

Dr F J Fernandez-Guillen & Mrs M N Guerra-Jimenez

St Denys Care Home

Inspection report

16 Newport Terrace
Newport
Barnstaple
Devon
EX32 9BB

Tel: 01271343295
Website: www.stdenys.co.uk

Date of inspection visit:
10 October 2018

Date of publication:
01 November 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an announced focused inspection of St Denys on 10 October 2018. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection completed November 2017. The team inspected the service against two of the five questions we ask about services: is the service well led, is the service safe? This is because the service was not meeting some legal requirements. We also received some information of concern about staffing levels. We did not find anything to substantiate this during this inspection.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection

Following the last inspection, we met with the provider to discuss their action plan. This included what they would do and by when to improve the key question(s) of well led and safe to at least good.

We found both key areas had improved to good and the breaches we identified had been met. Recruitment was robust and ensured correct checks and references had been obtained before a new staff member had been recruited. Improvements had been made to medicine storage. This included a air conditioner which kept the storage area cool at all times. Improvements had been made to the laundry area and the way laundry was handled. This ensured better infection control processes were in place. Improvements had been made to the governance systems. This included more regular audits and checks on records and provision of care to people.

St Denys is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The care home accommodates 12 people in an adapted building. At the time of inspection, there were 11 people living at St Denys.

The registered provider is also the 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.

People said they felt safe and well cared for. Comments included "This is the best place ever." Another said "We are very well looked after."

There were sufficient staff with the right skills to meet peoples needs. Staff felt valued and supported to do

their job.

People risks were being well managed.

Staff understood what constitutes abuse and who and when they should report any concerns. they had received training and there were policies and procedures to direct them what to do if the registered manager was not available.

The home was clean and well maintained. There was a programme of refurbishment which had included improvements to the laundry, new carpets in some areas. The registered manager said this as a continual programme. They had recently repainted the front of the home and improved the patio leading to the laundry area.

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 has improved to good.

Medicines were safely managed and stored at the correct temperature.

People were kept safe because recruitment procedures was robust.

Staff understood what to do if they had concerns around abuse.

The service was staffed at an appropriate level to safely meet people's needs.

The premises and equipment were maintained to keep people safe. Actions had been taken to reduce the risks identified.

Is the service well-led?

Good ●

The service was well led

The registered manager/provider had fostered and embedded a culture of caring and supporting people in a person-centred way.

Staff reported satisfaction at working at St Denys, they felt valued and listened to.

Systems in place to ensure quality audits included the views of people staff in making any improvements.

St Denys Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 inspection took place on 10 October 2018. We gave short notice as we needed to ensure we could speak with the registered manager as we were following up on requirements issued during the previous inspection.

We looked at all the information available to us prior to the inspection visits. This included notifications sent by the service, any safeguarding alerts and information sent to us from other sources such as healthcare professionals. A notification is information about important events which the service is required to tell us about by law. This inspection was brought forward due to information of concern we had received about staffing and to follow up on requirements. We did not therefore ask the provider to complete a provider information return (PIR). The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection we reviewed the staff file of the most recently recruited member of staff. We also looked at medicines audits, staff rotas and surveys from people using the service. We spoke with the registered manager, two care staff and the maintenance person. We also spoke with five people who lived at the service.

Following the inspection we contacted two healthcare professionals for feedback and received information from none.

Is the service safe?

Our findings

When we last inspected in November 2017, we rated this key question Requires improvement. This was because people were not fully protected from unsuitable staff being employed. We also found improvements were needed in the laundry to protect people from cross infection. We issued requirement notices relating to these.

At this inspection, the registered manager said they had employed one new staff member. She had followed the service policy and procedures which were introducing following the last inspection. This meant the person was only employed once all the relevant checks and references had been obtained. This included a check of their employment history and a record of the questions and answers given at the interview process. This meant the service had met the breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked the laundry area and found that new flooring had been laid, including the outside leading to the laundry room. A sink had been installed and surfaces were all easily washable. There were dissolvable bags for soiled laundry and a plentiful supply of aprons and gloves. Staff confirmed they were using a colour coded laundry basket system, so there was no risk of cross contamination. This meant the service had met Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to this inspection, we received some information of concern about staffing levels. We asked the registered manager for information, which they sent. There were sufficient staff with the right skills to meet people's needs. The rota showed there were always two staff available throughout the day and one at night. The night staff always had an on-call staff member they could call upon in an emergency, such as a person becoming ill during the night. People we spoke with, confirmed there were enough staff. Staff said there was always two staff available. One staff member said "The manager is helping with some shifts and is also available most days."

