Contemplation Care Limited

Denehurst

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

Denehurst provides accommodation and personal care for up to eleven people living with a learning disability, physical disability, sensory disability and/or mental health needs. The home is set back off a main road within easy walking distance of the town centre. The accommodation comprises a large lounge/diner overlooking the garden and a kitchen. At the time of our inspection nine people were living at the home.

The inspection was unannounced and was carried out on 4 and 8 May by one inspector.

Denehurst is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

The care service is delivered in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion which ensure people using the service can live as ordinary life as any citizen.

There were sufficient staff deployed to meet people's needs and keep them safe, both at home and when accessing their local community. Recruitment procedures were safe and ensured only suitable staff were employed to work at the home.

Staff received training, supervision and appraisal to support them in their roles and to provide them with the required skills, knowledge and competencies.

People were protected from abuse. Staff understood how to identify abuse and who to report to if they suspected abuse was taking place.

People's medicines were managed safely. People received their medicines as prescribed by staff who had been trained to administer medicines safely.

Risks associated with people's health, safety and welfare had been identified and assessed, and guidance was in place to help staff to reduce those risks. Emergency and evacuation procedures were in place and staff understood what to do in the event of an emergency.

People's rights were protected because staff understood the principles of the Mental Capacity Act 2005 and worked within them. Deprivation of liberty safeguards had been submitted to the local authority for

authorisation when required.

People had access to health care services when required and were supported by staff to maintain their health and wellbeing. People were offered a choice of food and drink that met their preferences and dietary needs.

Staff were kind and caring and treated people with dignity and respect. People were encouraged to maintain important relationships with family and friends.

Staff empowered people to make choices, take control of their lives and maintain their independence. People had access to advocacy services if they wanted this. People took part in a wide range of activities in line with their interests and life goals.

People and their relatives were involved in developing detailed support plans which provided guidance for staff in how the person would like their support to be received.

The provider met the Accessible Information Standards. Staff used a range of communication techniques and provided information to people in a way they could understand, such as signs, pictures and symbols which helped them to make informed choices.

Systems were in place to monitor and assess the quality and safety of the service. People and relatives were offered opportunities to feedback their views about the care provided and this was used to improve the service.

Complaints procedures were available and displayed throughout the home in picture format. People knew who to speak to if they wanted to complain.

There was a positive, supportive and open culture within the home. Staff felt supported by the registered manager who was approachable and involved them in the development of the service. The registered manager understood their responsibilities under the Health and Social Care Act 2008, including submitting notifications of events as required to the commission.

We last inspected the service in May 2016 when we found no concerns and rated the service as good.

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 remains safe.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service remains well led.	Good

Denehurst

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.

The inspection was carried out on 4 and 8 May 2018 by one inspector. The inspection was unannounced.

Before the inspection we reviewed all the information we held about the service including previous inspection reports and notifications. Notifications are events that happen in the home which the provider is required to tell us about law. We used this information to help us decide what areas to focus on during our inspection. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection.

We spoke with three people who lived at the home, two members of staff, the registered manager and the operations manager. We observed people being supported on both days of the inspection to help us understand their experiences of daily life in the home. Following the inspection we spoke with a healthcare professional who gave us their views about the service.

We looked at three people's care records and pathway tracked two people's care. Pathway tracking enables us to follow people's care and to check they had received all the care and support they required. We looked at records related to the running of the home, including medicines management, staff recruitment, training and appraisal and systems for assessing the quality of the service provided.

Good

Is the service safe?

Our findings

People told us they felt safe at Denehurst. One person said they weren't worried about anything and told us, "I would speak with [the registered manager]," if they had any concerns. Another person told us they went out independently and said, "I call the home to let them know where I am or that I'm ok."

People were safe from harm. Individual risks relating to people's daily lives had been assessed and guidance was in place for staff to help minimise the risks. For example, one person liked to help out in the kitchen. Staff had assessed which activities it was safe for the person to help with, such as mixing and rolling pastry. They had assessed and recorded that it was not safe for the person to use the kettle and staff were aware of this. People who enjoyed sailing had appropriate risk assessments in place and lifesaving equipment, such as life jackets, were provided.

For one person who was at risk of choking, a risk assessment was in place. This gave guidance for staff about how to reduce the risks, such as cutting food into bite sized pieces and remaining nearby while the person was eating. Where people displayed behaviours that could challenge others, this had been assessed and measures incorporated into their behaviour support plans. Staff had a good understanding of the risks associated with people's care and support and what action they must take to minimise these.

People were protected from abuse and improper treatment. A safeguarding policy provided guidance for staff in how to protect people from abuse. Staff had received training in safeguarding people and knew the signs to look out for that might indicate that abuse was taking place. They knew when and how to report any concerns, including to outside agencies such as the local authority, police and the Care Quality Commission. The provider also had a whistleblowing policy and staff told us they would not hesitate to use it if they needed to. Whistleblowing enables staff to report poor practice of their colleagues without fear of recriminations.

