

# The Salvation Army Social Work Trust

## Dewdown House

### Inspection report

64 Beach Road  
Weston Super Mare  
Somerset  
BS23 4BE

Tel: 01934417125  
Website: [www.salvationarmy.org.uk](http://www.salvationarmy.org.uk)

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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

This inspection was unannounced and took place on 13 December 2016.

Dewdown House is owned by the Salvation Army Social Work Trust and aims to provide care and support in accordance with Christian values and teachings. It is registered to provide personal care and accommodation for up to 40 people. The home specialises in the care of older people. At the time of the inspection there were 35 people living at the home.

The last inspection of the home was carried out in May 2014. No concerns were identified at that inspection.

There is a registered manager in post. 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 benefitted from a registered manager who was enthusiastic about their job and committed to providing a safe and welcoming environment for people. They told us their aim was to provide loving care and create a happy home. They said they provided care to people of all faiths or none and everyone would be treated equally.

The provider ensured people who wished to practice their faith were enabled to do so. There was no pressure on people to take part in any activities which did not interest them. One person said "There is no pressure to take part in the prayers. Well there's no pressure to do anything you're not comfortable with."

People praised the care and support they received at the home and the attention they received from the registered manager and staff team. One person said "I've been in other care homes and none of them have come close to this one. Nice place and nice staff." Another person said "I am well cared for by lovely staff. The manager is lovely and always ready to listen."

People felt safe at the home. They said staff were always kind and friendly towards them. People said staff were extremely obliging and always responded to requests for help or support promptly. Staff spent time talking and socialising with people as well as attending to their physical needs. One person who told us they liked to stay in their room said "Staff are always popping in for a chat. You could never be lonely here."

People's care needs were assessed and kept under review to make sure they received care and support which was responsive to their needs and wishes. Staff monitored people's health to make sure they had appropriate care and treatment when required. People received their medicines safely from staff who had received specific training to carry out the task.

The provider had a recruitment process which minimised risks of abuse to people. Risk assessments were

carried out to make sure people could take part in activities with minimum risk to themselves and others. Staff were pro-active in seeking advice and support from other professionals when they identified risks to people's health.

Staff knew people well and were able to provide a service which took account of people's lifestyle choices and their interests and abilities. People were able to make choices about all aspects of their day to day lives and follow their own routines. Activities were arranged in accordance with people's interests and hobbies.

## 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 supported by sufficient numbers of staff to meet their needs and keep them safe.

People received their medicines safely from staff who had received specific training.

Policies and procedures in place minimised the risks of abuse to people.

### Is the service effective?

Good ●

The service was effective.

People were well supported by staff who had the skills and knowledge to meet their needs.

Staff monitored people's health and well-being to make sure they received appropriate treatment when needed.

People only received care with their consent or in accordance with relevant legislation.

### Is the service caring?

Good ●

The service was caring.

People were cared for by kind and caring staff.

People were enabled to practice their faith to promote their spiritual well-being.

People were involved in all decisions about their care and treatment including the care they wished to receive at the end of their lives.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support which was responsive to their needs and wishes.

People had opportunities to take part in a variety of social activities and to pursue their hobbies and interests.

People knew how to make a complaint and said they would be comfortable to do so.

**Is the service well-led?**

**Good** ●

The service was well led.

People benefitted from a registered manager and provider who audited the service and had a commitment to on-going improvements.

People and staff felt the registered manager was open and approachable which enabled them to share ideas or worries with them.

People lived in friendly and happy environment because staff felt well supported and happy in their jobs.

# Dewdown House

## 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 13 December 2016 and was unannounced. It was carried out by an adult social care inspector and two experts 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 provider completed a Provider Information Return (PIR) in December 2015. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in May 2014 we did not identify any concerns with the care provided to people.

During the inspection we spoke with 20 people who lived at the home, six visitors and nine members of staff. We also spoke with one visiting healthcare professional. The registered manager was available during the inspection.

We spent time observing care practices and activities in communal areas. We saw lunch being served in the main dining room and attended a handover meeting between staff working in the morning and those working in the afternoon.

We looked at a selection of records which related to individual care and the running of the home. These included three care and support plans, two staff personal files, minutes of meetings and records relating to quality assurance.

