Samily Care Ltd

Denewood House Care Home

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

The inspection took place on 20 October 2018 and was unannounced.

The service is registered to provide accommodation and residential and nursing care for up to 21 older people. At the time of our inspection the service was providing residential care to 17 older people.

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

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We found that the home had implemented safe systems and processes to ensure people received their medicines safely following some areas we identified during the inspection.

People were protected from avoidable harm as staff understood how to recognise signs of abuse and the actions needed if abuse was suspected. There were enough staff to provide safe care and recruitment checks had ensured they were suitable to work with vulnerable adults. When people were at risk of falls or skin damage staff understood the actions needed to minimise avoidable harm. The service was responsive when things went wrong and reviewed practices in a timely manner.

People had been involved in assessments of their care needs and had their choices and wishes respected including access to healthcare when required. Their care was provided by staff who had received an induction and on-going training that enabled them to carry out their role effectively. People had their eating and drinking needs understood and met. Opportunities to work in partnership with other organisations took place to ensure positive outcomes for people using the service. 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 supported this practice.

People and their families described the staff as caring, kind and friendly and the atmosphere of the home as warm and inviting. People could express their views about their care and felt in control of their day to day lives. People had their dignity, privacy and independence respected.

People had their care needs met by staff who were knowledgeable about how they were able to communicate their needs, their life histories and the people important to them. A complaints process was in place and people felt they would be listened to and actions taken if they raised concerns. People's end of life wishes were known including their individual spiritual and cultural wishes. Activities took place in the home

and were enjoyed by people and their families.

The service had an open and positive culture that encouraged involvement of people, their families, staff and other professional organisations. Leadership was visible and promoted teamwork. Staff spoke positively about the management and had a clear understanding of their roles and responsibilities. Audits and quality assurance processes were effective in driving service improvements. The service understood their legal responsibilities for reporting and sharing information with other services.

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

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 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 site visit took place on 20 October 2018 and was unannounced. The inspection was carried out by a single inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority quality assurance team and safeguarding team to obtain their views about the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people who used the service and two relatives of people who lived at the home. We met with one health care professional and five staff including care staff, agency staff and the chef.

We spoke with the registered manager and home manager and the owner. We reviewed five people's care files, four medicine administration records, policies, risk assessments, health and safety records, consent to care and treatment, quality audits and the 2018 quality survey results. We looked at three staff files, the recruitment process, complaints, training and supervision records.

We walked around the building and observed care practice and interactions between care staff and people

who live there.

We asked the provider to send us information after the visit. This included policies and the staff training record. They agreed to submit this by 23 October 2018 and did so via email.

Good

Is the service safe?

Our findings

Medicines were managed safely. The service had safe arrangements for the ordering, storage and disposal of medicines. The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed. The temperature of the cabinets and fridges where medicines were stored were also monitored and these were within the acceptable range. Medicines that required stricter controls by law were stored correctly in a separate cupboard and records kept in line with relevant legislation. We observed staff wearing a "Do Not Disturb" tabard when administering medicine, this was to prevent interruptions and distraction. The provider told us that improvements to the way they recorded time specific medicines would be made, although at the time of the inspection there was no one prescribed time critical medicines.

People, relatives and staff told us that Denewood House Care Home was a safe place to live. A person told us, "I feel safe, today I'm having a good day". Another person said, "I feel happy here. I do feel safe, there are always people around. I have a bell I can call for staff". A relative told us, "It is a safe home, definitely, without doubt". Another relative said, "Denewood is a safe home. When [name] was in hospital I was worried, since being here I have [relative's title] back!" Staff described the service as safe and told us that safe systems were in place which included; clear guidelines, risk assessments, policies, audits, checks and support.

There were enough staff on duty to meet people's needs. We found that people's dependency was reviewed monthly which meant that staffing levels were regularly reviewed. People's comments included, "There are enough staff here. If I want help they [staff] will help me" and, "Staffing is good here". A relative said, "I believe there are enough staff". Another relative told us, "I think there are enough staff. There is always someone around". Staff comments included, "I think there are enough staff at the home. Staff will always help which I like" and, "Staffing is good. Mornings can be busy but we get to spend quality time with people here". The service also employed maintenance, cleaning and kitchen staff to help ensure the service ran effectively.