Systems were in place to manage medicines. People's medicines administration records (MARs) included a photograph, information about each medicine they were taking and any allergies they might have. Medicines protocols were in place for 'as and when required' or PRN medicines, such as pain relief. These provided clear instructions to staff about when and how these medicines should be given. People received their medicines from staff who had been trained to do so and who were re-assessed regularly to ensure they remained competent. Staff checked each person's MAR before administering a medicine and signed to say when each medicine had been given. People told us staff helped them to take their medicines. One person said, "The staff help me morning and evening [to take my medicines]". They were happy with this support.

Arrangements were in place for the ordering, storage and disposal of medicines. There were effective systems in place to order medicines in a timely way which ensured they didn't run out. Spoilt or unwanted medicines were stored in a room at the back of the office, which was locked when not in use, until they could be returned to the pharmacy. We discussed this with the registered manager as there was a risk that in an emergency situation, staff might leave the office in a hurry and forget to lock it. As an extra precaution, the registered manager transferred the medicines to a locked cabinet inside the office. We carried out a spot

check of medicines and found two minor issues. Upon immediate investigation, the reasons were identified and additional checks put in place to reduce the likelihood of re-occurrence.

Robust recruitment processes ensured staff employed were suitable to work with people living at Denehurst. Only two staff members had joined the team since our previous inspection. Their recruitment records included a full employment history, proof of identity, interview records and satisfactory employment references. A criminal records check by the Disclosure and Barring Service (DBS) had also been obtained before staff started work. DBS checks help employers to make safer recruitment decisions.

There were sufficient numbers of staff deployed to meet people's needs and keep them safe. Staff were allocated each day to support people to achieve their preferred routines both at home and in the community and this was reflected in the rotas. Staffing was kept under review and had been increased when a new person had moved into the home. Staff told us there were sufficient staff to support people safely and ensure they were able to access their community activities. Where agency staff were required, they were regular staff who were familiar to people and knew them well.

Infection control procedures were implemented effectively. Staff carried out regular checks of the home which ensured the home remained clean and tidy. Measures were in place to reduce the risk of the spread of infections. For example, ample supplies of anti-bacterial hand gels and paper towels were present in hand washing areas and staff wore appropriate personal protective equipment, such as aprons and gloves, when necessary.

Systems were in place to manage the safety of the environment. For example, the gas boiler and fixed wiring were inspected, maintained and serviced by external contractors when required. Staff carried out a range of daily, weekly and monthly checks to ensure the environment remained safe and well managed, including; bedrails; window restrictors and fire safety. Risk assessments had been completed to identify any hazards in the environment and relevant guidance for staff in how to minimise these risks was in place.

The home had an emergency plan which staff would refer to in the event of unforeseen emergencies. The plan provided guidance to staff and contained contact details of relevant agencies and support services. Individual emergency evacuation plans were in place which detailed the support each person would require in the event of evacuating the home in an emergency situation.

Good

Is the service effective?

Our findings

People told us they had support to manage their healthcare needs. One person said, "I go to the doctor and the dentist. They went on to tell us when their next dental check-up was arranged. Another person told us, "My keyworker weighs me". This was to check they maintained a healthy weight.

People's social, emotional and healthcare needs were assessed before they moved into the home which ensured their needs could be met. People had good access to routine and preventative healthcare, for example, doctors, dentists, opticians and chiropodists. Referrals to specialist support teams, such as speech and language therapists and community mental health nurses, were made promptly. One person received support with their emotional wellbeing from the learning disability team. Each person had a health action plan which included details of healthcare professionals who were involved in their care, their on-going health needs and health management plans. People had annual health checks and medicines reviews to ensure their health action plans remained relevant and appropriate. Staff recorded details of telephone calls and appointments with healthcare professionals. Records showed that any recommendations were followed up. A healthcare professional told us, "They [staff] are fantastically supportive. [A person's] general state of health and personal hygiene has improved immeasurably since living at Denehurst."

People were involved in deciding on the weekly menus. Photographs and pictures of different foods were used to help people to make these choices. One person told us, "I help to choose the menu. I like the food. I'm having beans on toast for lunch. Tonight it's fish, chips and mushy peas." We observed this meal was on the evening menu, however, as one person was celebrating their birthday, a birthday tea party had been arranged with a variety of party foods instead. This was enjoyed by everyone, including the person who had told us about the fish and chip supper.

Staff were knowledgeable about people's likes and dislikes and any specific dietary requirements. One person required a lactose free diet and we saw that appropriate lactose free products had been purchased. Where people were at risk of choking, they had been assessed by relevant health professionals and staff prepared their meals and drinks in line with their assessed needs. We observed that where people required assistance or supervision to eat, for example, if they were at risk of choking, this was provided by staff.

