

Danemere

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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

This inspection was unannounced and took place on 11 October 2016.

Danemere is registered to provide accommodation and personal care for one adult with an acquired brain injury and associated learning disability.

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 2008 and associated Regulations about how the service is run.

Relatives were happy with the support arrangements provided. They told us their family member was safe and treated with respect. The person was cared for by an established, motivated and well trained staff team.

The person had their needs assessed and received care and support in accordance with their needs and wishes. They said they were able to make choices about their day to day life and were involved in decisions about their care and support.

There were procedures in place to help keep the person safe. These included a robust recruitment process and training for all staff to make sure they were able to work with vulnerable people and recognise and report any suspicions of abuse. The person told us they felt safe at the home.

New members of staff received an induction which included shadowing experienced staff before working independently. One member of staff said, "It was not just a case of shadowing a more experienced member of staff and then you got on with it. It was a case of shadowing a member of staff and then being shadowed to ensure we were competent".

Staff received training to understand their role and to ensure the care and support provided to the person was person centred, meeting their individual needs. Staff received supervision and appraisals and told us they felt supported by the registered manager.

Staff monitored the person's health and sought advice from healthcare professionals to meet their specific needs. The person had access to equipment to assist them to maintain their independence and ensure their comfort. The person was supported by a consistent staff team in a relaxed and unhurried manner.

The care plan provided information about how the person wished to be cared for and staff were aware of the person's individual care needs. The person was able to take part in activities both at the home and in the local community. The home had access to a vehicle which enabled the person to get out and about on a regular basis.

Risks were assessed and appropriate control measures implemented in areas such as travelling, preparing meals, and having a presence in the community as well as relevant environmental risk assessments being carried out within the home.

Systems were in place to ensure the person received their medicines safely. All staff had received medicine administration training and had been assessed as competent before they were allowed to administer medicines.

Staff we spoke with demonstrated a good understanding of the legal processes that protect people's legal and human rights including decision making and consent .

As much as possible the person using the service was supported to make choices and decisions about daily life. Opportunities were taken to consult with them. Staff communicated in a respect manner, giving the person time to make choices and decisions. When the person had made their decision this was seen to be respected.

The service sought the views of the person and their relatives as appropriate to gauge their satisfaction and used the information to make improvements to the service. The registered manager and provider had systems in place to monitor the quality of the service.

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.

The person was protected from the risk of abuse because staff were trained and understood how to report it.

The person's medicines were managed safely.

Risks to the person's safety were identified and care plans identified the support they required to minimise risks.

Is the service effective?

Good ●

The service was effective.

The person's rights were protected because the correct procedures were followed including where a person may lack capacity to make some decisions for themselves.

The person received care and support from staff who had the skills and knowledge to meet their needs.

The person's healthcare needs were assessed and they were supported to have regular access to health care services.

Is the service caring?

Good ●

The service was caring.

The person told us they were happy with the care and support their family member received to help them maintain their independence.

The person was involved in making decisions for people about their care and staff took account of their individual needs and preferences.

The person was supported by staff who knew them well, respected their dignity and maintained their privacy.

Is the service responsive?

Good ●

The service was responsive.

The person was supported to remain independent and make their own decisions and staff respected this.

Care planning was person centred and focused on the person's individual needs, well-being and aspirations.

The person's views on the service were sought to gauge their satisfaction and make improvements

Is the service well-led?

The service was well led.

The registered manager encouraged a positive and open culture by being supportive to all staff and encouraging feedback.

The person was supported and cared for by staff who felt supported by an approachable manager.

Systems were in place to monitor and improve the quality of the service for the person.

Good ●

Danemere

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 11 October 2016 and was announced. The inspection team consisted of an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We also obtained the views of service commissioners from the local council who also monitor the service provided by the agency.

During the inspection we spoke with the registered manager and two staff members. We looked at documentation relating to the person who used the service, two staff recruitment and training records and records relating to the management of the service. After the inspection we spoke with one relative and contacted one health professional.

Is the service safe?

