Derwent Residential Care Limited

Derwent Residential Care Home

Inspection report

38 Sedlescombe Road South
St Leonards On Sea
Hastings
East Sussex
TN38 0TB

Tel: 01424436044
Website: www.cedarscaregroup.co.uk

Date of inspection visit:
15 April 2021

Date of publication:
06 May 2021

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Derwent Residential Care Limited is a residential care home providing accommodation and personal care to 21 older people, some of who were living with dementia. The service can support up to 30 people.

People's experience of using this service and what we found
We found that improvements had been made following the last inspection. People's care plans provided good guidance for staff about people and how to support them. There was a training plan and the registered manager had oversight of staff training and support needs. Quality assurance systems and audits helped to identify areas where improvements and developments were needed and records demonstrated these were addressed.

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

There were systems in place to ensure people were safe. Infection prevention control measures meant people were kept protected, as far as possible, from the risk of Covid-19. The registered manager and staff were proud there had not been an outbreak at the home. Visitors were being welcomed back to the home in line with government guidelines. Throughout the pandemic visitors for people receiving end of life care had been supported.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. There were enough staff working to provide the support people needed. Recruitment procedures ensured only suitable staff worked at the service. Risk assessments provided guidance for staff about individual and environmental risks. Staff understood the risks associated with the people they supported. People received their medicines safely, when they needed them.

People needs and choices were assessed and planned for. Staff received regular training and supervision which enabled them to provide the care and support people needed. People were supported to eat and drink and choice of meals and snacks throughout the day. They were supported to access healthcare as needed.

There was a positive culture at the service. The registered manager had a good oversight of the home and was supportive to people and staff. People, relative's and staff views had been sought and acted upon to further improve the service.

Rating at last inspection
The last rating for this service was requires improvement (published 24 April 2019).

At this inspection we found improvements had been made.

Why we inspected
This inspection was prompted by our data insight that assesses potential risks at services, concerns in relation to aspects of care provision and previous ratings. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. This enabled us to look at the concerns raised and review the previous ratings.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from poor care provision. Please see the safe, effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Derwent Residential Care Home on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Derwent Residential 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.
Our inspection was prompted by our data insight that assesses potential risks at services, concerns in relation to aspects of care provision and previous ratings

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
This inspection was carried out by two inspectors.

Service and service type
Derwent Residential 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

Notice of inspection
We gave a short period notice of the inspection. This was because of the Covid-19 pandemic. We needed to know about the provider's infection control procedures.

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. 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 this information to plan our inspection.

During the inspection
We spoke with people who used the service throughout the inspection. Due to their dementia, people were not always able to give feedback about their experience at the home. Therefore, we spent time talking with them and observing their interactions with staff. We spoke with six members of staff including the registered manager.

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

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted eight relatives and received feedback from seven of them through phone calls and emails.

We contacted a further thirteen staff, including the provider and received feedback from nine of them through phone calls and emails. We contacted six health and social care professionals who have involvement with the service and received feedback from three of them.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Not everyone was able to tell us if they felt safe at the home. However, we saw people were comfortable in staff presence and approached them freely. When staff came into a room people smiled and greeted them and looked genuinely pleased to see them.
- Staff received regular safeguarding training and updates. They were able to tell us about different types of abuse and what steps they would take if they believed people were at risk of harm. Staff told us if they were concerned, they would always report concerns. One staff member said, "I would always raise it, I've done it before and I would do it again."
- When concerns were identified the registered manager raised these issues with the local authority safeguarding team and worked to help resolve the issues.