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. Staff files contained appropriate checks, such as references and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Staff were clear on their responsibilities with regards to infection control and keeping people safe. All areas of the home were kept clean to minimise the risks of the spread of infection. There were hand washing facilities throughout the building and staff had access to Personal Protective Equipment (PPE) such as disposable aprons and gloves. Throughout the inspection we observed staff wearing these, for example, at meal times and during personal care. Staff were able to discuss their responsibilities in relation to infection control and hygiene. Signage around the home reminded people, staff and visitors of the importance of maintaining good hygiene practices. A relative said, "The environment is always clean here".

There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts. There were no safeguarding alerts open at the time of the

inspection. We observed that there was information displayed which told people, relatives and staff how they could report concerns or allegations of abuse. A health care professional told us, "I have no safeguarding concerns. I would raise them if I had. I believe that the home would act promptly on any concerns raised".

Staff understood their responsibilities to raise concerns, record safety incidents, and near misses, and report these internally and externally as necessary. Staff told us if they had concerns the registered manager would listen and take suitable action. Accident and incident records were all logged, analysed by the registered manager and actions taken as necessary. These had included seeking medical assistance and specialist advice. Lessons were learned, shared amongst the staff team, and measures put in place to reduce the likelihood of reoccurrence. A staff member told us, "If an incident occurred I must report it, record it and inform the management. Incidents are managed well here. We are always encouraged to log everything. Lessons are learnt and shared".

People were supported by staff who understood the risks they faced and valued their right to live full lives. This approach helped ensure equality was considered and people were protected from discrimination. Staff confidently described individual risks and the measures that were in place to reduce them. People had their needs assessed for areas of risk such as falls, moving and handling, nutrition and pressure area care. Where risks were identified plans were in place to minimise these whilst still promoting people's independence. A professional told us, "I have never seen any risks and the environment is kept clear".

There were systems in place to ensure the premises were maintained safely. Equipment owned or used by the registered provider, such as adapted wheelchairs, hoists and stand aids were suitably maintained. A relative told us, "My loved one has the equipment they need and enough staff to help move them around safely". Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All electrical equipment had been tested and hoists were serviced. People had Personal Emergency Evacuation Plans (PEEP) in place. These plans told staff how to support people in the event of emergencies such as fire or flooding.

Good

Is the service effective?

Our findings

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.

Staff sought consent to care from people assessed as having mental capacity. This included consent for photos. A person said, "They (staff) always ask for my consent. No problem there". A relative told us, "I'm involved in all best interest decisions which involve [name]." The service works within the principles of the MCA. We found that MCA and best interest paperwork was in place, complete and up to date. Mental capacity had been assessed and best interest meetings involved relatives and other relevant parties. Best interest meetings included decisions around the delivery of personal care, medicines and bed rails.

Staff were aware of the MCA and told us they had received MCA training. Training records confirmed this. A staff member told us, "MCA is to determine whether people have capacity and protect those who don't. People are always assumed to have capacity unless assessed otherwise".

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. Applications had been made for people who required Deprivation of Liberty Safeguards (DoLS). One person had an authorised DoLS in place with no conditions attached to it. The other applications were pending assessment by the local authority.

Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A relative said, "Staff are trained and professional". A staff member told us, "I receive enough training. It is always offered to us. I have just done fire training and have a safeguarding refresher course next week". Training records confirmed that staff had received training in topics such as health and safety, moving and assisting, infection control and prevention and first aid. Staff were also offered training specific to the people they supported for example; death, dying and bereavement, nutrition and dementia. A staff member said, "I have regular supervisions. The home manager does these and we discuss people and any training needs I may have". We were told that staff received one to one sessions, observation sessions and group sessions.

The provider told us that they readily create staff information guides to cover different areas for example; mental capacity, daily reporting and the new General Data Protection Regulation (GDPR). This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union. This means that people at the home will have more say over the information that the home holds about them. The provider said that these information guides gave staff the information and knowledge required to do their jobs and understand their responsibilities.

There was an induction programme for new staff to follow which included shadow shifts and practical

competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. A staff member said, "My induction included shadow shifts. These showed me how systems worked and helped me get to know people. It was really good". We were told that new staff were given induction packs which included information, key policies and procedures. In addition, new staff completed a probationary period to assess skills and attitudes and ensure good standards of practice.

