Kahanah Care

Dene Court Residential 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

Dene Court is registered to provide accommodation with personal care for up to 28 people who may have needs due to old age, sensory impairment, physical disabilities, dementia, learning disabilities, autism or mental health needs. 24 people were living in the service at the time of the inspection. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the inspection of the home carried out in November 2015 we found breaches of regulations. The service was then rated as 'inadequate' and placed into special measures. The special measures process is designed to ensure there is a timely and coordinated response where we judge the standard of care to be inadequate.

At the next comprehensive inspection of the service in April 2016, we found significant improvements. There were no breaches of legal requirements at that inspection, but there had been insufficient time for new management systems to be embedded. Therefore we rated the service as 'requires improvement'.

On 31 August 2017 and 5 September 2017 we carried out an unannounced focussed inspection to look specifically at the safety of the service and to check that improvements had been maintained. We confirmed this was the case and the service was safe.

The home had a registered manager. 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. They, along with the provider were committed to the improvement and development of the service and had continued to make significant changes which had a positive impact on the safety and quality of the service.

At the inspection in April 2016 we found the quality monitoring systems in place to ensure the home ran smoothly were not yet fully established. At this inspection we found there was a comprehensive system of audits in place which scrutinised all aspects of service provision and the environment. People, relatives and staff were invited to express their views of the service through satisfaction surveys and at staff and residents meetings. The information from the quality assurance processes was used to drive improvements at the service.

There were systems in place to ensure risk assessments were comprehensive, current, and supported staff to provide safe care whilst promoting independence. The computerised care planning system, accessed by staff using hand held computers, ensured that information about people's risks was shared efficiently and promptly across the staff team. This meant staff had detailed knowledge of people's individual risks and the measures necessary to minimise them. Care plans were comprehensive and reviewed monthly; however we had mixed views from people and their relatives about how the service involved them in this process and

decisions about their care. We raised this issue with the registered manager who was already looking at ways to improve communication with families and provided reassurance they would take action to involve people and their relatives more in reviewing their care plans.

People had mixed views about the food at the service. Most said they enjoyed the food, but would prefer more choice. People had sufficient to eat and drink and received a balanced diet, and care plans guided staff to provide the support they needed. The service supported people with special dietary needs, for example a diabetic or pureed diet. However one person expressed concern about the availability of food appropriate for their specific dietary needs and staff understanding of their condition. The registered manager told us they had been working with the person, their family and health professionals to clarify what the person's dietary needs were and how they could be better met. They had already ordered some sugar free desserts and undertook to ensure all staff had a clear understanding of this person's individual dietary needs.

People told us they felt safe. Medicines were safely managed and procedures were in place to ensure people received their medicines as prescribed. People told us staffing levels were adequate. The service regularly reviewed the dependency levels of people at the service and staffing levels to ensure people's needs continued to be met safely. Regular environmental health and safety checks were undertaken. There were effective infection prevention processes in place, the home was compliant with fire regulations and a programme of refurbishment was in progress. People were protected from the risk of abuse through the provision of policies, procedures, staff training and an effective recruitment process.

Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

People were relaxed and comfortable with staff and told us staff treated them with dignity and respect. Staff knew people well, understood their needs and cared for them as individuals. They were familiar with people's history and backgrounds, respected their choices and acted in accordance with their wishes.

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. Staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (MCA) 2005. Where people lacked capacity, mental capacity assessments were completed and best interest decisions made in line with the MCA.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The registered manager had made appropriate applications for people they had assessed as being deprived of their liberty, to the local authority DoLS team.

There was an activity co-ordinator at the service who was working with people to develop an activities programme which would better meet their needs.

There was a newly developed induction process and a greater focus on staff training, which meant staff were knowledgeable about their roles and responsibilities, and people's individual needs. This included specialist training from external health professionals. Staff had regular supervision and told us they were well supported, saying they felt more valued. They told us, "It feels more like a team. We've got policies and procedures and the things we were meant to have "and, "Communication has got a lot better. I personally love it here. I really do. I feel a weight has just been lifted."