# Is the service safe?

## Our findings

People felt safe and well cared for at the home. One person told us "They treat you well here, I do feel safe." Another person said "I feel safe. There is nothing to grumble about." Visiting relatives told us they did not have any concerns about the safety of people. One visitor said "I feel they are safe when I leave them and they are happy when I go."

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. People were able to follow their own routines and staff supported them when they requested assistance. People had call bells in their rooms to enable them to summon staff assistance whenever they needed it. One person said "If you ring the bell someone always comes. I ring it if I want help with something or if I just want a cup of coffee. They are very obliging." Throughout the inspection we did not hear bells ringing for long periods of time which showed people received a response promptly.

Staff spent time talking and socialising with people as well as attending to their physical needs. One person who told us they liked to stay in their room said "Staff are always popping in for a chat. You could never be lonely here." Other people told us, and we saw, that staff always sat with them in communal areas to share news and generally pass the time of day.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff files we read showed the provider had followed their recruitment process and new staff did not commence work until all checks had been carried out.

To further protect people all staff received training in how to recognise and report abuse. Staff we spoke with knew how to recognise and report any suspicions of abuse. Staff were confident that if they reported any concerns action would be taken to make sure people were safe. There were posters in the home which gave information and contact numbers about how to report any suspicions of abuse. This ensured everyone had the information they needed to report their concerns even if they felt unable to raise them within the home.

Risk assessments were carried out and followed to make sure people could safely take part in activities at the home and in the community. For example risk assessments were always carried out when people were going out on trips. These included the level of support each person would need and the staff that would be available. The organiser of the trip also ensured they had written information about each person in case of an emergency.

Risk assessments were carried out to make sure people received care safely and risks to people were minimised. For example; one person was assessed as being at high risk of pressure damage to their skin and a plan of care was in place which included specialist equipment and helping them to regularly change

position to minimise the risks of damage. Records showed the measures in place to minimise risks were being carried out by staff. A visiting healthcare professional told us they felt the staff always acted quickly to minimise risks to people's health and well-being.

There were policies and procedures which helped to make sure all medicines were correctly and safely administered to people. People's medicines were administered by staff who had received specific training to carry out the task. All medicines entering the home were checked and signed in. When medicines were administered or refused staff signed the medication administration record. Where people were prescribed a variable dose, for example take one or two tablets, staff recorded the number of tablets given. This meant there was a clear audit trail which enabled staff to know what medicines were on the premises at any time.

People said they received their medicines at the correct times. One person said "I always get my meds at the right time. I used to do my own but I asked them to take it on. One less thing to think about." Another person said "I always get the right tablets. I'm a stickler for that."

Some people were prescribed medicines, such as pain relief, on an 'as required' basis. Where people were unable to express their need for this type of medicine the staff used the 'Abbey Pain Scale.' This is nationally recognised tool used to recognise pain levels in people who are unable to clearly articulate their needs. Staff offered people pain relief and this was provided when requested. One person said "I was uncomfortable in the night and asked for a tablet. They brought it very quickly so I was able to settle."



# Is the service effective?

## Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People had confidence in the staff who supported them and said they felt well cared for. One person told us "All the staff are very obliging and know what they are talking about." Another person said "They [staff] know what they are doing. I have every faith in them."

People's health and well-being was monitored by staff who knew them well and were able to recognise when they may not be feeling well. During the inspection we attended a handover meeting between staff working in the morning and those working in the afternoon. Conversations at the meeting showed how staff monitored people's health and passed on information to make sure they received the correct care and support.

The home arranged for people to see health care professionals according to their individual needs. A visiting healthcare professional told us if staff had any concerns about a person's health they sought appropriate advice and support so issues were "Nipped in the bud." During the inspection one person became unwell and a senior member of staff made sure they received the appropriate care and treatment. One person told us "Everything you need is provided. A chiropodist and optician come. If you need the doctor they send for one and they come."

Each person had a transfer to hospital file which provided information that would be required if the person needed to be admitted to hospital. This helped to make sure that other professionals would have information about people's general health, how they communicated and any specific wishes regarding their healthcare.

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. The provider told us in their Provider Information Return (PIR) that the induction programme followed the Care Certificate which is a nationally recognised training programme.

In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. During the inspection one new member of staff was shadowing a more experienced staff member. We noticed they were not asked to take responsibility for certain tasks, such as assisting someone using a mechanical hoist, but were able to observe the procedure with the person's permission. The new member of staff spoke very highly of the support they were receiving from the staff team.