Our findings

The service was safe. The person told us they were safe they said, "I am very happy and safe thank you". A relative told us their family member was safe in their home with the staff supporting them they told us, "They are absolutely safe, the staff know [person's name] so well".

The service had suitable arrangements in place to ensure that the person was safe and protected from abuse. One member of staff told us, "Training on abuse is very valued by us all not only for our protection but for others, it is so important, we record everything". The registered manager and staff knew the importance of safeguarding the person they supported. Staff described how they would recognise potential signs of abuse through the person's body language, facial expressions and physical signs such as bruises. One member of staff told us, "It is important to support [person's name] independence but to also keep them safe, they may not tell us they were in pain but we would be able to tell". They told us if they had concerns it would be reported to the registered manager and they were confident it would be dealt with appropriately. They were also aware they could report this to the local authority safeguarding department. There had not been any safeguarding concerns in the last 12 months

Staff were aware of the provider's safeguarding policy. The service also had a whistleblowing policy and staff told us they would report concerns to external agencies such as the police or the safeguarding team if required. Staff told us they had received safeguarding training and records confirmed this.

The person was supported by a consistent established staff team, and received one to one support or two to one when in the community. We looked at staff records and discussed staffing levels with the registered manager. The registered manager told us the team worked from a rolling rota, they said, "We are a small team so things get done quickly, my team go above and beyond. There are never any staffing issues". Staff and relatives thought there were enough staff available to meet the person's needs. One staff member told us, "We work well as a team, and help each other out so we provide consistent support, it really works".

A recruitment procedure was in place to ensure the person was supported by staff with the experience and character required to meet the needs of people. We looked at two staff files to ensure checks had been carried out before staff worked with the person. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant had any convictions that may prevent them working with vulnerable people.

Risks were assessed and appropriate control measures had been put in place. Records showed assessments were undertaken to identify risks to the person's. The person's health was monitored in line with specialist advice. Detailed records included daily weight measurements, fluid charts, and body maps. Staff told us what action they would take if there was an emergency situation in regards the persons needing specialist medical support. The registered manager told us, "We ensure we have effective risk assessments in place to ensure the safety of the person using the service not only in regards keeping them healthy and safe but also in the home and on visits out in the community". Records showed the risk assessments were reviewed

regularly and staff followed the risk assessments guidance.

There were systems in place for the safe storage and administration and recording of medicines. Records indicated that staff had received training on the administration of medicines and knew the importance of ensuring that medicine administration records (MAR) were signed and medicines were administered. We noted that following a medicine error the provider took appropriate actions such as ensuring the person was not harmed and the incident was discussed during formal supervision with the staff member involved to reduce the likelihood of further incidents. There had been no further incidents.

Where possible the person was supported to remain independent with their medicines. For example, the person was supported to self-manage medicines where appropriate. Prompts and guidance was given at all times. The person was able to identify if they had received their medicines and signed to show they had taken them. If the person's medicines changed the staff closely monitored the person and shared any concerns or possible side effects with healthcare professionals.

The home was clean and well maintained and personalised. All accidents and incidents were recorded and appropriate actions taken to minimise risk whilst promoting the person's independence.

Is the service effective?

Our findings

The service was effective. The person received support from staff who knew them well and had the knowledge and skills to meet their needs. The person told us the staff, "Helped them all the time". A relative told us, "The team know [person's name] so well and have the skills needed to understand and meet those needs".

Staff completed an induction when they commenced employment. The registered manager told us although the current team were well established any new staff member would have their induction linked to the Care Certificate. The Care Certificate Standards are standards set by Skills for Care to ensure care staff have the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff told us their induction had included a period of shadowing experienced staff and looking through records, they said this could be extended if they needed more time to feel confident. One staff member said, "It was not just a case of shadowing a more experienced member of staff and then you got on with it. It was a case of shadowing a member of staff and then being shadowed to ensure we were competent". The registered manager told us staff were encouraged to develop skills and supported until they felt confident within their roles. They said, "We will shadow from afar, when new staff lone work for the first time, we always ring to ensure all is OK".