The provider and registered manager were committed to promoting equality, diversity and human rights at Dene Court, ensuring potential new staff shared their values and increasing staff awareness through training.

Policies and procedures had been reviewed which meant they were now less generic and more relevant to Dene Court and the people living there. They had been explained to staff to ensure they had a good understanding of them and their responsibilities.

People knew how to make a complaint if necessary, and both complaints made since the last inspection had been dealt with in line with the services complaints policy.

We have made a recommendation about ensuring people with protected characteristics under the Equality Act 2010 have their needs properly considered and assessed.

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.

People were protected by staff that understood and managed risk. People were supported to have as much control and independence as possible.

People were protected from avoidable harm and abuse.

People had their medicines managed safely.

People were protected by safe recruitment practices and there were sufficient numbers of skilled and experienced staff to meet people's needs.

Is the service effective?

Good

People received support from staff that knew them well and had the knowledge and skills to meet their needs.

Staff were well supported and received regular training and supervision.

Staff had a good understanding of the Mental Capacity Act and promoted choice and independence whenever possible.

People's eating and drinking needs were known and supported, although some additional staff training was required.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate and treated people with respect.

People were supported to express their views about the quality of the service.

Staff supported people to improve their lives by promoting their independence and wellbeing.

Equality and diversity was respected and people's individuality supported.

Is the service responsive?

Good

The service was responsive.

People had comprehensive care plans which were reviewed regularly. The service was working to increase the involvement of people and their relatives in these reviews and decisions about their care.

The service was proactive in identifying and meeting the information and communication needs of people living at the service.

People's end of life preferences were known and followed.

People were able to take part in a programme of activities which was being further developed to better meet their needs.

People and their relatives knew how to make a complaint and raise any concerns. Complaints were responded to in line with the provider's policy.

Is the service well-led?

Good

The service was well led.

The management team provided strong leadership.

The provider and registered manager were clear about their values and vision for the service, and worked to ensure these were understood and implemented by the staff team.

Quality assurance systems drove improvement and raised standards of care.

Staff were motivated and inspired to develop and provide quality care. They felt listened to.

Dene Court Residential 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 checked 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 comprehensive inspection took place on 10 and 11 April 2018. The inspection was unannounced and was carried out by an adult social care inspector and an expert by experience. 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 expert by experience supporting this inspection had experience of working with and supporting older people.

We reviewed the information we held about the home. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We met and observed the majority of the people who lived at the service and received feedback from nine people. Not everyone was able to verbally share with us their experiences of life at the home due to their dementia/complex needs. We therefore 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 also spoke with three relatives to ask their views about the service.

We spoke to eight staff, including the provider, registered manager, deputy manager, senior care workers, care workers and activities co-ordinator.

We reviewed information about people's care and how the service was managed. We looked at five people's care and medicine records, along with other records relating to the management of the service. These

included staff training, support and four employment records, quality assurance audits and minutes of residents and staff meetings. We also contacted four health and social care professionals and commissioners of the service for their views

Good

Is the service safe?

Our findings

At the focussed inspection in August 2017 we found the service was safe. At this inspection we found the service continued to be safe.

People told us they felt safe. Comments included, "I feel quite safe. If I've wanted to go to the facilities, somebody will say 'I'll come with you', 'No complaints whatsoever' and "I feel very safe, you are well looked after." This was confirmed by relatives we spoke to, however one relative expressed concern about the security of the downstairs window in their family members room. We discussed this with the deputy manager who said this would be addressed immediately.

The service used a dependency tool to assess the amount of support people required and ensure there were sufficient staff to meet their individual needs. People and their relatives confirmed staffing levels were adequate, although this had been challenging to maintain during recent periods of staff sickness and bad weather. At these times staff had worked additional hours, and the registered manager and deputy manager had also provided care to people, to ensure staffing levels remained safe.

