

Family Care Limited

Denewood House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on the 23 and 26 January 2015 and was unannounced. Denewood House Care Home provides accommodation and personal care for up to 21 older people. There were 16 people living there when we visited. There was 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 and associated Regulations about how the service is run.

We inspected the home in June 2014 and had concerns about how: people were protected from infection; how many staff they had available; how the provider made sure care was good and the quality of record keeping to ensure safe and appropriate care.

We asked the provider to take action about these areas. At this inspection we found that improvements had been made in all these areas but the concerns about record keeping had not been addressed adequately. This meant there was a continued breach of regulation.

Summary of findings

People were not protected from identified risks because records necessary for monitoring care were not kept consistently. This included records that related to people's personal care and what they ate and drank.

People's care was not delivered in line with the Mental Capacity Act 2005 Code of practice. When people could not consent to their care, decisions about the care they received were not made following the principles of the act.

There were systems in place to identify where improvements were needed. However the resulting actions did not always resolve the concerns identified. For example memo reminders to staff to complete records had not been effective.

There were enough staff to meet people's needs and people did not have to wait for care. The staff were confident in identifying and responding to abuse and had the training they needed to support people appropriately.

People told us they were supported to access health professionals and health professionals told us the staff followed their advice and instruction.

People and their representatives told us that staff were kind and caring. They told us staff knew about their preferences and supported them in ways that promoted their independence.

The service was led by a registered manager and provider who were liked and respected by people and their relatives. Staff, people and representatives told us they were comfortable talking with them and were confident that any concerns they raised would be addressed.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 related to records not being accurate and complete. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe because records that related to how people were protected from identified risks were not kept consistently.

People were at a reduced risk of experiencing abuse because the staff were confident in identifying and responding to abuse.

People did not have to wait for care because there were enough staff to meet their needs.

Requires Improvement



Is the service effective?

The service was not effective because there were not suitable arrangements in place for establishing a person's best interests in line with the Mental Capacity Act 2005.

People had the support they needed to eat and drink safely. Meal times were social and relaxed events but records relating to what people had eaten and drunk were not kept accurately. This meant people were at risk of not having enough to eat and drink.

People were supported to access health professionals and health professionals told us the staff followed what their advice or instruction.

Requires Improvement



Is the service caring?

The service was caring. People and their relatives told us that staff were kind and caring.

People and or their relatives were involved in decisions about the support they received and their independence was respected and promoted.

Staff were aware of people's preferences and respected their privacy and dignity.

Good



Is the service responsive?

The service was responsive but gaps and inaccuracies in care plans put people at risk of not getting the right care.

People and their relatives were confident that their concerns were taken seriously.

Requires Improvement



Is the service well-led?

The service was led by a registered manager and owners who were respected and liked by people and their relatives.

Systems were in place to identify where improvements were needed. These were mostly effective but there was no evidence that issues highlighted by audits were addressed directly with individual staff concerned.

Requires Improvement



Denewood House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 the 23 and 26 January 2015 and was unannounced. We undertook this inspection because we had received information of concern about staffing and care practices in the service.

The inspection team consisted of one inspector and a specialist advisor. The inspector visited the home on both days and the specialist advisor came on the second day. The specialist advisor had nursing experience.

During our inspection we spoke with five people and the representatives of seven different people. We looked at the care records relating to six people and the medicines

records of three people. We spoke with four care staff, the registered manager and the provider. We observed care and support in communal areas. We also looked at records that related to how the home was managed.

During the visit to the home we spoke with a two visiting nurses and visiting GP. We also spoke with three regular visitors to the home who were involved in people's activities.

Before our inspection we reviewed information we held about the home. We did not have the Provider Information Return (PIR) available as the home had not been asked to provide this information at the time of our inspection. The PIR is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We gathered this from other information we held about the service including notifications of incidents that the provider had sent us since the last inspection. A notification is the form providers use to tell us about important events that affect the care of people living in a service. We considered the action plan that the provider had sent us after their previous inspection. We also discussed these areas with the registered manager, owner and staff during our inspection.

Is the service safe?

Our findings

At our last inspection, on 4 and 5 June 2014, we had concerns about staffing levels and cleanliness and infection control. There were breaches of Regulations 12 and 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to take action. At this inspection we found that improvements had been made in relation to both the procedures in place to reduce the risks of cross infection and staffing levels. Staff sickness levels remained a focus of work for the registered manager and provider.

