

St Andrews Care Homes Ltd

Danecroft

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

Danecroft is a residential care home for 33 older people. Some people may be living with dementia. At the time of our inspection there were 30 people using the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report them.

People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed. Staff received an induction process and on-going training. They had attended a variety of training to ensure they were able to provide care based on current practice when supporting people. They were supported with regular supervisions.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people.

People were able to make choices about the food and drink they had, and staff gave support when required to enable people to access a balanced diet. There was access to drinks and snacks throughout the day.

People were supported to access a variety of health professional when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

People were supported to follow their interests and join in activities.

People knew how to complain. There was a complaints procedure in place and accessible to all. Complaint had been responded to appropriately.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Further information is in the detailed findings below

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Danecroft

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 11 January 2017 and was unannounced.

The inspection was carried out by one 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 checked the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place in December 2014.

During our inspection we observed how staff interacted with people who used the service. We observed breakfast, lunch, medication administration and activities.

We spoke with five people who used the service, five relatives of people who used the service, the registered manager, the deputy manager, the provider, the duty officer, a senior care assistant, three care assistants and the cook.

We reviewed five people's care records, six medication records, six staff files and records relating to the management of the service, such as quality audits.

Is the service safe?

Our findings

People told us they felt safe. One person said, "Yes, I am very safe here." Staff told us, and records showed, they had received appropriate training with regards to safeguarding and protecting people. One staff member said, "If I saw something I thought was inappropriate or made me concerned I would report it immediately." Another said, "We have to look out for people if they are not able themselves."

People had individual risk assessments to enable them to be as independent as possible whilst keeping safe. These had been developed with input from the person, staff and other professionals if required. They covered a variety of subjects including, moving and handling and tissue viability. Risk assessments were used to promote and protect people's safety in a positive way. Staff told us, and records showed they were reviewed on a regular basis and updated when required.

The provider had a business continuity plan which covered a variety of potential issues including; flood, power failure and complete evacuation. This was to ensure people would still receive the care and protection they required and had recently been reviewed.

Staff were recruited following a robust procedure. One staff member said, "I had to wait until my references and DBS (Disclosure and Barring Service) was through before I could start." Documentation showed this had been carried out for all staff before they started. Rotas we viewed showed there was enough staff with varying skills on duty to provide the care and support people who used the serviced required.

People's medicines were managed safely. One person said, "The staff deal with my tablets, I don't have to worry." We observed medication being administered. This was carried out correctly and records were completed. Medicines were stored correctly in locked trollies.

Is the service effective?

Our findings

People received care and support from staff who were knowledgeable and had the required skills to carry out their roles. A relative said, "It is obvious the staff know what they are doing." One staff member said, "We have a lot of training to keep us up to date." A senior told us that three staff members were moving and handling trainers so they could ensure all staff, including new staff, had their practice updated regularly. Documentation we saw confirmed all staff had completed appropriate training to their role.

Staff told us they were well supported by the management team. One said, "We can go to anyone of them if we have a problem or just want to speak to them." Another said, "[Name of registered manager] is great. Her office door is always open and she always has time for you." We saw records which showed staff received regular supervisions and competency observations.

We observed staff gaining consent throughout the inspection. For example, people were asked if they wanted assistance, were ready for their medication or wanted to join in activities. People had also signed consent in their care plans for care, medication administration and taking of photographs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us they enjoyed the food. One person said, "It is lovely. There is always plenty." A relative said, "The food always looks and smells good." The cook told us there was always two main course choices at lunch time but they would do anything else if someone fancied it. On the day of our inspection we observed breakfast and lunch. One person did not want what was offered and a number of alternatives was offered. The cook knew who required a specialist diet and who needed their meals fortifying. They had a file of individuals' food likes and dislikes.

The cook told us that they had just started to use crockery with a narrow coloured line around it. This was either blue or red. This was to show who was at risk of poor nutritional intake and reminded staff to encourage eating and to record how much had been eaten. This ensured people's nutritional intake was always observed.

People were able to access additional healthcare when required. A relative said, "If [name of person] is not well they will always call the GP or whoever is needed. They also arrange hospital appointments and let me know how they have got on." On the day of our inspection we observed a nurse visited to take blood samples and we spoke with a continence nurse who was carrying out assessments. They told us the staff were very good at contacting her when needed and they were proactive and always knew the answers to any questions asked. They commented on how caring the staff were and how well they knew the people they cared for.

Is the service caring?

Our findings

It was obvious from our observations that people were treated with kindness and compassion. One relative said, "The care given is with love. My relative is very happy here." A staff member said, "We are like a family, we all know each other really well." Staff were able to tell us about each individual, for example, their likes and dislikes, background and family. We saw that staff spent time with people, either sitting chatting or whilst carrying out tasks.

One person we spoke with told us they and their family had been involved in planning how they wanted their care to be carried out. A relative said, "We spent quite some time discussing mum's care needs." Care records we viewed showed the person or relative if appropriate had been involved.

The provider told us that there was an advocacy service available for anyone who needed it.

Staff told us, and we saw, that they all had individual log in passwords to the computer to access care plans. This ensured only the people who should have access to personal details did so. Office doors had key code access.

Some people had keys to their rooms to enable them to be kept locked and private. We saw people's privacy and dignity was kept at all times, for example being spoken to appropriately and when being assisted with meals or care.

We saw people visiting throughout the day. Visitors were made to feel welcome. One visitor said, "We are always greeted by the staff and can come when we want."

Is the service responsive?

Our findings

People had been involved in their pre assessment. One relative said, "After we had decided we liked here, [staff name] visited to do an assessment to make sure they could provide the care they needed." The deputy manager told us that they needed to carry out assessments on people to ensure they are able to support the person with their required needs. Care plans we viewed showed a full assessment had been completed prior to admission. These had been followed by a complete care plan which showed people's strengths as well as the support required, life history completed with the person and family where appropriate and likes/dislikes. Care plans had been written in a personalised way for each individual and were reviewed regularly.

Staff carried out a variety of activities on a daily basis along with visiting entertainers and sing a longs. The registered manager told us they had started a session they called 'age infusion'. This was when mums with toddlers visited and they, along with the people who used the service, carried out an activity. The last one had been cup cake making. She told us it had worked really well and more were planned. Photos on a notice board showed this had been an inclusive activity enjoyed by all.

There was a complaints procedure in place. Everyone we spoke with told us they had not had cause to complain but would do so if they thought it necessary. We saw past complaints had been responded to following the correct procedure.

The provider used annual questionnaires to gather people's views. We saw the results for the previous year. Where comments had been made the provider had responded. They had analysed the results and used these to improve if required. There were a lot of positive comments from people and families. There was also a comments box in the entrance area for people to post comments.

Is the service well-led?

Our findings

Staff told us they were involved in the development of the service. We were told that the provider had wanted to review their values. He and the staff met and wrote them together. Staff told us they were supported by the registered manager and the provider and could speak with them openly.

Staff meetings had been held on a regular basis. One staff member said, "We have regular meetings where we can voice our opinions and say what we want. We are listened to." Another said, "[name of registered manager] door is always open, she is very supportive."

There was a registered manager in post who met their CQC registration requirements. 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.

The registered manager was aware of the day to day culture of the service. Staff told us they worked alongside them if they were needed and they knew all of the people who used the service. They also told us the provider visited on a regular basis and was very involved in the running of the service.

A number of quality audits had been carried out. These included care records, medication and maintenance records. The provider had carried out regular inspections of the service and reports for these were seen. Where issues had been found action plans were in place.