improvement with requirements in recruitment and good governance. In October 2018, we followed up with a focussed inspection to check they were meeting the requirements we had set. We found they had been met, which meant their overall rating had improved to Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

The service had a registered manager who was also the registered provider. 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 said they felt safe and well cared for by a staff group who understood their needs.

Care and support was being well planned with good liaison with healthcare professionals where needed. One healthcare professional said "I have been impressed with the way they have helped (name of person) settle in. They are doing better than I expected."

People were supported by sufficient staff with the right skills. Staff treated people with respect and dignity. Care and support was being delivered in a kind and compassionate way.

Staff had support and training to help them do their job effectively. They felt valued and listened to. Staff said there was a good team work approach within the home. They worked in a way which encouraged people to retain as much independence as possible. Risks had been clearly identified and where needed measures had been put in place to reduce those risks.

People were supported to maintain a healthy balanced diet. Healthcare needs were monitored. Some people were supported to attend appointments and access the local community. Most people had a level of independence which meant they could organise their own social outings. Some activities were organised in house and for group outings to the local amenities.

Systems and audits ensured the quality of care and support were being reviewed and improved. People were enabled to have their voice heard.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

St Denys Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 January and 4 February 2019. The first day was unannounced. The second day was agreed with the registered manager for a time when they would be available to go through their records. Both inspection days were completed by one adult social care inspector.

We looked at all the information available to us prior to the inspection visits. These included notifications sent by the service, any safeguarding alerts and information sent to us from other sources such as healthcare professionals. A notification is information about important events which the service is required to tell us about by law. We also reviewed the service's Provider Information Return (PIR). This is a form that is completed at least annually. It asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with seven people. We spoke with one health and social care professional during our visit and one following the inspection. We spoke in depth to the registered manager and three care staff.

We looked at three care files including risk assessments, care plans and daily records. We reviewed medicines records, three recruitment records and a variety of records relating to the auditing of the environment and quality of care.

Is the service safe?

Our findings

The service remains safe.

People said they felt safe and well cared for. One person said "This has been my home for a long time now. We are well looked after here. The boss (registered manager) is very good."

When we last completed a comprehensive inspection in November 2017, we found two breaches in this key area; infection control; recruitment. We returned to do a focused inspection in October 2018 and found these areas had improved. The registered manager and provider had updated their laundry area to ensure this complied fully with infection control standards. They had also installed a cooling system into the storage area where medicines were kept. This had ensured medicines were not being stored at temperatures which compromised the effectiveness. We also found records in relation to recruitment processes were more organised and the right checks and references had been obtained prior to new staff being employed.

During this inspection recruitment records continued to be robust and meet all the requirements as detailed in schedule 3 of the regulations.

Medicines were well managed. There were robust systems in place for safe storage, recording and administering of all medicines. Staff confirmed they had received training in safe administering and recording of medicines. Their competencies were checked to ensure they followed the services policy and procedures. Regular audits were completed to check the records and amounts of medicines tallied. The cooling system installed in the medicines storage area continued to ensure the temperature did not reach higher than the recommended levels i.e. above 25 degrees celsius. The registered manager completed regular audits on stock, records and staff competencies to administer medicines in line with their policy and procedures. People confirmed they received their medicines on time. We heard people being asked if they needed additional pain control.

People's needs were met because staffing levels were in line with their assessed needs. There were usually two staff per shift and one waking night care staff plus an on-call person who could come in quickly if an emergency occurred. Staff covered any gaps in their rotas due to sickness and annual leave. They did not use agency staff. The registered manager said they had a core of really good staff who knew people well and who were "willing to work extra shifts if need be."

Staff understood people's needs and knew people's history and background. They were aware of people's routines and what they needed to do to support individuals to stay healthy and well. One staff member said, "Our client group has changed somewhat, but we know our residents and when one comes in worse for drinking we know how to handle them."

People were protected from risks because assessments had been completed to identify and minimise risks where possible. Risk assessments included accessing the community, and health conditions. They were

comprehensive and reviewed monthly.

All areas of the service were clean and free from offensive odours. The laundry area was clean and well organised. The kitchen was clean and tidy with no obvious hazards. Staff received infection control training and were equipped with personal protective equipment (PPE) such as gloves and aprons. Support staff completed cleaning duties, encouraging people to be involved where possible. The registered manager explained they had introduced calendars into each person's room to show when a clean and a deep clean had been completed.

Staff understood abuse and who they should report any concerns to. We saw from the staff minutes of a recently held meeting abuse was discussed and example scenarios looked at. The registered manager understood their responsibility to report to the safeguarding team. There had been no safeguarding alerts in the last 12 months.

Is the service effective?

Our findings

The service remains effective.

People felt they received effective care and support because they were confident the staff knew their needs and wishes. One person said, "They know exactly what I like to eat, when I may need someone to talk to."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions the registered manager and staff followed the principles of the MCA.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

The Care Quality Commission (CQC) monitors the operation of DoLS and we found the home was meeting these requirements. The registered manager was aware of their responsibilities in relation to DoLS but had not made any applications because people did not lack capacity nor needed to be restricted. Some people had support to manage their monies and their daily cigarette intake, but this was by agreement with the individual. Staff had received training on the MCA and they demonstrated an understanding of people's right to make their own decisions.

Staff worked with people to ensure their wishes were understood and respected. This included their decision to make unwise choices in respect of smoking and having health related issues. One person said "I am going to go to the give up smoking clinic, but I am not looking forward to it. Staff are coming with me to support me."