People's needs and choices were assessed and care, treatment and support was provided to achieve effective outcomes. Care records held pre-admission assessments which formed the foundation of basic information sheets and care plan details. Each record detailed how staff should support people to achieve their agreed goals and outcomes. As people's health and care needs changed ways of supporting them were reviewed. Changes were recorded in people's care files which each staff member had access to.

People were supported to maintain a healthy diet and food and fluid charts were maintained where appropriate. We were told that people's weights were monitored, nutritional risk was calculated and action taken in response to any significant changes. A community dietician was routinely referred to when necessary and their guidance and advice was followed in relation to people's dietary needs. A person told us, "The food isn't bad here. I see the chefs; there are two and they are both nice. They ask us if we enjoy the food". Another person said, "The food is nice. I enjoy the company at meal times and they cook good food". A relative told us, "The food always looks good. They accommodate to [name's] requirements. People can always request alternatives". A person told us, "There are always drinks and snacks available like sweets, crisps, toffees and fruit". We were told that the chefs meet with people and or their relatives when people move into Denewood House and consult them about their food and drink preferences, allergies, consistency of food and medical conditions. From this an individual personal living plan is completed which is then used to plan and develop menus.

We observed people eating in a relaxed atmosphere. Tables were nicely laid and a choice of drinks were available to people. It was clear from the chatter and laughter at lunch time that mealtimes were relaxed and informal. People requiring assistance were helped in a manner which respected their dignity and demonstrated knowledge of their individual dietary and food consistency needs. People chose whether to have their meals in their own rooms, the lounge or the communal dining room.

The kitchen had been awarded a five-star food standard rating and all staff had received food hygiene training. We met with the chef who told us that there was a four-weekly menu which was currently under review. The chef knew people's dietary requirements including their likes and dislikes. They told us that they went around each day informing people what the meal choices were and offered alternative options if people did not like those available to them. We observed this happening on the day of the inspection. We were told that visual menus were taken around to people so that it could support them associate meals to choices.

People had access to health care services as and when needed. Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. A person said, "If I am unwell the nurses will call the Doctor out for me". A health professional said, "I record my visits so staff and relatives can see progress and any advice I have. The staff are knowledgeable and I am updated each time I visit". Recent health visits included a District Nurse, a GP, and a Foot Health Practitioner.

People told us they liked the physical environment. The home was split across two levels and had been adapted to ensure people could access different areas of the home safely and as independently as possible. A person told us, "I can walk around the home when I want to go anywhere and can go into the garden when

I want". There was a working stair lift and stairs in place providing access to the first floor. There was access to secure, outdoor spaces with seating and planting that provided a pleasant environment. At the time of the inspection the downstairs corridors and manager's office were in the process of being redecorated. Other areas of the home had recently been decorated. We were told that people were involved in decisions, for instance people chose colour schemes for the newly decorated lounge and also choose their decoration in their bedrooms. People had asked to have their summerhouse outside painted which was done for them after they chose the colour. The provider said that vegetable planters were an important part of people's lives as well as the flower pots. One family became involved in the garden and made a flower planter for their relative which was now part of the home's garden.

People and relatives told us Denewood House was a homely environment. A person said, "It's recently been decorated, isn't it lovely?"

Good

Is the service caring?

Our findings

People, professionals and their relatives told us staff were kind and caring. People told us; "Staff are caring, they look after me", "Staff are caring, they support me well. Everyone is so nice, I have settled in well and am happy here" and, "Staff are all caring. Very good we all have a laugh". A health professional said, "Staff are caring. They have a laugh with people. I really like the home. They are a friendly bunch and people always seem happy". Relative comments included; "Staff are really lovely, they are both caring and kind to people" and, "Staff are indeed caring, very much so in fact".

People were treated with respect. For example, we observed one person's cardigan had risen up their back whilst they were walking into the lounge. A staff member quickly pulled it down, helping to preserve the person's dignity. We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately. One person told us, "Staff listen to me and respect what I have to say". A relative said, "Staff are defiantly sincere. They treat people with dignity and respect them for who they are". A staff member said, "We respect people's dignity and privacy by making sure we cover areas of the body, ask for consent, close doors and curtains. We respect people's wishes, equality and preferences. We see everyone as an individual and equal". Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people feel at home. The provider told us that the registered manager was a dementia champion and that they were a dignity champion at the home.