People's rights were protected because staff worked within the principles of the Mental Capacity Act 2005. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager had a good knowledge of the Act and had completed appropriate mental capacity assessments and best interest decisions when required. A healthcare professional had provided feedback in a survey in December 2017 which noted, 'They [staff] have delivered a least restrictive service'. A healthcare professional told us staff had co-ordinated people's care very well and in line with appropriate legislation. They said, "Staff have been really supportive, exemplary, coming in and completing capacity assessments, consent forms, best interest decisions." Where people had capacity to give their consent, we

observed staff asked for this before providing their support.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the deprivation of liberty safeguards (DoLS). The registered manager had submitted appropriate applications to the local authority for authorisation where required.

Staff received regular training in key topics such as moving and handling, health and safety and infection control. Staff told us they also received information sheets about conditions such as epilepsy, which they read and discussed within the staff team to improve their learning. New staff received an in house induction and were also required to complete the Care Certificate. This is a national set of standards which staff are required to meet when working in social care. The induction of new staff also included shadowing experienced staff, attending training and completing a probation period. Their performance was reviewed regularly during probation and any additional training needs were addressed.

Staff received regular supervision, observed practice and appraisal to support them in their roles. Supervision and appraisals are formal opportunities for staff to raise any issues or concerns, identify training needs and review their performance. Observed practice sessions were opportunities for the registered manager to assess on-going staff competency in areas such as communication and personal care. Staff told us they felt very well supported by the registered manager who provided advice and guidance when needed.

The home had been converted from a large family house. It provided a communal lounge and dining room with direct access to a large decked area of the garden which was fully accessible with a ramp leading down to the lawned area and raised vegetable patches. People had helped to decorate the home with their own pictures and artwork.

Good

Is the service caring?

Our findings

People told us they were happy at Denehurst. One person said, "They [staff] are kind. I like living here." Another person said, "Staff are nice here, friendly. I have fun." A third person said, "I have choices," and told us they felt in control of their life.

The atmosphere in the home was calm and relaxed. People got on well with each other most of the time and chatted, watched TV or listened to music. Staff knew how to manage any disagreements between people to prevent them escalating and to encourage people to respect each other's point of view and their right to enjoy their home. Staff encouraged people to take themselves away from situations that annoyed them and not to become unnecessarily involved in other people's disputes. This helped to ensure a more harmonious living environment.

Staff had a very good knowledge of the people they supported, including their life histories, the things they liked and didn't like and the people who were important to them. Staff were always learning and trying to find ways to improve the support they offered to people. One staff member told us one person had recently moved into the home and said, "I'm building a relationship with [the person]. It helps me to understand them and support their needs a bit more."

There was a strong, person centred culture within the home. Staff respected people's choices and wishes and encouraged them to make day to day decisions. One person told us, "I get up when I want." Another person told us, "I like sitting out here [in the garden]. It's nice. The birds are singing." Staff empowered people to take control of their daily lives and maintain their independence. For example, by reminding and encouraging them to get all of their belongings ready in time to go for their sailing activity. People had access to advocacy services if they wanted additional, impartial support to help them to make informed decisions about their lives.

Staff responded with compassion and kindness when people became anxious or upset. We observed that staff were patient, made time for people and listened attentively to what they had to say. One person liked to talk to staff and often wanted re-assurance. We observed staff sitting with the person, listening and chatting about the things that were important to them and helping them to think through their worries. Staff were skilled at distracting the person, and successfully helped them think about things that would make them feel happier whilst also comforting them and acknowledging their distress.

Staff treated people with dignity and respect. Staff understood that Denehurst was people's home and their rooms were their own private spaces and treated them accordingly. When people wanted peace and quiet and private time, this was respected. People were able to have family and friends to visit when they wanted. We observed one person had a birthday tea party and had invited their friends from their previous home. There was a lot of banter and laughter and it was clear everyone was happy to see each other and felt welcome and relaxed. Staff had taken the person out to choose presents with their birthday money and had wrapped them up so the person could enjoy unwrapping them on the birthday.

Staff understood their responsibilities in managing people's sensitive information and maintaining confidentiality. People's paper records were locked away and not left out on view. Computer systems were password protected and only staff with appropriate authority could access these.

Good

Is the service responsive?

Our findings

People told us they felt involved with planning their care and support. One person told us, "We sat down yesterday [with my keyworker] planning something." Another person told us, "We talk about things I want to do."

