

Mariposa Care Group Limited

# Derwent Care Home

## Inspection report

Low Westwood  
Newcastle Upon Tyne  
NE17 7PL

Tel: 01629760978

Date of inspection visit:  
11 September 2019  
13 September 2019

Date of publication:  
22 October 2019

### 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

### About the service

Derwent Care Home is a residential care home providing accommodation and personal care for up to 45 people aged 65 and over. There were 44 people living here at the time of our inspection.

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

People and relatives told us the service was safe. People's personal risks were well managed. The registered manager reviewed accidents and incidents to prevent re-occurrences. The registered manager and staff understood how to safeguard people. The provider had arrangements in place for the safe use of people's medicines.

The provider carried out pre-employment checks to assess if staff were suitable to work in the service. Staff were supported using regular supervision meetings and training. There were enough staff on duty to meet people's needs.

Staff assessed people's needs before they started using the service. Professionals from other services were involved to meet people's care needs. Kitchen staff were aware of people's dietary requirements.

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.

Staff approached people with kindness. They treated people with dignity and respect. They helped to maintain people's independence.

The provider had a complaints procedure and people were aware of how to make a complaint.

The registered manager effectively monitored the quality of the home. People and their family members were involved in the service.

### Rating at last inspection

The last rating for this service was good (published 24 October 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Derwent Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Derwent Care Home

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Derwent care home 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service. 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and six of their relatives or friends about their experience of the care provided. We spoke with 13 members of staff including the regional manager, the registered

manager, the deputy manager, senior care workers, care workers, activities coordinators, the cook, domestic staff and the administrator.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and family members told us the service was safe.
- Staff were trained on how to safeguard adults. They were confident if they raised any concerns with the manager or deputy manager action would be taken.
- The registered manager understood how to raise safeguarding concerns with other professionals.

Assessing risk, safety monitoring and management

- People's personal risks were well managed. Guidance was given to staff on how to mitigate each person's potential risks.
- Checks were regularly carried out on the building and its contents to ensure people lived in a safe environment. Checks on equipment were in date.

Staffing and recruitment

- The provider had systems in place to carry out pre-employment checks on staff.
- There were enough staff on duty. The registered manager used a dependency tool to monitor the amount of staff who were required to meet people's needs.

Using medicines safely

- Appropriate arrangements were in place for the safe ordering, receipt, administration and disposal of people's medicines. This was confirmed by a visiting professional.
- Staff were trained and assessed as competent in the safe administration of medicines.
- Medicine records were accurate and up to date.

Preventing and controlling infection

- Staff understood the need for regular cleaning of all areas of the home to prevent infections from spreading.
- Relatives confirmed the home was always clean and tidy and free from odours.

Learning lessons when things go wrong

- The provider had a process in place to review issues and learn lessons when things went wrong.
- The registered manager carried out checks on falls, incidents and events considered to be 'near misses' to learn lessons and prevent reoccurrences.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs, and choices were carried out before a person was admitted to the home. The assessments were in line with care standards and guidance.

Staff support: induction, training, skills and experience

- New staff were supported through a period of induction to familiarise themselves with their role.
- The provider had listed training for each staff role they considered as mandatory. Staff confirmed to us they had completed this training.
- Relatives told us staff were competent to carry out their roles. One relative told us, "Staff have done wonders with [person] and got them to get showered and change their clothes. They have a way with people."
- Staff met with their manager on a regular basis for a supervision meeting.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink. Kitchen staff were aware of people's dietary needs and understood how they were required to meet them.
- The dining rooms were arranged to create a pleasant dining experience. Blue plates were used to assist people living with dementia to see their food.
- People told us they were well-fed. Staff monitored people's weights and made referrals when necessary to dieticians.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with a range of other healthcare professionals to meet people's needs.
- Advice and guidance from other professionals such as the Speech and Language Therapy Team (SALT) were documented in people's care plans.

Adapting service, design, decoration to meet people's needs.

- Adaptations had been made to the building to support people living with dementia. Signage was in place to help people orientate themselves around the home, and points of interest had been created at the end of each corridor.
- People's rooms were personalised to make their rooms homely.

Ensuring consent to care and treatment in line with law and guidance

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.