The training matrix demonstrated staff had received the relevant and on-going training required for them to carry out their duties. A relative told us they thought staff were trained to meet the needs of their family member. Staff felt they had, "Lots of opportunities for training". Training included The Mental Capacity Act 2005 (MCA), safeguarding, food hygiene, infection control. The registered manager told us all staff had a National Vocational Qualification (NVQ) at level two or three.

Staff received regular supervision and appraisal from their supervisors. This gave staff an opportunity to discuss their performance and identify any further training they required. One staff member told us supervision was about checking their understandings of their role and responsibilities, they told us they received regular supervisions.

Effective support and procedures were in place to keep the person safe in regards their health. For example, the person's health was monitored in line with specialist advice, and records showed daily weight and the measurements of fluid and completed charts, which were needed to maintain the wellbeing of the person. The records were up to date and demonstrated consistency of care for the person. Although the person needed to have their food and fluid intake monitored, a balanced and varied range of meals was offered to suit their individual dietary needs. The staff were all aware of people's dietary needs and preferences, and the person's identified risk associated with food.

On the day of the inspection the person had chosen their lunch. In line with their care plan the meal had been prepared, measured and safely left, to enable the person to make their own sandwich. Records were kept of the meals provided and these showed a range of alternatives had been offered. The person was supported to help with the preparation of purchasing their food, making their meals and clearing up after

their meal. The person told us they liked to make their own lunch, and also enjoyed snacks throughout the day.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. During our visit we observed that before the person received any care or treatment they were asked for their consent and staff acted in accordance with their wishes. Time was given to explain things to the person and care was taken to explore options as much as possible.

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). Applications had been submitted in regards to any restrictive practice. This showed the relevant assessments and decisions had been properly taken. We saw minutes of a best interest meeting and a mental capacity assessment had been undertaken by a care manager outside of the home when the person had needed dental treatment, for example. The person had been involved in the meeting alongside other relevant professionals and family members. One member of staff said, "It is important to give choice and control, [person's name] is an adult and capable of making some choices in their life. We give simple choices to make sure they are able to choose".

Records showed the person was supported to have regular contact with health professionals including their GP, dentist, district nurse, dietician and occupational therapist and NHS trusts locally and outside of the local area. The service worked closely with other professionals involved in the person's support. A relative told us they were kept up to date with their family member's changing needs. One professional involved in the person's care wrote, "I was very pleased to see [person's name], they look brighter than I have seen them since I took over their care".

Is the service caring?

Our findings

The service was caring. A relative told us their family member was supported by kind and caring staff. They commented, "The staff are all lovely and have a good rapport with [person's name], they really understand them".

A relative thought staff knew their family member well. They told us, "The staff know [name of person] well, they are a fantastic team who understand them well". On the day of the inspection there was a calm and happy atmosphere throughout the home. The person was being supported to have an active and enjoyable day, they were enjoying engaging with staff and taking part in activities. A staff member told us, "It is very important to support [person's name] with their daily routines".

The person was seen to be treated with dignity and respect. The staff were attentive, friendly and kind. For example, staff sat with the person in the lounge in the morning to provide support with the person's exercise lesson. The person agreed they liked doing their exercises and thanked the member of staff for helping them. Following some household chores in the afternoon the person requested to play a board game, interaction was seen to be educational and fun.

The person was received personalised care and support. Staff were overheard having conversations with the person that gave them choice and control. Staff were gentle in their approach and gave consistent positive reminders and feedback to maintain the person's daily routines, choice and control. The person was supported to maintain family relationships, with staff supporting them to communicate using emails and text. Family visits home were a regular part of the person's support package. The person was encouraged to keep their own daily diary, which aided memory.

The home had been personalised according to the person's preferences, with pictures, photographs and furnishings to make the rooms feel homely. The home was spacious and allowed the person to spend time on their own if they wished, for example. A staff member was overheard informing the person they had some spare time until lunchtime, they asked if there was anything they would like to do. The person chose to colour alone. The staff member reminded them they were nearby for support if they required their help.