People's support was planned with them and with people who knew them well. For example, their relatives, key worker, the registered manager and any health professionals involved in their care. A keyworker is an allocated staff member who takes a lead role in supporting the person and liaising with their family members when necessary. People's support plans included information about how they would like to receive their support, such as with communication, mobility, emotional wellbeing, activities and life skills. They also included information about how to promote people's independence and choice. People's goals and ambitions were recorded and staff assisted people to work towards achieving these. People's support plans and their progress towards achieving their goals was reviewed regularly which ensured they remained current and relevant. We observed staff understood people very well and supported them in line with their plans.

People were supported by staff to maintain their interests and hobbies in line with their personal preferences and wishes. People enjoyed, for example, meeting up with friends at a social club, watching TV, listening to music, gardening and going to the pub. One person told us, "I like going to the allotments and feeding the chickens." We were shown photos of people clearly enjoying themselves on recent trips to a museum and animal park. People had written down their ideas for future trips, such as the visit to a motor museum, a trip to the Isle of Wight and a food festival. There were posters in the lounge area which reminded people of future events such as pantomimes, clubs and theatre trips. A staff member had taken on the responsibility for researching the trips. They were very enthusiastic about their role and had organised a folder with ideas of places to go. These had been assessed in advance for accessibility and any specific risks so there were no disappointments or difficulties once they arrived. As well as organised activities, some people were able to access their local community independently when they wanted to. One person told us, "I got on the bus and went to the hairdresser. I had a coffee. I met a lady I know on the bus." Another person told us, "I go to visit [my family] when I want."

The provider met the requirements of The Accessible Information Standard. This aims to make sure that people who have a disability or sensory loss get information that they can access and understand, and any communication support that they need. A range of communication methods were used by staff which ensured people had information in a way they could understand. For example, gestures, hand signs, objects of reference, picture menus and pictorial support plans. We observed a staff member brought three food items, (beans, ham and cheese), to one person who could not decide what to have for lunch. They chose beans! One person received their bank statements in Braille format and a talking newspaper on a weekly basis. A photo board of staff on duty each day was on display in the hallway along with pictures of daily activities.

The home had a complaints procedure on display in the hallway. This was an easy read version which

included pictures and photographs of who they could speak to, including the operations manager. People told us they would speak with the registered manager or staff if they had any complaints. Where complaints had been received, these had been addressed promptly and procedures were reviewed to reduce the risk of re-occurrence.

Good

Is the service well-led?

Our findings

People knew the registered manager and it was evident that people felt relaxed and comfortable in their presence. The registered manager was visible within the home and was actively involved in supporting people with their support and social needs. They had a good knowledge of their responsibilities under the Health and Social Care Act 2008 and had, for example, submitted relevant notifications of events to the commission when required.

There was an open, transparent and supportive culture within the home. Staff felt supported by the registered manager and were able to raise issues and share ideas or concerns. One staff member told us, "The manager is excellent. His door is always open and he always has time to give us. They want to look after their staff." They went on to say, "The whole group is like a big team. The pastoral care is brilliant." A senior staff member said, "I do feel supported. I have my own responsibilities and it's difficult to do my own work sometimes. I have discussed having supernumery time with [the registered manager]." The staff member had also suggested creating a second smaller office to provide a quiet space for confidential work and were confident these issues would be resolved by the registered manager.

Communication within the team was very effective and enabled staff to keep up to date with the running of the home. A team diary and memos were used to share information and updates and to record people's health appointments or important dates. A handover meeting took place at each change of shift which ensured all staff had up to date information about people's routines or changes to their support needs. This also provided an opportunity for staff to discuss any incidents and to allocate tasks for the shift. Staff meetings took place which provided opportunities for staff to reflect and learn, as well as discussing issues or concerns and sharing ideas. Minutes of a recent meeting in February 2018 showed staff discussed incidents and accidents, feedback from audits and staffing.

Staff understood the visions and values for the home. The mission statement was on display in the lounge and stated the importance of choice, dignity, empowerment and communication in providing a high quality, responsive service that reflected the needs of each person. We observed staff supported people in line with these values. One staff member told us, "I'm very happy here. I just love it. If I wasn't happy, I wouldn't be here. Most staff stay, they're happy too. It's good for the residents."

Systems were in place to help monitor the quality and safety of the home and identify areas for improvement. A range of audits were carried out, for example, infection control and medicines, and any actions were identified and completed in a timely way. Relatives were asked to feedback their views. The most recent survey showed two relatives responded and these were both positive stating the way the home was run and the standard of care was excellent. People were involved in how the home was run and were encouraged to feedback their views and share their ideas for how the home could improve. Minutes of the last 'resident's' meeting showed that people had discussed activities and trips out. They had also discussed their favourite fruit and what was in season. People were asked after each activity or trip out what they had liked or not liked about it. This was recorded and used to inform future outings.

Incidents and accidents were recorded by staff which were reviewed by the registered manager to try to identify any patterns and reduce the likelihood of reoccurrence. Where appropriate, these were identified and shared across the company to enable lessons to be learnt on a wider scale.