We found that records were not adequate to keep people safe at our last inspection and the provider had breached Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and we asked the provider to take action. At this inspection records were not completed to ensure that people received appropriate and safe care and this constituted a continued breach of this regulation.

People were not protected effectively by records related to risk. We looked at six people's care records and found they were not complete. One person was identified at being at a high risk of developing pressure sores. The records related to the care the person received to reduce this risk were not complete. There were gaps in records that meant it was not possible to check whether the person had the creams they needed or if they had been helped to move at the agreed intervals. For example no records had been made of the person's position (repositioning chart) for two consecutive days in January 2015. This meant that the person was at an increased risk of receiving unsafe care because the records could not be used review their care and staff could not be sure of what position they should be helped to move into. This put them at an increased risk of developing pressure sores. Another person had a fall in the week before our inspection and this information had not been recorded in their falls chart as required. Another person was identified at being of high risk of social isolation. The records related to their care were not complete and staff could not review if they had received care and attention. For example for one day during the week of our inspection there were no records of staff involvement with the person after the

morning. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 (2)(d) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Whilst the records to ensure care could be delivered safely required improvement, we heard from people and their representatives that they felt risks were managed well. One representative told us: "I think they have listened to me. I feel (the person) is looked after safely." Visiting health care professionals told us that the health risks people faced were well managed.

People and their representatives told us that they believed people were safe in the home. One person told us: "I have always felt safe." Another person told us: "They keep an eye on me and check I am alright." We spoke with staff about how they protect people from avoidable harm and abuse, and they spoke competently and confidently about the processes they would follow. The contact numbers for the local authority's safeguarding team was displayed prominently in the office.

There had been a programme of improvements to the environment and the provider and registered manager told us about work that was still to be done. The home was bright and clean throughout and both people and their representatives commented on the improvements. One person told us that the: "cleanliness is marvellous", and that, "the cleaner came in today – you can't fault them really". A cleaner had been employed to undertake daily cleaning. Equipment and bathrooms were clean throughout the building on both days of our inspection. Staff used protective clothing such as gloves and aprons appropriately to reduce the risks of cross infection.

People told us there were enough staff to attend to their needs and during our inspection call bells were answered promptly. Staff sickness remained an issue the registered manager and provider described the implementation of a sickness policy that addressed this. They determined the staffing levels needed by using a dependency tool and altering it based on the experience of people and staff on shift. There was a record of these levels being reviewed monthly with any actions needed detailed. People told us that even when staffing fell below the usual allocation their needs were met. One person said: "There are always

Is the service safe?

enough staff around.” Another person told us: “It is very rare I wait and that is because someone needs something just at that time, not because they are short of staff.” Everyone told us that staffing levels were not a worry to them.

Staff had been recruited safely. For example their references had been gathered and checks had been made to inform decisions about their suitability for care work. The registered manager had ensured that appropriate checks had been carried out in relation to agency staff and records of these checks were maintained. By undertaking checks and following a robust recruitment process, the provider had reduced the risk of people being supported by staff who were not appropriate to provide care.

People received their medicines safely and as prescribed. One person received pain relief as required and the records reflected the amount of medicine taken. Another person took a medicine that meant they needed their blood to be tested regularly. We saw that this was managed safely. Medicine allergies were recorded clearly. We spoke with a member of staff about the medicine administration process. They spoke competently about this process. They also explained how the staff worked collaboratively with district nurses who would give any palliative end-of-life medicines that were administered using a syringe driver.

Is the service effective?

Our findings

People told us that the food was good. One person said: “The food is great.” We observed two mealtimes, which were relaxed social occasions with people enjoying a glass of wine and food that they had requested. Where people had plans by the speech and language therapist in place to ensure they ate safely, these were followed. However, records relating to what people had eaten and drunk were not complete. For example, one person’s care plan detailed that they were at high risk of malnutrition and that they should be offered high calorie snacks. There was no documentation available to identify if this was being done and what type of snacks were being offered. The same person needed the amount they drank monitored. We saw this monitoring was not done consistently and records did not clearly identify what had been drunk rather than what had been offered, nor did they identify how much the person should drink or what staff should do if they did not drink this amount. The person was at risk of not getting enough to eat and drink because the records did not enable staff to review what they actually had to eat and drink. This was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People’s consent to care was not established in line with legislation. People’s capacity to make decisions was referred to in their care plan, but this was not reflected in consent documentation. For example one person had capacity to consent to their care but a relative had signed their care plan for them. Some people did not have capacity to consent to their overall care plan or important decisions such as the use of bedrails. The Mental Capacity Act 2005 guidance explains how best interest decisions should be made when someone cannot make the decision themselves and this guidance was not being followed. There were no best interest decisions recorded in relation to over all care plans or specific important decisions. This meant that people’s care was not being delivered within the framework of the law. There was a risk that all