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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service worked within the principles of the MCA. Appropriate assessments of people's capacity to make decisions were in place.
- The registered manager had made appropriate DoLS applications. They monitored the applications and informed CQC when the applications had been granted.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well-treated by staff. Relatives told us when they arrived unannounced to visit the home for the first time they left with the impression that the manager and the deputy understood people living with dementia. One relative said, "I could have kissed and hugged the manager."
- One relative told us, "Staff went the extra mile." Staff enabled one person to attend an important family celebration. They assisted the person with dressing up. A staff member also dressed for the event accompanied the person.
- People and their relatives described staff as, "Very caring" and "Lovely."
- At the suggestion of an external professional, the service had set up a men's group to improve the quality of life for men using the service. Staff found this had limited success and had adapted the idea of men being together by enabling them to sit together at larger events.
- Staff had done a charity bike ride to raise money for the resident's fund.

Supporting people to express their views and be involved in making decisions about their care

- Relatives had expressed an interest in learning more about dementia and getting support from other relatives. A staff member had set up a display giving information. One relative described the display as "Useful." At the request of relatives, the service had up a support group for relatives of people living with dementia. The group was due to have its first meeting following our inspection visits.
- Staff gave people choices and respected their decisions. Records showed people had been involved in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence. For example, staff encouraged people to dress themselves. One person was experiencing difficulties leaving their room. Staff engaged other professionals to think through why this was occurring and resolved the situation by changing an aspect of the environment immediately outside of their room.
- Staff protected people's dignity and privacy. Personal care took place behind closed doors. During our inspection a member of staff was concerned about one person who did not appear comfortable in bed. Their privacy was respected as staff attended to them to make them more comfortable.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records accurately described people's needs and preferences and the steps staff were to take to meet them.
- Senior care staff were delegated a group of people whose care plans they needed to review each month. Reviews were routinely carried out.
- Relatives told us they were really happy with the care provided. One relative said, "I am happy with the home and my [relative] is too."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us large print documents could be made available to people.
- People's communication needs were documented in their care plans.
- Staff communicated with people in ways which were meaningful to them. One staff member used pictures to tell a person it was lunchtime.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were protected from social isolation. Activities coordinators had a plan for activities to meet different people's needs. Where possible people were supported to be engaged in local events including being spectators of a national cycle race which went passed the home. Photos showed people were waving flags as the race went by.
- Staff respected people's right to have their own family life. Relatives were welcomed and encouraged to participate in the life of the home. One relative said, "Staff always offer me a cup of coffee and I have my Sunday dinner there."
- The staff engaged five people in a 'Digital Voices' project where people were encouraged to tell their life stories. They were given a life history book and their voices were recorded. Staff told us they had learned things about people they never knew and were better able to engage people in conversation.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. People and family members told us they did not have any complaints but were aware of how to make a complaint.

- One complaint had been received by the registered manager. They had dealt with the complaint appropriately and had agreed steps to improve the service for the person and their relative.

#### End of life care and support

- Staff had documented people's end of life wishes in their care plans.
- Emergency health care plans and peoples wishes about resuscitation in the event of heart failure were in place.
- The registered manager told us as the home was not registered for nursing care, they had developed excellent relationships with local medical practitioners. This meant for people could remain in the home towards the end of their life.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff were happy in their work. They described the registered manager as "Approachable" and "Reliable."
- Relatives told us they felt involved in the service and included in people's care. They had confidence in the manager.
- The registered manager told us they came in early so they could see night shift staff at handover and address any issues.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour. They had made referrals to the local authority on safeguarding issues.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager used the provider's systems for measuring the quality of the service. They had built up over time additional ways of monitoring quality and used their own systems for further scrutiny of practices in the home.
- The regional manager had oversight of the service and carried out their quality audits. The audits of both the regional and the registered manager led to actions being identified to improve the care provided. Steps had been taken to make sure the actions were addressed.
- The registered manager had notified CQC of events and incidents in the service in line with the regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place for people to feed back on the quality of the service. Residents meetings took place every six months. Questionnaires were sent out to relatives and their responses analysed.
- Staff meetings were held to engage staff in the running of the home and to provide information to keep staff up to date.

Working in partnership with others

- The service worked with other health and social care professionals, such as the local authority, district

nurses, GP's and Community Psychiatric Nurses.