People told us staff responded promptly when they rang for help. One person said, "I never press it [call bell], but I pressed it last night because the carer was late bringing up a bun and a drink. I'd no sooner pressed it and they came." Another person said, ''The care at night is good. If I want to go to the toilet in the night, you don't have to wait ages. I don't wet the bed or my pad." We noted that some people did not have easily accessible call bells in their rooms, but they did not feel this was necessary. Comments included, "No call bell, not that I think it's necessary for me" and, "I've never needed it." We discussed this with the registered manager who told us that call bell access would improve because a new call bell system was due to be installed.

The service protected people from the risk of abuse through the provision of policies, procedures and staff training. Staff had undertaken training in safeguarding vulnerable adults. This meant they had a clear understanding of what abuse was and how to report any concerns both internally and externally to outside agencies. There was a whistleblowing policy in place which staff told us they would feel confident to use. The service had worked closely with the local authority safeguarding team and commissioners to investigate safeguarding concerns and take action to keep people safe.

Risks of abuse to people were minimised because the registered manager ensured all new staff were thoroughly checked to make sure they were suitable to work at the home. Staff recruitment records showed appropriate checks were undertaken before staff began work. Disclosure and Barring Service checks (DBS) had been requested and were present in all records. The DBS checks people's criminal history and their suitability to work with vulnerable people. There were also disciplinary procedures in place, which had been used effectively to address concerns about poor staff practice and maintain the quality and safety of the service.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents,

incidents or concerns. They recorded accidents and incidents and the actions they had taken in response. A copy of this information was kept in care plans and in daily records. The registered manager reviewed all accidents and incidents to ensure appropriate action had been taken and any wider actions identified that might be required to keep people safe.

Since the last inspection Dene Court had introduced a new computer based care planning system. Staff accessed the system using handheld computers and told us they felt confident and competent to use it. The system ensured information from the person's initial assessment and current assessment of risk was fed through to the person's care plan. This meant staff could easily access the information and guidance they needed to provide safe and effective care. The system also prompted staff to undertake the tasks required to minimise the risks and ensure people's needs were met, for example supporting people with fluids or repositioning them to prevent skin breakdown. The system enabled the registered manager to have constant oversight of the support being provided to people. They told us, "It shows you minute by minute care. I can instantly access it."

Risk assessments were clearly documented on the system, for example regarding falls, pressure area care, nutrition and behaviour that challenges. This supported staff to keep people safe by anticipating people's needs and intervening when they saw any potential risks. For example the risk assessment for a person at risk of falls stated, "I sometimes walk fast to get to places. Carers to ask that I slow down as I may fall. I do try to listen to them but I am worried someone might sit in my chair in the lounge or dining room."

Peoples' medicines were managed and administered safely. Medicines were administered by senior staff who were appropriately trained. Medicines, in both tablet and liquid form, were supplied in a 'pod' system, with the individual 'pods' marked with the person's name, date of birth, the date, the time of day and individual drug details with a picture of the tablet. Staff checked the pod against the person's medicines administration record (MAR), and documented once the medicines had been given. They told us the system was very easy to use and minimised the risk of any medicines errors. The records we looked at contained no unexplained gaps. There was a system to monitor the receipt and disposal of people's medicines and a procedure to monitor the daily temperature of the medicine fridge, and medicine storage area. Medicines at the service were locked away in accordance with the relevant legislation, including those medicines which require additional security and recording.

People were kept safe from the risk of emergencies in the home. There were emergency plans in place so that people would be supported in the event of a fire or other emergency. Each person had a personal emergency evacuation plan (PEEP) to show what support they would need. This meant staff and the emergency services would easily be able to find information about the safest way to move people quickly and evacuate them safely. Staff had received training in fire safety, and fire checks and drills were carried out in accordance with fire regulations.

There were systems in place to maintain the safety and security of the environment for people who used the service and staff. Staff meeting minutes showed that staff had been reminded about the measures in place to prevent the spread of infection. A maintenance person oversaw the maintenance at the service five days a week. External contractors undertook regular servicing and testing of moving and handling equipment, electrical and stair lift maintenance.

Good

Is the service effective?