People who could talk to us about their view of the service told us they were happy with the care they received and believed it was a safe environment. Comments from people and their relatives included; "We are absolutely happy with the care here", "I am happy here. I think the care is good here" and, "I can't speak highly enough, my loved one is well taken care of here at Denewood House".

People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their wishes and cultural norms, including time spent in privacy. We found that people's cultural beliefs were recorded in their files and that they were supported to attend services and meetings of their choice. A person told us, "People from the church come here. I like to take part".

People were supported to maintain contacts with friends and family. This included visits from and to relatives and friends and regular telephone calls. There was one large lounge and a quiet area so people were able to meet privately with visitors in areas other than their bedrooms. A person said, "My friends that come here are made to feel welcome and can visit me anytime. They visit me in my room and staff bring up a tray of tea and biscuits. Very nice of them". A relative told us, "I come in regularly and am always made to feel welcome". Staff were aware of who was important to the people living at the home including family, friends and other people at Denewood House.

On the day of the inspection there was a calm and welcoming atmosphere in the home. We observed staff interacting with people in a caring and compassionate manner. For example, during lunch staff were patient and attentive as they supported people. They demonstrated a concern for people's well-being and were gentle and encouraging.

People were encouraged to be independent and their individuality respected. We observed a staff member encouraging a person to walk independently to their room. The staff member reminded the person about a step before they got to it and again once they reached it. The staff member was reassuring, patient and did not rush the person. A person said, "My independence is important to me. I'm 99 and I do everything for myself except going up and down the stairs. Staff respect my independence". A staff member said, "I'm a great believer in maintaining independence. One person can refuse to walk. I will encourage them to try and take a few steps. If they can't then I will get a wheelchair. I like to promote independence".

People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. A person said, "I make my own decisions on what I want to do and staff respect this". People appeared well cared for and staff supported them with their personal appearance.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Staff were able to tell us how they put people at the centre of their care and involved them and / or their relatives in the planning of their care and treatment. A relative said, "I had a meeting here the other week with the hospital nurse, social worker and manager. They were very thorough. It was a good review". Another relative told us, "My [relative's] partner is involved in reviewing their care plans. These are shared with me and I am involved in decisions".

Care plans were available to staff, up to date, regularly reviewed and audited by the management to ensure they reflected people's individual needs, preferences and outcomes. The registered manager and home manager alerted staff to changes and promoted open communication. A health professional said, "Staff are good at responding to changing needs and highlighting this with me when I visit". A relative told us, "When my relative arrived here they were using a wheelchair. Within a few days staff had [relative's name] walking with a mobility aid. This was amazing and gave [relative's name] their freedom back". Care plans contained photos of people and information about the person, their family and history.

The provider had created health information cards which were in each person's care file. These broke key information down and were visual to help staff have a better understanding of some support needs such as; skin care, hydration and diabetes.

The registered manager told us that they had just employed a full-time activities coordinator to focus on further developing the service's connections in the community and focus on more activities for people in the home. People and relatives told us that a number of activities did take place. These included external singers, musicians, animal visits, games and quizzes. We observed people taking part in a game of bingo in the afternoon of our inspection. A person told us, "There is entertainment everyday. Yesterday there was a quiz. This brought me out of my shell it was great". A relative said, "There always seems to be lots of activities. This is so good, people get involved and it's lovely to see". We were told that there had been a garden party in the summer and there were photos displayed in the quiet area of this event. People and relatives told us it was a good day. We were told that there was a visiting library which was believed to be invaluable to a couple of people who enjoy reading novels. A hairdresser and nail technician also visited the home weekly.

The home manager told us that they welcomed complaints and saw these as a positive way of improving the service. The service had a complaints system in place. This captured the nature of complaints and steps taken to resolve these. We found that there were no unresolved complaints at the time of our inspection. A person said, "If I had a complaint I would soon say and they [staff] would do something about it". Other people we spoke to told us they felt able to raise concerns with staff or management. Relatives we spoke to said that they had no concerns or complaints. Health and social care professionals mentioned that the home was good and that they had never had any concerns.