appropriate people would not be consulted and as a result people may not receive appropriate care. We spoke with the provider about this and they assured us they would seek guidance and rectify this situation. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people in the home required restrictions to be in place to keep them safe and for them to remain living in the home. The home had applied to the local authority for the right to deprive two people of their liberty in line with Deprivation Of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards ensure that these restrictions are reviewed and that people are not subject to unnecessary restriction. The provider had also identified that a further four applications would be made.

People were cared for by staff who had appropriate training and were supported to do their jobs effectively. Training and supervision records were completed in staff files. The supervision records detailed discussion about specific care practices and there was evidence that areas for improvement and development were discussed and plans agreed. Staff told us that they felt supported. One member of staff told us they would always talk with the registered manager or the owner if they weren’t sure about something. Another member of staff said: “We know we can raise anything with the manager.”

People were supported to maintain their health. One person told us: “When I’ve needed a doctor they have got one.” We spoke with a visiting GP who confirmed that the staff call in a timely manner if people need to see a GP. They told us that the staff: “are vigilant”. We also spoke with two visiting nurses who told us they did not have concerns about the staff seeking health advice. One of the nurses told us that the staff followed what they requested them to do. They told us, “People heal well here.” Staff told us that there were no concerns about people having the continence care products that they were assessed for. We spoke with people about their oral care and they told us that a dentist came in to see them.

Is the service caring?

Our findings

People were complimentary and spoke warmly about the staff. One person said: “The staff are very caring.” Another person told us they were all “smashing”. They described how staff spoke with them and made them feel comfortable. One person said: “They talk to you – we have a good giggle. They go out of their way to make things easy for you.” Another person told us that if a situation could be embarrassing staff alleviated this by not making a fuss. People’s representatives were also very positive. One representative said: “(the person) is very happy. Everyone is always very nice.”

One representative described as “excellent”, the end of life care a relative had received. They told us the staff “went above and beyond” throughout. Where people had made plans about how they wanted to experience the end of their life we saw this recorded in their care plans. Staff told us that these plans would always be respected.

We noted that staff sometimes described people in ways that were not respectful as they communicated to ensure everyone received their meal. For example we heard people referred to by their room number rather than their name and also by the type of diet they were on. This was isolated to meal times, and communication at all other times was gentle, personalised and respectful. We raised this with the registered manager and provider and they assured us they would discuss it with staff straight away to ensure people were always referred to respectfully.

People were offered choices throughout our inspection. Staff offered choices about where people sat, what activity

they took part in, and what they ate and drank. People told us this was important to them and they were able to make choices about where they spent their time throughout the day. Care records evidenced people’s preferences about how they liked their day to be and this was reflected in the descriptions of when and how staff should support them. For example there was information about what time people preferred to go to bed and get up, and what activities they enjoyed.

Representatives told us that the staff encouraged people to retain skills. For example, we saw that people were encouraged to be independently mobile, and staff and people told us that the staff helped only when this was needed, or wanted.

People were supported to maintain their personal appearances. Representatives commented on how the people they visited were always clean and tidy. One representative described how staff attention to detail in supporting their relative to maintain their appearance had helped them to settle and feel comfortable: it was an important part of developing trusting relationships.

Staff were confident talking about people’s preferences when they described how they supported them. They spoke about people with respect and warmth, and were knowledgeable about things and people that mattered to them. The provider had recently become a dignity champion. This involved being part of a network that promoted dignity within care settings. The provider told us they were committed to this work within the home and the registered manager would also be joining the network shortly.

Is the service responsive?

Our findings

At our last inspection, on the 4 and 5 June 2014, we had concerns about inaccurate care plans putting people at risk of inappropriate or unsafe care. There was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to take action. At this inspection people's care plans contained personalised detail and storage arrangements for older records identified at the previous inspection had been addressed. However, the records required improvement to ensure that people received appropriate and safe care and this constituted a continued breach of this regulation.