Our findings

At the comprehensive inspection in April 2016 we found the service was effective. At this inspection we found people received effective care and support from staff with the experience, skills and knowledge to meet their needs. One person told us, "They seem to know what they're doing." Another person said, "I've had a couple of falls, they've been good at helping me there." A relative confirmed, "They're fantastic, brilliant. They all know [my family member], they all look after them."

Throughout the inspection care staff consistently demonstrated that they had a good understanding of people's individual needs. We observed one person being assisted to rise from a low sofa which was their seat of choice, even though it was difficult to get up from. Staff were very reassuring and guided the person with a hand on their back whilst providing verbal guidance and encouragement. Staff told us they had developed individual strategies to work with people living with dementia who were experiencing distress as a result of their condition. They described one person who was frequently fearful, often refused care and did not have the capacity to understand that this potentially put them at risk. They said, "If a particular resident is agitated or upset, you have to think about what's in their best interests. If they are violent you need to walk away and come back and be cheerful. Sometimes we change carers. I have learnt so much more about dementia." The provider told us they had stopped using staff from agencies because they did not know the people at Dene Court and could not provide the consistency they needed. They recorded in their monthly audit, "We have noted a more settled environment now that agency has stopped."

New staff completed a six month probation period which included a comprehensive induction. This gave them the basic skills they needed to care for people safely and covered a range of essential topics like moving and handling, fire safety and infection control. During this period they also worked alongside more experienced staff to get to know people and about their care and support needs. A recently employed member of staff told us, "The induction was good. We went through everything. "

There was an ongoing mandatory training programme for all staff which allowed them to keep their knowledge and skills up to date. Courses were delivered both on line and face to face, and included dementia awareness, safeguarding vulnerable adults, dignity in care and the Mental Capacity Act 2005. Additional specialist training was arranged with community health professionals if required so staff could meet people's complex needs. Staff told us, "If we want training on anything they will arrange it. All we have to do is ask. If we don't feel confident we can ask the District Nurses to show us, for example catheter care." Learning was reinforced at mandatory staff meetings which were held every eight weeks. Staff described these sessions as, "more interactive", saying, "We are split into groups. We do mind maps. We talk about how we deliver care and what we'd like if we were a resident. They are making sure we understand what dignity means." A health professional told us that they had recently observed, "exceptional care", and felt the quality of the training may have been a factor.

Staff told us they felt well supported. They received regular individual supervision and an annual appraisal. Supervision was an opportunity for them to receive feedback about their performance and discuss any problems and areas where they needed to improve. One member of staff said, "I get feedback from

observations. In a one-to-one I can say anything. It's confidential and locked away."

Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and how to apply its principles to their practice. The 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. Care plans demonstrated that assessments of people's capacity to consent to their care and treatment had been assessed. Where a person had been assessed as lacking the capacity to consent, staff had involved people's representatives and health and social care professionals to determine whether a decision was in the person's best interests. These included decisions about the use of pressure mats, the management of medicines and how their support was provided. This ensured people's legal rights were protected.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had referred people for an assessment under DoLS where required.

People had sufficient to eat and drink and received a balanced diet. They were weighed and their nutritional status monitored, so any risks around nutrition could be picked up quickly and action taken. We observed staff supporting people to have sufficient fluids throughout the day. Jugs of squash were available in the communal areas and drinks were offered regularly. A member of staff said, "We offer everyone drinks. Push the fluids when people are more at risk. The cups have measurements on them so we can assess the quantities they have drunk and record them."

The service supported people with special dietary needs, for example a diabetic or pureed diet. One person told us, "The head carers are very pleased with my diabetes it's down to 10 with medication". Their care plan advised staff that they "Must ensure [person's name] is receiving the correct diet regarding their diabetes." However, the person expressed concern that staff did not always have a clear understanding of what this meant in practice. They told us, "Being diabetic you can't have certain food, some of them don't realise. I send it back, if it's not something I should have. Some days I don't have dessert at all, some say 'you'll be alright having a little bit, I don't think they understand." We discussed this with the registered manager, who told us they had been working with the person, their family and health professionals to clarify what the person's dietary needs were and how they could be better met. They had already ordered some sugar free desserts. They undertook to ensure all staff had a clear understanding of this person's individual dietary needs.