People were supported with end of life care and preferences were recognised and respected. We read that the service was awaiting some further information from relatives regarding end of life wishes. We found that

bereavement training was delivered to all staff which raised awareness of how to cope with situations and seek support.

Good

Is the service well-led?

Our findings

The service had 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.

The registered manager was registered across two of the providers locations and the home manager was based at Denewood House to manage the day to day running of the home. The home manager told us they felt supported in their role.

Quality monitoring systems and processes were in place and up to date. These systems were robust, effective, regularly monitored and ensured improvement actions were taken promptly. Audits covered areas such as; nutrition, skin care, daily charts, care plans and equipment. The registered manager and home manager told us that they worked care shifts with staff. The home manager said, "Working on the floor helps me when doing care plan reviews. It gives me a good idea of people's current needs. It also gives me an opportunity to observe staff practice". The registered manager told us that they completed spot checks on staff and unannounced visits to the home. They added that they always took action in response to any findings from audits and or spot checks. For example, as a result of unannounced night time spot checks new night paperwork had been implemented to ensure that the home was running safely at night. The provider told us that the managers complete weekly reports which inform the provider about areas such as; enquiries, staffing issues, maintenance and servicing.

We were told that the providers, registered manager and home manager met quarterly throughout the year to discuss ongoing matters in the home, look at plans for the future and also look for improvements in the service. The registered manager and providers met monthly for discussions about ongoing issues in the home, budgets and improvements that can be made. The providers visited the home regularly and were involved with the everyday running of the home. They said that relatives and people were able to approach them at any time.

The management told us that they promoted an open-door policy and said that they were proud of the care that was delivered and that the focus for people was about people living their lives as they wish. The manager's office was located in a room opposite the communal dining area on the ground floor. The registered manager and provider told us that they recognised good work which was positive and promoted an open culture. The provider said, "We run an employee award scheme. This is for staff who do something over and above their normal duties. This is decided by the home and registered managers and discussed with us". A staff member said, "I feel appreciated and management praise us for doing good work".

Staff, relatives' and people's feedback on the management at the home was positive. A person told us, "The registered manager is a laugh, I have fun with them". Another person said, "The managers are good, they listen to me. The senior carer [name] is very nice. [Senior carer's name] will do anything for me". Staff comments included; "I like both the home and registered managers. They are easy to talk to, open and

approachable. Very respectful too", "The management are great and they work on the floor which shows good leadership" and, "The management are ok. They really know the people and have time for them". A relative said, "The home and terrific. If I have any questions they are answered". Another relative told us, "I feel able to approach the managers. Everyone here is approachable". A professional said, "Management is very good here at Denewood House. Flexible, approachable and very professional".

The service worked in partnership with other agencies to provide good care and treatment to people. Professionals fed back that they felt information was listened to and shared with staff. A health professional said, "Denewood House work very well in partnership with me. When I started we had a meeting to discuss how it would best work for all involved and set up a shared system for recording outcomes. This works very well". The registered manager told us, "I feel we have good working relationships with other agencies and professionals. These include paramedics, local authorities and social workers".

Management told us there was a no blame culture and that staff were all encouraged to report any incidents, errors and concerns. This meant that responsibility could be taken and everyone could learn from it – this learning was shared at staff meetings and handovers.

The registered and home manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They fulfilled these obligations, where necessary, through contact with families and people. A health care professional said, "The home is always open and honest".

People, relatives, and staff told us that they felt engaged and involved in the service. A relative said, "The home is really supportive. I feel I can raise ideas and am involved in improvements. I can't think of any examples now though". A staff member told us, "I'm involved in decisions. Management listen to my views and opinions". We read the most recent quality questionnaire sent to relatives in February 2018. One relative had fed back concerns about laundry. We found that the home had addressed this. Another relative had fed back about their loved one's bedroom. We found that the service had discussed colours with the person and family. A plain colour had been chosen and the room had been redecorated. We read that the person and family had confirmed that they were happy with this.

A relative said, "I would, and already have, recommended Denewood House to others. It's family orientated here. It's not a care home; it's very much the people's home".