The care plans included people's social history, likes, dislikes, social, cultural and religious preferences and staff were knowledgeable about the personal likes and dislikes of people we discussed with them. Some plans had been reviewed regularly, involving professional support and input where required. However we looked at six people's care records and found they were not complete. One person was new to the service and the daily records made by staff were being used to develop an accurate care plan. These records were not complete and there was a risk that this would mean a full care plan would take longer than necessary to achieve, putting the person at risk of inappropriate care. Another person had been unwell and their care needs had changed substantially since their plan was last reviewed in November 2014. Their care plan had not been updated to reflect the changes in their support needs. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff worked as a team and communicated with each other regarding people's needs. This was verified by staff's ability to describe the care and support needs of people with complex health issues, including the way they provided personal care and the involvement of health professionals

people received. The care people received was, therefore, responsive. People and their relatives told us that the staff were responsive to their needs. One person said, "When you need them they are there."

Representatives told us they felt informed and involved. One representative told us: "They asked me what I think." Another representative told us: "We always felt included." The registered manager described how assessment paperwork now led to more involvement from representatives. This paperwork was being used with people who had just moved in. A representative spoke positively about the fact that this made them feel listened to.

People had access to activities. Representatives commented that this had improved considerably since the registered manager had been employed. One representative told us, "There is a lot more going on." We heard from people about reminiscence and exercise based activities run by specialists; however, some people and representatives said they would still prefer more activities.

Entertainment was also brought into the home and on the last day of our inspection a singer performed to people in the communal area. Records detailed the sort of activities people enjoyed and the registered manager told us that continuing to improve the activities available was a priority for the home.

People were supported to maintain relationships with those that mattered to them. Representatives and friends were welcome in the home and they told us that this was always the case.

People and representatives told us they felt able to talk about anything with all the staff. One representative described a current concern they were addressing with the management. They did not feel it had been resolved at the time of our inspection, but intended to continue a dialogue about the issue. They told us: "I am confident they listen." There had been no formal complaints since our last inspection. There had been a number of compliments recorded that described the staff as caring and compassionate with a good understanding of the people in their care.

Is the service well-led?

Our findings

At our last inspection, on the 4 and 5 June 2014, we found a continued breach following our inspection on October 2013, because the provider did not have an effective system in place to monitor quality. There was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and we asked the provider to take action. At this inspection we found that improvements had been made to this system.

The registered manager was making changes to the systems they used to audit the quality of care people received. At the time of our inspection, most of the audits were effective. For example audits covering staffing levels, infection control and call bells had led to actions to address identified issues. However concerns we found relating to records had been identified over a sustained period of time but not adequately addressed. We saw that staff had received repeated memos outlining the need to record accurately since September 2014. We asked if these concerns had been addressed with individual staff to ensure improvement. The registered manager and provider told us they had spoken with staff but this was not recorded in staff records.

Staff, people and representatives spoke positively about the registered manager and the provider. One person described the registered manager as a good listener. A

representative commented positively on changes they had seen since the registered manager started in post. We met with the registered manager and one of the providers on the first day of our inspection. The provider identified progress that had been made in the home and also acknowledged areas that continued to require focussed attention. For example we discussed how sickness impacted on the smooth running of the home and the owner described how they were seeking external guidance to help address this. They had also employed an independent consultant following the last inspection to help guide the plans made for the home.

Staff described the management as supportive and told us they were comfortable to share concerns with them. One member of staff told us: "My priority is people's welfare so I always share information I need to."

The registered manager and provider met formally on a fortnightly basis to discuss plans for the home. Discussions focussed on work done to ensure that the breaches identified at the last inspection were addressed and identifying areas for improvement. This included seeking support and guidance from other managers and professional bodies. This evidenced a commitment to improving the quality of care that was then discussed with staff at regular staff meetings. We spoke with staff who told us that they felt heard at these meetings and were able to contribute their ideas.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

There were not suitable arrangements in place for establishing a person's best interests in line with the Mental Capacity Act 2005

Regulated activity

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 (2) (d) HSCA (RA) Regulations 2014

People were not protected from inappropriate or unsafe care arising from a lack of proper records.