The registered manager completed a risk assessment for all the people living at Dene Court to determine whether they had swallowing difficulties and were at risk of choking. They had worked closely with the SALT team to ensure people received the support they needed to eat and drink safely. The SALT team's guidance was clearly documented in people's individual care records which meant staff had the information they needed to minimise any risks.

People had mixed views about the food at the service. Most said they enjoyed the food, but would prefer more choice. Comments included, "It's quite nice. They usually come in the morning and ask which you would like. Usually two things" and, "They try to give you a choice, jacket potato with cheese or tuna. Cottage pie, soup and sandwiches. They try to please you, give you sandwich and soup. You've only got two

choices." We observed the lunch time period. Staff were fully engaged with the people at each table. They provided calm reassurance and support to people who needed it, explaining what was on the plate and offering alternatives if people didn't want what was in front of them. There was soft music playing and a sociable and happy atmosphere, which people seemed to enjoy.

People told us the service supported them to access health and social care professionals if required. One person said, "If they thought you needed a doctor they would get one for you." People's health care needs were monitored and records showed that any changes in their health or well-being had prompted a referral to their GP or other health care professionals. A health care professional confirmed staff consulted them promptly and appropriately and followed their advice and guidance.

People's rooms were personalised with their personal possessions, photographs and furniture. All rooms were clearly numbered with a picture of the person on the door if they wished, which meant they could easily identify their room. The provider had considered the needs of people living with dementia and provided support to help with orientation, such as clear signage, yellow doors on the toilets and easily visible red handrails. There was a 'memory lane' area with pictures on the walls and objects to encourage reminiscence. The provider was planning to make this area more 'rock and roll' than about the war, which would be more age appropriate for the people living at Dene Court.

Good

Is the service caring?

Our findings

At the comprehensive inspection in April 2016 we found the service was caring. At this inspection people spoke positively about the continued caring attitude of the staff. Comments included: "Yes they make me feel worth something. I'm not here under sufferance, it's very important", "One carer is really good. They tidy my room, make my bed how I like it. Some of them say to me, 'You're a bit fed up', they talk to me." This view was shared by relatives, who told us, "They are extremely friendly. The staff are lovely and do their best" and, "They are fantastic, brilliant. All the staff. They all love [my family member]. There have been no problems whatsoever." A health professional agreed, "The carers come across as genuinely caring."

We observed there was laughter and positive interaction between people and the care staff. Staff talked about people in a caring, thoughtful way. They knew people well which meant they had a good understanding of their support needs and individual preferences. For example when the tea trolley came around, the member of staff knew what people's favourite biscuits were asking one person, "Do you want one of your garibaldi's?" Another person had no relatives or friends to advocate for them. Staff told us, "[Person's name] has no family. Everybody just chips in. If anybody notices they need new stuff they will just get it."

Staff respected people's dignity and privacy and all personal care was provided in private. Care plans guided staff to treat people with dignity and respect, for example, "Maintaining dignity is paramount and has been considered by consulting [person's name] throughout this personal support plan in gathering and planning their care needs and wishes. All staff will ensure they are aware of how [person's name] likes to have assistance and that they give them choices every day and privacy when they would like it." Care plans documented whether people preferred male or female carers, although people did not always remember having been asked this question. People told us staff always knocked on the door before entering and asked their permission before providing support. We observed staff treating people with dignity and respect when helping them with daily living tasks. They were calm and kind in their approach, going at the person's pace and offering reassurance throughout. Staff told us how they gave people a towel to cover up so they were not exposed when being supported with intimate care. They said, "We make sure we treat people like human beings, and are not sitting there completely naked."