Records included information about the person's personal circumstances and how they wished to be supported. Staff explained the support they gave to the person. A member of staff told us, "We know [person's name] is very happy living here, and we are all very happy to have the opportunity to work with them". The person told us, "I am very happy living here, my family and friends come to visit me." Staff had a wide knowledge and understanding of their roles in supporting the person to remain in control with their life, and to promote their independence.

As much as possible the person using the service was supported to make choices and decisions about daily life and we saw that opportunities were taken to consult with them. The home had access to a vehicle which enabled the person to get out and about on a regular basis. The person told us they went out a lot and enjoyed their days out.

Staff were given reminders on the importance of supporting requests, and also strategies to reduce risk to the person. For example, the person enjoyed a picnic on the beach, staff were reminded to remember items such as sun cream, sun hat to protect the person from sun damage. The person told us they liked to make their sandwiches for their picnics on the beach. The registered manager told us, "We are a good team at communicating with each other and especially [person's name]. My team work closely with [person's name] and their family in setting realistic goals, aims and objectives. We want [person's name] to be in as much control of their life as they possibly can be".

Staff spoke positively about working with Danemere and the people they support. One staff member said, "We want to do the best job we can". Staff told us they knew the person they were supporting well. Staff described the importance of developing trusting relationships with the person they supported. One staff member said, "[person's name] has such a lovely nature, some days they are quiet, another day we have a good old chuckle". Interactions between staff and the person living at the home demonstrated care was being delivered in a consistent, caring and professional manner, there was mutual respect and understanding. The person's wellbeing was seen as central to the planning of the care.

Is the service responsive?

Our findings

The service was very responsive. The person had a care plan that was personal to them. The care plan contained records of the person's preferred daily living routines and described their personal likes, dislikes and what was important to them. They included information about what the person was able to do for themselves, where they needed support and what decisions they were able to make. Staff discussed how it was very important to keep the person as independent as possible.

The care plan was comprehensive and personalised, it contained information to assist staff to provide care in a manner that respected the person's wishes. Daily records showed staff had carried out the care and support in line with the person's care plan. Staff had a good understanding of the person's needs and preferences. One staff member commented, "We know [name of person] and what's really important to them, we have developed a relationship with them and that's really important. We are consistent in our support, which makes it work".

Daily records were kept of the person's health and wellbeing, a handover took place at the change of each shift. One member of staff told us, "Handovers are really good, we get time to sit and listen to what has happened and what needs to be done. We check the medication has been administered and if there have been any issues". Another member of staff told us, "The care really is person centred, it's all discussed with [person's name]". A relative told us, "My relative receives very specialised care and support from all the staff, their needs are great and I know it can be quite challenging. The staff do a wonderful job".

Annual reviews were recorded in the person's care records. Records were kept securely and could be located promptly when needed. A statement of purpose for the home had been written for the person using the service in a way that was easy to read and centred on the individual and their needs. The person using the service told us they were involved in making choices about their care. We heard and observed the person being enabled to make decisions in relation to their care and support.

The registered manager told us how the person's wellbeing was regularly monitored by staff and said the person's care and staff support was adjusted to meet their needs. For example, the person needed regular hospital appointments. Staff would be allocated time on the shift to enable them to support the person to attend the appointment. The registered manager told us, "We support all the medical appointments with the person and their family member. To make sure it is a positive experience we make a day of it, we have lunch out and support the family as best we can". A relative confirmed the staff team were very responsive in ensuring all appointments were attended.

The person was able to take part in a range of activities according to their interest, such as knitting, jewellery making, and picnics on the beach, shopping, puzzles and drawing. The registered manager told us the person liked to spend time with their family. The person told us they liked going home to stay with their mum. A relative told us, "They [staff] make sure [person's name] is able to do lots of activities, we have a communication book which comes home with them, which will tell me what has been happening". The registered manager confirmed communication was key to the support. Staffing rotas evidenced good staff

cover, which included one to one care for the person in the home with additional staffing cover provided for trips out.

