

Derriford House Limited

Derriford House

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Derriford House is a residential care home with accommodation arranged over three floors, which are serviced by a lift. People are accommodated in single bedrooms, all of which have an ensuite toilet and hand basin, some also have a wet room. There are communal lounges, a dining room and a hairdresser's salon. The service was providing personal care to 29 older people at the time of the inspection.

People's experience of using this service and what we found

People were happy and felt safe with the care they received. Their feedback included, "We have everything we want" and "The staff are excellent."

People had any equipment they required for their safety. People were moved safely and supported to retain their mobility. The required actions were taken after any incidents. People's dietary and fluid risks and needs were understood by staff and well managed.

There were sufficient experienced staff deployed at all levels to meet people's needs. People were protected from the risk of acquiring an infection. The registered manager had acted to ensure people's records were up to date, following an outbreak of COVID-19 earlier in the year.

The registered manager monitored the culture of the service to ensure people's needs were met and they were well cared for by staff.

Rating at last inspection and update

The last rating for this service was good (published 28 November 2019).

Why we inspected

We undertook this targeted inspection to check on specific concerns we received about staffing, equipment and management. The overall rating for the service has not changed following this targeted inspection and remains good.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Derriford House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

This was a targeted inspection to check on a concern we had about staffing, equipment and management.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by an inspector.

Service and service type

Derriford House is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Derriford House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people and 1 relative about the care provided. We spoke with 7 staff including, 3 care staff, the registered manager and 3 other staff. We spoke with a visiting health care professional who provided positive feedback about the service. We also made observations of the environment and equipment. We made observations of staff's interactions with people in communal areas of the home. We reviewed records relating to people's care and the provision of the service. We reviewed 3 people's care records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection this key question was rated good. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check concerns we had received about equipment, records, staffing levels and incidents. We will assess the whole key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

- We saw people had a range of equipment in place to meet their assessed care needs and to manage any identified risks to them. The registered manager told us how they had recently purchased a new piece of equipment for a person following their return from hospital. We saw people were seated on pressure relieving equipment where required. People and staff confirmed any required equipment was in place. A person confirmed staff ensured the "call bell is always in reach." A staff member said, "People have the equipment they need."
- Staff completed both online and face to face moving and handling training which was provided in-house by trained staff. The activities staff was also trained in falls prevention and ran both a daily group exercise class and provided people with one to one input where required. People were moved safely and supported to retain their mobility.
- Staff including the chef had a good understanding of people's dietary and fluid risks and needs which were well managed. A person told us how the chef was aware of their food allergies and provided them with alternative dishes as required. At lunch we saw another person was not served an ingredient they were allergic to for their safety. We saw in the kitchen there was guidance about people's dietary requirements. People had any required equipment to enable them to eat their meal. Staff had guidance on the importance of hydration and provided people with drinks regularly.
- The registered manager told us during a COVID-19 outbreak earlier in the year, they had not managed to review people's care plans and weigh people. However this had been addressed and people were weighed monthly. There was no evidence this had caused anyone any harm. The chef told us how they fortified food for anyone at risk of weight loss.

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The service was working overall within the principles of the MCA and the registered manager provided evidence of completed MCA assessments. However, 1 person, who had a power of attorney for health and welfare lacked the capacity to consent to the restrictions in place. We discussed their care with the registered manager who completed a MCA assessment. After the site visit they informed us they had submitted a DoLS application to the relevant authority for this person. The other people living in the home had the capacity to consent to their care and any restrictions.

Staffing and recruitment

- The service provider had a dependency tool both for the home and for people which was used to determine the staffing needs for the home. Staffing rosters showed the service was well staffed, which people and staff confirmed. People told us they received their care as needed and when they wished. A person said, "We have everything we want" and another person commented, "They [staff] look after us." We observed staff did not rush people as they provided their care, the atmosphere was calm.
- Each care staff shift was led by a senior member of staff and there was a member of the management team on-site daily. Staff completed a variety of training for their role and most staff either held a professional qualification in health or social care or were about to start a course.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to see their visitors when and where they wished. We saw relatives visiting people in their bedrooms and people went out with their visitors.

Learning lessons when things go wrong

- Incident records showed when people experienced a fall or an accident, staff had recorded it and taken the correct actions, including ensuring medical assistance was sought if required. A health care practitioner confirmed the registered manager reported any concerns which arose.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. We have not changed the rating as we have not looked at all of the well-led key question at this inspection.

The purpose of this inspection was to check a concern received about how the service was managed. We will assess the whole key question at the next comprehensive inspection of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager monitored the culture of the service and when they had identified issues last year with regards to how some colleagues spoke to each other and how their work was allocated, these had been addressed within a staff meeting.
- People and staff reported they could speak openly with management. We observed people were relaxed in the presence of management and popped into the office if they wished to speak with them. People told us management and staff were polite. People's feedback included, "Carers are polite" "Staff are very good, they speak respectfully" and "[Name of registered manager] is nice." Staff told us they were, "Happy with the service and management of the home" and "It is well-led - any questions you can ask." Staff were observed to speak with people respectfully.
- The registered manager ensured people had anything they needed to ensure good outcomes for them. If people required continence products, these were supplied by the NHS if they were eligible or if not the person's family supplied them, if they did not, then they were ordered and billed. People were able to purchase items they wanted such as toiletries from the home's weekly shop.