After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home. Many staff had nationally recognised qualifications in care which helped to ensure they were competent in their roles.

Staff told us much of the training they received was based on TV presentations from a video link with trainers and the completion of workbooks. One member of staff said "The training is actually pretty good

but we all have regular supervision and if there is anything else you want you can ask then. They are good at finding other things." Senior staff attended face to face training at the providers' college and were able to cascade their learning to other staff. One team leader told us they had undertaken a comprehensive course in how to care for people living with dementia. They said "It gave me a really good insight about people. It taught you how to deal with each situation at the time. It also means we can help other staff if they are struggling and can discuss things in supervision with them."

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. The home used ready prepared meals which were nutritionally balanced. There was always a choice of main meal and people were able to make a choice when food was served. Vegetables and condiments were in serving dishes on tables which enabled people to make choices about portion size. Staff supported people if they were unable to serve themselves. Where people required help or encouragement to eat this was provided in a discreet and friendly way which helped to ensure the meal time was a pleasant and sociable occasion for everyone.

Comments about the food in the home were mixed. One person said "Food is good. I can have as much as I like." Another person told us "It's excellent, they serve snacks to us." Other comments included "The food isn't that good," "Food is reasonable" and "Food isn't too bad, you always get a choice."

At lunch time we saw people were able to choose where they ate their meal. The majority of people ate in the main dining room but other people chose to eat in their rooms and meals were taken to them on trays. On the day of the inspection some meals did not look hot. One person said "Great choice of food, not always as hot as I would like but you get used to it." We passed on this observation to the registered manager who gave assurances that they would address this issue.

Most people who lived in the home were able to make decisions about what care or treatment they received. People were always asked for their consent before staff assisted them with any tasks. One person said "Everything here is a matter of choice." When staff assisted a person to mobilise using a mechanical hoist they explained everything they were doing and made sure the person was comfortable with what was happening.

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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Care plans we read showed that people's capacity to give consent was assessed for specific areas of care. Where people lacked the mental capacity to give consent best interests decisions were made in partnership with people who knew them well. Care plans also contained information about who the person would like to be consulted if at any point they lost the capacity to make their own decisions.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). Some people were being cared for under this legislation and the registered manager had made applications for other people who may require this level of protection.

# Is the service caring?

## Our findings

Dewdown House was a Christian establishment run by the Salvation Army. There was an emphasis on meeting people's spiritual needs as well as their physical needs. The home employed a chaplain who led a multi faith prayer meeting most mornings and a Sunday service. Many people we spoke with told us how important the Christian ethos of the home was to them. One person said "I go to prayers every morning. That's very important to me." Another person said "To be able to continue to actively practice my faith is a big thing for me." One person told us "I'm not a Salvationist and don't go to prayer meetings. But the chaplain visits me in my room and I find great comfort in that."

People who did not wish to pursue the Christian faith said there was no pressure to do so. One person said "There is no pressure to take part in the prayers. Well there's no pressure to do anything you're not comfortable with."

Staff respected people's wishes and supported people to continue to practice their faith. One person's care plan and life history showed they had been a very active member of the Salvation Army. Although they were unable to fully express their views or mobilise without support, staff made sure they attended morning prayers. One member of staff said "It has been the bedrock of their life. It's only right that we make sure they are able to go to prayers."

People were very complimentary about the staff who supported them and said they were always kind. One person said "The staff are very nice, they're all very kind." Another person told us "The staff are wonderful. Everyone is so kind."

People said staff were always very obliging and they felt able to ask them anything. One person said "Nothing is ever too much trouble for them." Another person told us "They will do anything you ask. Usually my family does my shopping but if I need anything I only have to ask and they will get it for me."

During the day we heard staff chatting and socialising with people. There was friendly banter and lots of laughter. One person said "Staff are happy but not false. They are naturally happy. They laugh a lot." Another person commented "Nothing could be better. Everything friendly and you can have a good laugh. They say laughter is the best medicine. I think that's probably true." A number of people said they had made friends with other people at the home and we saw people sitting together chatting.

People told us they were able to have visitors at any time. One visitor described Dewdown House as "Home from home." Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. Each floor of the home had a small kitchen area where they or their visitors could make drinks. One person said "I don't think my family ever makes drinks because someone always offers them one before they have the chance." Another person told us "They say treat it as your home. They told me you decide who you see and when, not us."