Staff understood what to do if they suspected any form of abuse. they confirmed they had received training and there was information in the office to follow. The registered manager understood their responsibilities to report and work with the local safeguarding authority. There have been no new safeguarding alerts since the last inspection.

Environmental checks were carried out to keep people safe. For example, fire equipment and water temperatures were monitored and recorded. Staff were able to describe what to do in an emergency to support people to safety. There were systems and procedures to keep people safe. Staff training included fire safety and emergency first aid training to ensure people were kept safe in the event of an emergency. The home had carried out fire drills to ensure people knew what they should do in the event of a fire. There were personal emergency evacuation plans in place for people who were not able to evacuate by themselves.

We did not fully inspect medicines management on this occasion because this was not identified as an area

of concern at the last inspection. At the last inspection we did find that the storage was at times too hot. It had reached temperatures above the recommended range. The registered manager showed us they had boxed in pipework in the storage area. They had also installed an air conditioning unit which was keeping the store room cool. We reviewed the medicines audit completed by the registered manager. They had received a pharmacist report from their local pharmacy following an audit on 30 August 2018. There had been some minor recommendations. These included ensuring staff signed to say they had read the new medicines policy update. They also recommended signing up for medicines alerts. These had all been actioned. In addition the registered manager said they do daily counts of each persons supply of medicines so she felt their system was robust.

Risk assessments were personalised and described what needed to happen to keep people safe. This included risks of falls, smoking and being out in the local community. Staff were aware of people's individual risks and what measures they needed to have in place to keep people safe. Accident and incidents were recorded and the registered manager ensured they reviewed and monitored these to check for trends.

Is the service well-led?

Our findings

When we inspected in November 2017 we found a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because governance systems had failed to act on audit information such as the temperature being too high in the storage cupboard where medicines were stored. They had also failed to improve recruitment processes to ensure they were fully robust. The laundry area posed an infection control risk.

At this inspection, the registered manager showed us all the actions taken to address the concerns identified at the previous inspection. Improvements had been made to the laundry area. Medicines storage had been improved to help keep the room cool. Recruitment practices had improved and followed the policy and procedures in place to ensure a robust process.

The registered manager said they were taking a more active role in quality monitoring. They had also spoke with the staff team to delegate roles and responsibilities. This mean the whole staff team were included in the quality assurance process in some way. Audits included environmental checks, record checks and reviewing of accident and incident forms. They had recently completed surveys to everyone living at the service. The registered manager said they had reviewed responses but was yet to collate this information. The feedback showed people were positive about their experience of living at St Denys. The registered manager said where people had asked for improvements such as having a Chinese meal, they would include this in their activities and make such it occurred on a regular basis.

Since the last inspection, the registered manager was spending more regular time at the service and working along side the staff team. Staff confirmed they felt listened to and valued. One staff member said "We have a really good team at the moment, we work well together, we have better communication and we are all doing our bit to make improvements and encourage our guys to get out and about."

People confirmed they felt included in decision making and were able to be out and about in the community. People regularly attended local coffee mornings, church and social groups. They had recently helped to raise funds for a local charity.

The ethos and values of the service was to provide a safe, stable, supportive homely environment. This was confirmed by comments from people who lived at the service. One said "This is the best place ever." Another said "We are very well looked after." Staff were aware of people's human rights and ensured that they worked

within the requirements of the Human Rights Act 2008 and the Equality Act 2010. This included treating people fairly and without bias in respect of their age, sex, disability or race. The staff team had worked hard to ensure people had inclusion in community activities and the opportunity to get out and about. This included trips to local pubs and cafes as well as to the beach for an ice-cream.

The registered manager understood their responsibilities to report any issues of concern or events which affect the well being of the people living at the home. She said if shew a in any doubt she would seek advice

from CQC. The most recent inspection report was displayed in the communal areas of the home.