The person was able to enjoy activities in their local community and holidays with staff members. They told us they liked going out with the staff, particularly to have lunch out. They told us, "They [staff] are nice and take me out when I want to go". Staff told us trips out included the local library, pub for lunch and a coffee shop.

Staff meetings were held when the person using the service was visiting family. The registered manager told us this enabled the whole team to meet regularly and discuss any issues, attend training as a team and support each other. Staff confirmed this was a good opportunity to get together and discuss issues. One member of staff said, "We have a good manager, they are open to suggestions, they listen. Our staff meetings are open and honest".

Staff and a relative told us they knew how to raise a concern or complain, however they have never had the need to formally do this because they had never had a reason to complain. This was because there were systems in place to receive feedback from relatives. The registered manager told us there had been no complaints received by the service.

Is the service well-led?

Our findings

The service was well led. There was a clear management structure in place and staff were aware of their roles and responsibilities. Care staff spoke positively about the registered manager and the culture within the service. Comments included, "The manager has worked with [person's name] for many years so is a great source of knowledge" and "The registered manager is very good, always listens and helps when they can. They are part of the team."

Staff meetings were held to address any issues and communicate messages to staff. Items discussed included, training, recording information, information relating to the person and staff responsibilities. Staff told us they felt supported by the registered manager and had regular supervisions and attended regular staff meetings. The registered manager told us, "Staff turnover is low, the last member of staff who left retired. We have a big commitment as a team to give the best possible care to [person's name], we make sure it works. There is cover available 24 hours a day. I often just pop in when I am not working to check everything is OK".

The registered manager told us they regularly spent time working alongside staff and observing them, giving them feedback to support their development and promote best practice. The registered manager told us they kept their own training up to date, by on line training and research. They informed us they were also a qualified NVQ assessor. The role of an assessor is to observe learners in their workplace, provide support and guidance by collecting evidence, assessing their abilities and enabling them to gain their desired qualifications within their care roles. The registered manager told us by providing this support to others also meant it kept their own knowledge and skills up to date. The registered manager was supported by the provider, they received periodical supervisions, sometimes by way of a telephone call. However, they knew the provider would always be available if they needed additional support. The provider carried out regular visits to the home to audit the service. The audits included looking at records, auditing the building and talking to people and staff. Where recommendations were made these were passed to the registered manager to implement.

The service had a quality assurance system in place to monitor and improve the quality of the service. Records showed the audits covered various aspects of support which included medicines, the environment, care records, risk assessments, finances, safeguarding and complaints. The registered manager told us monthly audits were completed, staff were made aware of any shortfall and changes in support. Once staff had been informed of changes or shortfall they signed to say they understood their responsibilities. For example, any changes in the person's daily routines were recorded and staff signed to say they had received this update following handover when they came on duty.

There were systems in place to monitor the care provided and people's views and opinions were sought on a daily basis. Suggestions for change were listened to and actions taken to improve the service provided. For example it was important for the person to receive regular activities to aid memory, the person told us they liked to do different things. The registered manager said, "It is important we keep the activities varied and interesting, [person's name] has a folder of all their likes and dislikes, we work with them to change and vary

the activities in regards their interests". At the time of the inspection the person was being encouraged to set their clock in line when their medicines were due. Staff were heard reminding the person of the importance of the clock being set at the right time. The registered manager told us, "Although many of have worked here for a number of years we still have [person's name] at the heart of what we do every day". Systems were in place to manage risks, safeguarding matters and medication which ensured the person's safety.

The service had a complaints policy and procedure which was available for people and visitors to view. The person and their relatives said they were aware of the procedure and knew who they could talk with. They and staff said they felt confident they could raise concerns with the registered manager and they would be dealt with appropriately. At the time of the inspection the service had not received any complaints.

All incidents and accidents were monitored, trends identified and learning shared with staff and put into practice. The registered manager understood their legal duty to notify CQC about significant events. As far as we are aware they have notified us appropriately of all serious incidents and events.