People's privacy was respected and people were able to spend time alone in their bedrooms if they wished

to. One person said "I'm not a joiner in and staff respect that."

When people needed assistance with personal care they were supported to go to a bathroom or their bedroom where staff could assist them in private. We asked one person if staff were gentle when they assisted them with personal care and they replied "Yes. They are marvellous."

To help to break down barriers between people and staff there was a no uniform policy in the home. Day staff wore ordinary clothing and night staff wore night clothes. The registered manager told us this was because some people had difficulty orientating themselves to the time of day. They said if people saw staff in night clothes they found it easier to accept that it was night time. One person said "It's nice to see what they are wearing, especially the young ones."

There were ways for people to express their views about their care including the care they would like to receive at the end of their lives. The registered manager told us they tried to accommodate people's end of life wishes as far as possible. They said they were well supported by local health care professionals to make sure people remained comfortable and pain free. One person told us "I would never want to move anywhere else." Another person commented "I shall be happy to die here. I feel very content here." There was a book of remembrance in the main hallway and people were able to write comments about people who had passed away. Staff told us that representatives of the home always attended funerals to pay their respects and support relatives and friends.

Care plans showed they had been fully discussed with people and specific wishes, likes and dislikes had been incorporated in these plans. For example one person had a specific routine which they chose to follow. One person told us "Yes I've read my care plan." Another person said "They tell you about it but I tend to leave that to my family."

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

## Is the service responsive?

### Our findings

People received care and support which took account of their needs and wishes. People were encouraged to make choices about all aspects of their day to day lives. One person said "You can do what you want really. There's no strict rules or routines." Another person said "It has broken all my pre conceptions about care homes. It is absolutely wonderful. I can please myself and staff are so lovely when they help you."

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. One person told us the registered manager had come to see them at their home and told them all about Dewdown House. They said this had given them all the information they needed to help them to make a decision about moving in. They told us "I settled in straight away. The staff are so happy and so am I. If there is anything you want you only have to ask."

From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. Care plans we read were very personal to the individual and contained information about their likes and dislikes as well as their physical needs. Staff used the care plans to inform their practice and make sure people received care in accordance with their needs. For example the care plan for one person who was no longer able to express their needs said they liked to be around people and responded to physical touch. We saw this person was sat in the main lounge with others. When a member of staff approached them they knelt down and touched them on the hand before talking to them.

The staff responded to changes in people's needs. People's care plans were up to date and staff said they gave them the information they needed to care for people. Staff also said they used their handover meetings to share information about people's changing needs. Short term care plans were developed with people to make sure staff had information to meet people's temporary needs. For example if someone was unwell a care plan would be written to make sure they received the support they needed to recover.

In addition to care plans each person had a written life history to make sure staff knew about their lifestyle choices and the things that were important to them. Some people had chosen to have their life histories laminated and placed on their bedroom walls. People had also personalised their rooms with photographs and personal objects which also gave information about the person. One person pointed out their life history and said "That's me in a nutshell." A member of staff said "The life histories are really useful especially when you're new. It's a good talking point and helps you get to know people."

Life histories were also used to help people to occupy their time and to plan activities in the home. There was an activity worker who had an excellent knowledge of people and arranged activities accordingly. These included group activities, trips out, entertainment and one to one activities. For example there was a small group of people who enjoyed gardening and had been able to continue this hobby in the home's courtyard garden. Some other people liked to go out walking but were no longer able to do so on their own so regular walks took place. One person said "I like to go out but don't really have the confidence anymore. There's always someone to help you though so I still get out and about."

People were happy with the level of activity within the home. One person said "There's always something on." A visiting relative said "I am happy with the care, they have lots of activities and [person's name] will engage with them if it fits in with her."

The day before the inspection a number of people had gone out to Christmas lunch at a local restaurant and many told us what a lovely time they had had. One person said "It was a lovely trip, we had a really good laugh and it was all very Christmassy." On the afternoon of the inspection a local school came to sing carols. We heard staff making sure everyone knew about the event and helping people to attend. A large number of people attended and everyone was in high spirits singing along and smiling. One person told us the Salvation Army band came in to play for people. They said "The concerts are wonderful."