Staff involved people in their care and supported them to make daily choices. Care plans contained clear guidance about the support people needed with personal care and what they could do for themselves, for example, "Can wash face and hands if staff give them a soapy flannel and pass the towel to dry face and hands." A member of staff told us, "I will ask them, 'Would you like to brush your teeth or would you like me to do it for you? 'If the person has no capacity to make decisions about what to wear we will still ask them. We might offer a choice of two jumpers. We know what their favourites are."

The service supported people and their relatives to express their views about the quality of the service using feedback questionnaires and residents meetings. People told us, "We all pass our points of view. I feel sure you could have a say if anything was wrong. It's very comfortable, there are no barriers" and, "Yes we have a meeting about once every three weeks. I might complain a bit more than others. I said there's not much

salad and now I get more salad." People had been consulted about the redecoration of the home. Minutes of a residents meeting said, "Residents said they had appreciated being involved in choosing colour schemes for walls, carpets and furniture".

The registered manager told us that people's cultural and spiritual and religious needs were discussed with them on admission, and they were committed to ensuring that these were met; however people's sexual orientation had not been discussed or documented. The registered manager told us that the policy on equality and diversity was in the process of being reviewed and training to raise staff awareness on issues related to equality and diversity was part of the new training package. Prospective new staff were asked at interview if they had come across the term, 'equality and diversity' and what it meant to them.

Staff understood the need for confidentiality, the safe storage of people's records, and knew not to share information without people's consent or unnecessarily. The minutes of a recent staff meeting showed that the registered manager had recently reminded staff of the importance of this in relation to social media.

People were supported to maintain on-going relationships with their families and told us they were able to have visitors at any time. Their privacy when entertaining visitors was respected. Comments included, "My son visits every two weeks or so, he comes down to my room", "They can come any time they like. They do ask them if they want a drink," and "Everybody is made welcome. There are no barriers at all. They say 'anybody coming today?"

Good

Is the service responsive?

Our findings

At the comprehensive inspection in April 2016 we found the service was responsive. At this inspection we found the service continued to provide responsive care. Prior to moving into Dene Court, the registered manager gathered information about the person's support needs, background and preferences. This information was used to inform risk assessments and develop care plans, and to ensure all the necessary equipment was in place to support a safe transition into the home. Although the initial assessment did not identify whether people had protected characteristics under the Equality Act, the registered manager told us that they talked to people about their cultural preferences and dietary choices. People were invited to visit Dene Court to help them make an informed choice about whether they wanted to live there. The registered manager told us, "Before I agree to them coming to visit I ask families to come in and look at the home and speak to myself or deputy. Families often need support too."

We recommend the provider, using reputable sources, explores how their assessment processes could ensure people with protected characteristics under the Equality Act have their needs properly considered and assessed.

Care plans contained information about people's mental, physical and emotional health, as well as their support needs, communication needs and daily routines. They provided the information staff needed to provide care in a personalised way. For example, one person, living with dementia, experienced distress and anxiety as part of their condition. Their care plan identified things that may worry the person and make them feel upset and frustrated, and gave staff the guidance they needed to be able to support the person effectively. The service was also using a tool developed by the Alzheimer's Society called 'This is Me', to record people's history, background and preferences. This enabled staff to provide care tailored specifically to their individual needs.

People's needs and risks were reviewed regularly. Information about any changes was documented electronically and shared on a daily basis at the staff handover. People's dependency levels were regularly assessed and analysed to ensure the service could continue to meet their needs. People had been referred to the local authority for reassessment as required. This had led to the provision of one to one support or a move to more appropriate accommodation.

People living at Dene Court told us they had a keyworker. A member of staff said this role required them to "get in touch with families if people needed something, make sure their wardrobes are tidy with the right amount of clothes, update the care plan when needed and make sure people are happy."

We received mixed views from people and their relatives about how the service involved them in decisions and reviews of their care. Two relatives told us the service kept them well informed about the welfare of their family member and the support provided to them. However another relative said, "Communication is an issue. I've never been shown a care plan. You don't like to keep moaning about it." Comments from people living at Dene Court included, "I've heard of it [the care plan]. It's never been mentioned, only that there is one. I don't know what's on it" and, "One of the seniors said she was making up a care plan in the office, but I

wasn't notified personally." This meant people and their relatives did not always have the opportunity to express their views about what was written in their care plan or confirm its accuracy. We discussed this issue with the deputy manager who confirmed that although care plans were reviewed every month, this was done by the senior carers, and people and their relatives were not involved. The service was already looking at ways to improve communication with families. They provided reassurance that they would take action to involve people and their relatives in reviewing their care plans.

