

Sunny Okukpolor Humphreys

# Denecroft Residential Care Home

## Inspection report

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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

Denecroft Residential Care Home is a care home which provides residential care for up to 15 people. The service provides support to older people and people living with dementia. At the time of our inspection, 11 people were living at this service.

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

People were very happy with the care provided and felt staff always went above and beyond in delivering the care. Relatives and people felt the service was delivering holistic and compassionate care, which enabled people to enjoy a good quality of life. Staff were passionate about providing good care outcomes and took ownership of their practice.

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. Staff had received a range of training around the Mental Capacity Act 2005.

Risk assessments were clear and identified how to reduce the risks to people. Staff were familiar with these documents and the actions they needed to take. The provider was in the process of changing to electronic care records and we discussed how enhancements could be made as staff transferred the paper records to the new system. Medicines management was effective and closely monitored. Staff who administered medicines had the appropriate training. Staff adhered to infection control and prevention guidance.

The management team ensured there was always enough staff to support people. Recently, when more people had needed 2 staff to support them the team had found it difficult to complete the work in a timely manner. The compliance manager had reviewed the provider's dependency tool to ensure it was far more sensitive at highlighting when more staff would be needed to be on duty. Recruitment practices met legal requirements.

The systems the provider had in place allowed the registered manager to review the service and proactively looked at how improvements could be made. The compliance manager was in the process of reviewing all aspects of the service and had introduced some innovative new practice which embedded a person-centred value base into care practices and ensured staff understood how to provide good quality end of life care. Staff told us the registered manager was approachable and listened to their views. People felt the registered manager was running a good service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (report published 15 August 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

This report only covers our findings in relation to the key questions safe and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Denecroft Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

# The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was safe</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Good</b> ●</p>

# Denecroft Residential 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

The inspection was carried out by 2 inspectors.

#### Service and service type

Denecroft Residential Care Home is a 'care home'. People in care homes receive accommodation and personal care as single package dependent on their registration with us. Denecroft Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was unannounced.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local commissioners and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 7 people who used the service and 4 relatives. We spoke with the registered manager, the deputy manager, the compliance manager, a senior care worker and 3 staff members.

We reviewed a range of records, which included 3 people's care records, medicine records, staff files and a variety of records relating to the management of the service, including policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Risk assessments were in place. Staff understood when people required support to reduce the risk of avoidable harm. The risk assessments were detailed and staff ensured they effectively planned for all potential risks. We discussed enhancements which could be made, as the service transferred from paper records to electronic care records. The compliance manager and registered manager confirmed they would be implementing these changes as they completed the introduction of the electronic care record system.
- The provider had safeguarding systems in place. Staff had training and a good understanding of what to do to make sure people were protected from harm or abuse. People confirmed they felt safe using the service. One person told us, "I am very happy here and think the staff are all very kind."
- The registered manager critically reviewed the operation of the service and actively made changes to the improve the service, as and when these were needed.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA.

Staffing and recruitment

- The provider operated safe recruitment systems to ensure suitable staff were employed.
- There were enough staff to safely care for people. The compliance manager had reviewed the provider's dependency tool to ensure it was far more sensitive at identifying when more staff would be need to be on duty. They had noted the previous tool had not been totally effective at picking up when people's needs increased and more staff at key times would have been needed.

Using medicines safely; Preventing and controlling infection

- People's medicines were managed in a safe manner. Staff were trained in medicines management and were assessed as competent to administer people's medicines.

- Effective systems were in place to mitigate the risk of people and staff catching or spreading infections.



# 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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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; Continuous learning and improving care

- The registered manager promoted a positive, person-centred culture. The registered managers and staff put people's needs and wishes at the heart of everything they did. A relative said, "I have always found staff to go above and beyond when caring for my relative. Nothing is ever any trouble, and they really do care about and treat as if they were a family member".
- People told us the registered manager was approachable and acted swiftly to address any issues. They ensured people and their families were involved in discussions about their care and support needs.
- The registered manager consistently gathered people's views and ideas about the operation of the services, which were, where possible, acted upon.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; 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; Working in partnership with others

- The provider and registered manager regularly reviewed the systems and processes in the service to determine if improvements could be made. The provider's compliance manager also regularly completed audits of the service and again these were used to make continuous improvements.
- The compliance manager was in the process of reviewing all aspects of the service and had introduced some innovative new practice which had embedded a person-centred value base into care practices and ensured staff understood how to provide good quality end of life care.
- Reports had been sent to alert the CQC and local authorities when incidents occurred. The registered manager closely reviewed all incidents and ensured all relevant parties were involved in this process.
- Staff were passionate about providing good care outcomes and took ownership of their practice. They understood their roles, responsibilities and they were accountable for their actions.
- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.