The registered manager sought people's feedback and took action to address issues raised. There were regular meetings for people where they could have a say in the running of the home. People said if they chose not to attend the meetings they always got a copy of the minutes. One person said "You always get a copy of the notes after the meeting. They tell you on the notes what they have done about suggestions." At one meeting people had asked if staff could wear name badges and this had been put into practice. At another people had requested a book of remembrance and this had been organised

There was a complaints procedure which enabled people to raise concerns formally. The provider had recently made the procedure available in an easy read version in response to changes in the abilities of people using the service.

People told us they would be comfortable to make a complaint if they were unhappy about any aspect of their care. One person told us "I've never needed to make a complaint but when I have mentioned things that could be improved it's been sorted." Another person said "I know how to complain also I go to residents meetings." One person told us they had made a complaint and the situation had been resolved quickly and they were very happy with the outcome.

## Is the service well-led?

### Our findings

People praised the care and support they received at the home and the attention they received from the registered manager and staff team. One person said "I've been in other care homes and none of them have come close to this one. Nice place and nice staff." Another person said "I am well cared for by lovely staff. The manager is lovely and always ready to listen."

People and staff said the registered manager was open and approachable. One member of staff said "If we need help the manager will help out." Another member of staff said "The management and staff are lovely. I know the door is always open if I needed to see the manager or team leaders." People knew who the manager was and said they could always talk with them. One person told us "I see [registered manager's name] most days. If I needed anything I would talk to her." Another person said "I go to her for advice or to share ideas."

The 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. Staff said they felt able to talk with the registered manager about any concerns they had. Staff received regular supervisions and appraisals which enabled them to share worries or issues with a more senior member of staff in a confidential manner.

People benefitted from a registered manager who was enthusiastic about their job and committed to providing a safe and welcoming environment for people. They told us their aim was to provide loving care and create a happy home. They said they provided care to people of all faiths or none and everyone would be treated equally. Staff and people's comments showed this philosophy was put into practice. A number of people told us it was a happy place to live. One person said "I can't believe my luck, that I will hopefully end my days in such a happy friendly place." A member of staff said "We want people to feel cared about as well as cared for. We want people to be happy and content."

Staff were happy, enthusiastic and proud to work at Dewdown House. This created a warm and homely environment for people to live in. One member of staff said "I love working here, it's really good. All the residents make it worthwhile. I just love it." Staff and the registered manager had a good knowledge of people which helped to make sure people's needs were met in a personalised way. A visiting healthcare professional said "Staff genuinely do know people well. When I come in they even know where I will find whoever I have come to see."

The registered manager kept their skills and knowledge up to date by training and research. They attended training and meetings with other managers of services owned by the same provider. This enabled them to share good practice and ideas. For example one home owned by the provider had been awarded the Gold Standards Framework for end of life care. The registered manager had liaised with them to see if any improvements could be made to how staff at Dewdown House cared for people at the end of their lives.

There was a staffing structure which provided clear lines of accountability and responsibility. There was always a senior member of staff on duty to make sure people's health and well-being was effectively monitored and responded to. At handover meetings staff received clear instructions for their responsibilities for each shift. This made sure everyone received the support they needed including attending appointments and social outings.

There were quality assurance systems to monitor practice and plan ongoing improvements. There were audits and checks in place to monitor safety and quality of care. These included audits by the registered manager, the area manager and the provider. Where shortfalls in the service had been identified action had been taken to improve practice. One audit had highlighted that not all staff had received up to date training in subjects deemed mandatory by the provider. Following this training had been made available and all staff were brought up to date.

Staff had raised some concerns about the format of care plans. The provider had looked at how these could be improved and one team leader at the home had taken part in a trial of a newly developed care plan. They told us "I really do think they listened to the feedback because some changes have been made since the trial. They are much more user friendly now."

The provider carried out a satisfaction survey to seek people's views. The last survey was completed in October 2016 and returned surveys showed a high level of satisfaction with the standards of care provided.

All accidents and incidents which occurred in the home were recorded and analysed. Where a person had a number of falls they were referred to healthcare professionals to make sure they received the treatment and equipment they needed to maintain their independence. Staff knowledge of each individual was demonstrated by discussions about a person who had become anxious and disorientated. They had identified a pattern in the person's behaviour and were looking at how they could avoid a particular situation which had caused them to be disorientated on more than one occasion.

To the best of our knowledge the registered manager has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.