The Accessible Information Standard is a framework put in place 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. The service was proactive in identifying and meeting the information and communication needs of people living with dementia and/or experiencing sensory loss. The service improvement plan stated they were in the process of developing, "easy to understand menus to ensure residents with dementia have a reference to what their meal will be." The registered manager told us these menus contained photographs of the meal, and would be in place when the summer menu was introduced. Pictorial flash cards were available which could be shown to people to tell them there was a fire. Care plans reminded staff how to work with people who had difficulties with communication. For example, "[Person's name] has blind spots and blurred vision in both eyes so is not always able to see what is going on. Staff will need to talk to [person's name] throughout personal care as this will reassure them." Staff had a clear understanding about the support people needed to communicate. They told us how people often communicated through their body language or facial expressions. For example, "[Person's name] can't tell us any more if they want to go to the toilet. They become agitated if they need the toilet. We can anticipate that and take them to their room. "

There was an activity co-ordinator employed at the service. They had been absent for a period of time for personal reasons and staff had been filling in where they could. There was an activity timetable displayed but this was out of date. People had mixed views about whether the activities provided met their needs. Comments included, "There is nothing in here. I like anything arty, crafty, making greetings cards. I'm quite artistic and get frustrated. I could yell with boredom"', "I like scrabble but they are usually too busy. I was hoping to have a game this morning." Other people spoke more positively about the activities provided and told us, "We have a game of bingo. I'm never at a loss for what I'm going to do. Everybody's friendly. If you're sat on your own, they will involve you" and, "They do try to keep you occupied rather than you waste away."

The activities co-ordinator told us, "It's difficult getting people interested. Some people just want to have lunch and relax." They had completed an activities questionnaire with people to find out what they would enjoy and had used this to develop an activities plan. They told us, "Residents who had no interest before are now the first in. The odd person is still a bit reluctant to try something new." Planned activities included trips out, BBQ's and a fete in the garden, cards, bowling, music for health, group discussions and reminiscence. People were using play doh and sensory objects such as fiddle muffs to occupy their hands. The registered manager told us they commemorated occasions such as Remembrance Sunday with poppies on the tables, a three course meal and poems. A minister visited the home monthly to give communion, in accordance with the beliefs of the people living there at the time of the inspection, however one person told us "I'd like to be able to go to church occasionally, but I've not been asked." We discussed this with the registered manager who said they would arrange this.

People, and their relatives where appropriate, had been consulted about their end of life wishes and they had been documented. This meant staff and professionals would know what the person's wishes were for their future care and final days, and could ensure they were respected. Staff attended training on end of life care.

The service had a policy and procedure in place for dealing with any concerns or complaints, and people told us they would feel comfortable raising concerns. There had been two formal complaints since the last inspection and both had been dealt with in line with the service's inspection policy.

Good

Is the service well-led?

Our findings

At the comprehensive inspection in April 2016 we rated the service as 'Requires Improvement' in this key question because the quality monitoring systems in place to ensure the home ran smoothly were not yet fully established. At this inspection we found the improvements had been sustained and robust quality monitoring systems were now established.

There was a comprehensive system of audits in place. This scrutinised all aspects of service provision and the environment, and identified areas for improvement. The provider carried out monthly quality assurance audits of the whole home and the registered manager completed a rolling programme of weekly audits, which looked at all aspects of care and the environment. Accidents and incidents were audited monthly to identify any trends and wider action required to keep people safe. People living at Dene Court and their relatives were invited to express their views of the service through satisfaction surveys and at residents meetings, with the support of the activities co-ordinator if required. Staff were also invited to express their views in questionnaires. This included a questionnaire asking them for their views about the accessibility and effectiveness of the complaints process, for both people living at the home and staff. The information from the quality assurance processes was used to develop a service improvement plan, with clarity around responsibility and timescales.