People benefited from a staff group who were well trained and supported to do their job effectively. Staff said they had good opportunities to train and develop their skills on a regular basis. This included national qualifications in care. Most staff had achieved a level 2 and one was completing a level 3. Staff also had the opportunity to complete more specialised training such as behaviours relating to alcohol abuse and nutrition and hydration. Staff confirmed they had regular opportunities to discuss their training needs with the registered manager. They felt the training offered them the right skills to do their job.

People were supported to maintain a healthy balanced diet. They were involved in choosing and planning menus. People were encouraged to help with preparation of meals, but most did not wish to do this. The menus reflected a good range and choice to encourage people to have a healthy balanced diet.

The design and layout of the service took into consideration people's needs. Those less mobile were given bedrooms on the ground floor. There was ample communal space with different areas so people did not all have to sit together. The service was fresh smelling and homely.

Is the service caring?

Our findings

The service remains caring.

People said staff were kind and caring towards them. One person said "Staff are kind to us. They are all nice." One healthcare professional commented "The staff are very supportive and caring towards people."

People were supported in a way which ensured their dignity and privacy was upheld. Staff asked if people would like support with their personal care in a discreet and caring way. People confirmed staff always knocked on the bedroom door before entering. Staff said they only supported people with tasks they struggled with. Staff were keen for people to maintain their independence but were mindful some people needed encouragement and support in their personal hygiene. One staff member said "We have one person who refuses to have help, but it gets to the stage where they really have to have the help to get clean. We try to make this a good experience for them."

Staff knew people well, they understood the things and people who were important to everyone. Staff could describe people's preferences, personal histories and backgrounds.

People's diversity and differences were celebrated. For example, one person liked to collect items which they found important to them. These collections varied. Staff supported the person to enjoy buying items for their collections.

People's different ways of communicating their needs and frustrations were understood and responded to by staff. One staff member said "it's not easy for people living in a communal setting all the time. We talk to people about what's bothering them, try to encourage people to go for a walk or go to their room if someone else is bothering them. It's difficult when people have their own emotions, to have to deal with other behaviours." Staff had recently been on training to understand the effects and behaviours associated with alcohol abuse.

People were encouraged to personalise their rooms, make this their own space. Staff supported people to keep their rooms clean and tidy, but respected that people had different thresholds for how this should be.

Visitors were made welcome and staff supported people to stay in touch with friends and family. One staff member said, "We try to be like a family, making sure people feel welcome here."

Is the service responsive?

Our findings

The service was being responsive to people's needs. This was because care and support was well planned. Since the last inspection the registered manager had been working on developing people's care plans electronically. They were easier to read and had clear sections for each area of support needed. Where people had particular healthcare needs, these were clearly identified within the plan. This included what staff should do to support the person to stay healthy and well. The plans were in the process of being shared and reviewed with people. Some had pictures to help people understand their plans of care.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Care plans included where staff needed to consider people's complex communication needs. The registered manager said if needed they could produce information in bigger print or in audio, but she had found spending time and reading plans to people was working well.

People were supported to access the local community, clubs, local cafes and shops. Most people were independent in being able to go out and about. Some people liked support when attending their healthcare appointments and arrangements were made to ensure this happened. There was no set programme of activities during the day, but staff did spend time talking with people and made suggestions for activities which were sometimes taken up. This included cooking, arts and crafts or playing a board game. They also had music sessions on a regular basis. Some people enjoyed attending the local church coffee mornings.

Healthcare professionals said the service were responsive to people's needs. One said "They have improved over this last 12 months, with better leadership and more structure. The service appears to be doing well and I feel confident in placing people here."

People were supported to be empowered, listened to and valued. There were regular house meetings to discuss the running of the home, what people would like on the weekly menus. In addition to this staff spent one to one time talking with people to gain their views. One person said, "The manager asks us how we are and if we want anything." The service had a complaints process and since the last inspection there had been one complaint. This had been fully discussed with the person, their family and their funding authority. CQC were also briefed about the concern raised.

At the time of the inspection, there was no one receiving end of life care. Plans have a section for people to record their end of life wishes if they wish. Staff had completed sections within their national training on end of life care. The registered manager said they would liaise with the person's GP, community nurse team and assess whether they were able to provide end of life care for an individual. Where possible if their wish was to remain at St Denys, they would try to accommodate this.

Is the service well-led?

Our findings

At the last comprehensive inspection completed in November 2017, this key area was rated requires improvement. This was because despite having audits and systems, these had failed to identify that recruitment was not robust and the storage room for medicines was too hot. We completed a focussed inspection in October 2018 and found these areas had been addressed and systems for reviewing and auditing had been improved.

The service had a registered manager who was also the registered provider. 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. Since the last comprehensive inspection, they had worked hard to ensure they were meeting all the requirements and to continually improve the service. This has included updating all care plans and risk assessments. These were much clearer and more person centred.

People, staff had professionals said the registered manager was supportive and listened to them. There had been a much more active presence from the registered manager in the last 12 months. This had impacted positively on the running of the service. There was better leadership and staff said they felt valued and listened to. The staff team worked well together for the common aim of ensuring people had a homely environment and were supported to lead as independent a life as possible?.

There was clear evidence of good partnership working with commissioning teams and other healthcare professionals to ensure the right service was delivered to people. One healthcare professional commented that there had been good liaison with them and the service.

Systems and audits were used to ensure the environment was safe and well maintained; records were kept accurately. The registered manager completed monthly reviews of each care plan involving the person if possible. They also completed comprehensive medicines audits.

The registered manager understood the responsibilities to report on any significant events or incidents. There had been no delay in reports to CQC. The rating from the last inspection report was prominently displayed in the service.

The registered manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency and they sought additional support if needed to help reduce the likelihood of recurrence.