Assessing risk, safety monitoring and management

- Risks to people were well managed. Staff understood the risks associated with looking after people. Some people had been assessed as at risk of falling. Guidance was in place about how to support people safely without reducing their independence. Staff were seen to support people appropriately to reduce their risk of falling.
- Guidance for staff included information about the measures in place to prevent pressure damage. This included the use of pressure relieving mattresses and regular checks of people's pressure areas. Staff told us how they checked people's pressure areas and skin integrity whenever they supported them with personal care.
- Risks associated with people's health needs were well managed. Some people were living with diabetes. Care plans included information about what people's normal blood sugar levels should be and what actions to take if they were outside of these ranges. Staff had a good understanding of the safe support needed.
- For people who chose to smoke, a smoking risk assessment had been completed to ensure that the person was supported to do so safely. This considered the person's capacity and understanding around the risks of smoking. We saw people being supported in accordance with this risk assessment by staff.
- People had individual COVID-19 risk assessments and care plans were in place to support people in the event of an outbreak
- Environmental risks were identified and managed. Regular fire checks were completed and personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services are aware of people's individual needs in the event of an emergency evacuation. Servicing contracts were available, these included electrical equipment, gas and moving and handling equipment.

Staffing and recruitment

● Staff were recruited safely. The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining two references from previous employment and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

● There were enough staff to safely support people. We observed people being attended to promptly in a relaxed and calm manner. Staff discussed with each other when they would be going for a break to ensure people weren't left unattended. Some people who chose to stay in their rooms had sensor mats in front of them to alert staff if they tried to stand without support. Staff were able to support these people quickly when the sensor mat was activated.

● The registered manager used a staffing level calculator based on the individual needs of residents to determine safe staffing levels. Staff told us they felt there were enough staff to safely support people.

Using medicines safely

● Systems were in place that ensured the safe ordering, storage and disposal of medicines. Staff received medicine training and had their competency assessed before they were able to give medicines. Both medicine training and competencies were regularly updated and discussed with staff during supervision. Medicines were given to people individually, in a way that suited them.

● Where people had been prescribed 'as required' (PRN) medicines, such as medicines for anxiety there were PRN protocols were in place. This provided information staff would need to give these medicines. There was also information included to guide staff about other measures that could be used before the medicine was given, to ensure they were not given unnecessarily.

● Some people required their medicines to be given covertly. Covert administration is when medicines are given in a disguised format. They could be hidden in food or drink and the person may not know they were taking them. There was information about why the medicine was being given in this way and who had been involved in the decision. Records showed discussions had taken place with people's GP, their relatives and staff. There was also information from a pharmacist to show that it was safe to given medicines this way. For example, crushing medicines can alter the way they work.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections. Staff were following current government guidance on supporting visits to people in the home. Visitors were required to take a lateral flow test and have their temperature taken before each visit. Visits took place in the summer house or a designated visitor room inside the home. Both rooms were cleaned between visits. Visits to people receiving end of life care had been supported throughout the pandemic. People were also supported to keep in touch with their loved ones through phone and video calls.

● We were assured that the provider was meeting shielding and social distancing rules. Most people were not able to understand social distancing, we saw that some people enjoyed walking around the home together. Staff had encouraged social distancing by spacing out chairs in the living room and rearranging the dining room. The registered manager told us that people were regularly supported to wash their hands to minimise risk

● 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. Staff were following current government guidance on personal protective equipment (PPE). PPE was available throughout the home and staff were seen to be wearing gloves, masks and aprons where needed.

● We were assured that the provider was accessing testing for people using the service and staff. Following current government guidance.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises. The home was clean and tidy. Decorations around the home were cleaned using a fogging machine. Frequently touched surfaces were cleaned regularly throughout the day. Windows were opened regularly to aid airflow through the home.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Staff worked exclusively at the home and did not work in other health care settings. Staff had received training in infection prevention and control (IPC).

● We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

● Accidents and incidents were documented and responded to. People's risk assessments and care plans were updated. Information was shared with staff to ensure they were aware of any changes to care and support.

● Accidents and incidents were analysed and monitored to identify any trends or patterns which may show further actions were needed to prevent any reoccurrences.

Good

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.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At the last inspection we asked the provider to make improvements to demonstrate how the views of people and those involved in their care were taken into consideration. At this inspection we saw improvements had been made.

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.