People living at Dene Court and their relatives spoke positively about the management of the service. Comments included, "The manager is [manager's name]. They are a nice person. We've got a deputy called [deputy's name]. I was ill just lately, ill in bed; they did look after me personally", "I've seen somebody walking by, they wave and say; 'how are you?'. A member of staff said, "Its brilliant here now. I enjoy coming to work. I can talk to the registered manager and deputy manager. If we need help on the floor they're there straight away." The provider told us, "The registered manager is firm but fair. They are a gift. I have total confidence in them."

The provider and registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The registered manager and provider had acknowledged the areas in which the service needed to develop and improve, and been proactive in making this happen. The provider told us they had recognised that a cultural change was needed, and this had taken place. They said this had been difficult for existing staff but. "I'm happier as a provider. I can see the results."

Staff spoke very positively about the changes at the service and told us they felt better supported. Comments included, "It feels more like a team. We've got policies and procedures and the things we were meant to have "and, "Communication has got a lot better. I personally love it here. I really do. I feel a weight has just been lifted." There were regular staff meetings which provided learning opportunities and opportunities for discussion about how the service could be developed. Staff told us they were feeling more valued. There was a greater focus on training and continued professional development, with all staff encouraged to undertake relevant vocational qualifications. An 'employee of the month' award had been

introduced. Staff meeting minutes showed this was "a colleague who has done the most for residents this past month. Seniors/managers will nominate a person who has gone the extra mile."

The introduction of the new computerised care planning system had improved the effectiveness of the support provided and allowed the registered manager to have greater oversight of the quality and safety of the service. The provider's quality assurance audit noted that recording had also improved significantly.

The policies and procedures had been reviewed so they were more specific to Dene Court and less generic. Staff told us the revised policies and procedures had been explained to them at a recent staff meeting, to ensure they understood them and had the opportunity to ask questions. They told us they had found this helpful.

The staffing structure promoted effective monitoring and accountability and meant staff received regular recorded supervision and support. The staff group was divided into three teams, each led by a senior member of staff who provided individual supervision. A member of staff told us, "I feel well supported. The seniors are pretty good." The senior members of staff were in turn supervised by the registered manager, who held regular seniors meetings. The registered manager told us the meetings were an opportunity, "To get them on board and make sure they have a clear understanding of their role and responsibilities. If you give them responsibility they step up." In addition the registered manager told us they often visited Dene Court unannounced during the night and at weekends, to check that the service was running smoothly and people and staff were ok.

The provider and managers were working to improve communication and links with people's families. The service improvement plan had an action for the provider and managers to ensure people and their relatives were consulted to ensure their needs were being met. Relatives were invited to attend residents meetings;, and social activities, such as a cheese and wine evening, were being planned. A newsletter was proposed so that people and their relatives could be kept informed of developments at the service. In addition the registered manager had written to relatives about forming a 'friends of Dene Court' group, which would meet quarterly for "a coffee and a get together."

Community links were being developed with the local pub and schools. The service also worked with a charity offering training and learning opportunities to survivors of human trafficking. The provider told us people living at Dene Court had been able to meet other people from different cultures and backgrounds, which had led to some interesting discussions.

The registered manager worked in partnership with other agencies when required, for example the primary healthcare service, older people's mental health specialists, the local hospital and social workers. The provider attended forums where best practice was discussed, for example linking with the local authority and the Providers Engagement Network (PEN), a forum for providers and managers to learn from each other and provide peer support. They were due to visit a service in Cornwall for people living with dementia, to see the environmental technology being used to improve the lives of the people living there.

The registered manager was meeting their legal obligations such as submitting statutory notifications when certain events, such as a death or injury to a person occurred. They notified the CQC as required and provided additional information promptly when requested. The provider had displayed the previous CQC inspection rating in the main entrance of the home and on the provider's website.