● Mental capacity assessments had been completed and where people were deemed to lack capacity these demonstrated how decisions made were in the person's best interest. There was evidence of how views had been sought from people's relatives and relevant health and social care professionals.

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.

● DoLS applications had been submitted for people who did not have capacity and were under constant supervision. Copies of the applications and authorisations were available to staff.

● Throughout the inspection we saw staff asking people's consent and offering them choices and supporting them to make choices. People's movement was not restricted, and they were free to move around the home if they chose to. One person could not decide where to sit at lunchtime. Staff told them, "You can sit anywhere you like." As the person remained unsure the staff member added, "You usually sit there with you friends, would you like to sit there now?" The person acknowledged this was what they wanted and appeared happy to be with their friends.
● A relative told us how well their loved one was doing at the home, they said, "[Name] is free to roam which

they love to do. Being active is really important to them."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs and choices were assessed before they moved into the home. This ensured staff had the appropriate knowledge and skills to look after people effectively.
● Care and support was delivered in line with current legislation and evidence-based guidance. Nationally recognised risk assessment tools were used to assess risks, for example, those associated with nutrition and skin integrity.

Staff support: induction, training, skills and experience
● Staff told us they felt supported in their roles. One staff member told us, "If I ever felt like I needed to talk to someone or ask someone about something my boss [registered manager] has made me very comfortable and I know I can always ask her anything. The same with all the care staff if there's ever anything I need help with I know all I need to do is ask."
● Staff told us they received sufficient training to support people living at the home. One staff member told us, "Personally I feel like the training I was given really helped me understand and support people at this home. It really helped my knowledge and understanding of things I did not know before." Another staff member told us the training was important to keep them up to date and refreshed."
● There was a training plan which showed that staff training was ongoing. The registered manager told us the provider had recently introduced a new online training program that staff were completing. This included a knowledge check at the end.
● In addition to essential training which included moving and handling, safeguarding and first aid staff also received training specific to the needs of people living at the home. For example, some staff had received extra training to enable them to give insulin injections. In addition to the training staff had completed competency assessments to ensure they had the appropriate knowledge and skills.

Supporting people to eat and drink enough to maintain a balanced diet
● Staff monitored people's weight and recorded these on a nutritional assessment. The cook was made aware if people were losing weight and there was guidance for the cook to follow if people needed their foods fortified to promote weight gain.
● People's food and drink preferences and food allergies were detailed in each person's care plan. People's preferences were followed by staff. For example, one person's care plan stated they enjoyed coffee and didn't like tea. We spoke to this person who told us about a nice cup of coffee they had just had. The cook had a copy of each person's individual plan in the kitchen. The cook knew people well and spoke to them regularly about meal choices, using this feedback to determine the menu.
● People's dietary needs were catered for. We spoke to the cook about people who required a diabetic diet. People requiring a diabetic diet had their own desserts prepared.
● People were offered choices about the food and drink they received. We saw people were offered two meal choices shortly before the lunch time and were supported to make these decisions by staff. One person told us, "I like the food". We saw that people had access to food and drink throughout the day.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were supported to maintain and improve their mental health. Records showed people were supported to access health care professionals when their needs changed.
● The registered manager told us there had been changes to accessing healthcare during the pandemic, where healthcare professionals were prioritising their calls to help prevent the spread of Covid-19.
● Care staff had been working with the district nursing team to provide some wound care. Staff would send

a photograph of the wound to the district nursing team who would assess whether they needed to visit or whether they could guide staff to effectively provide the wound care. The registered manager told us, for complex wounds the district nurses visited.

● Since the start of the pandemic a GP from the local surgery conducted weekly "ward rounds." This gave people and staff the opportunity to discuss any health concerns they had and for ongoing health conditions to be regularly reviewed.

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

● The service had been adapted to meet people's needs. People's bedrooms had been personalised to reflect their own choices and personalities. When people had been assessed at risk of falls, sensor mats were put in place to help keep the person safe.

● Communal walkways had been painted in bright colours as had bedroom doors. This helped people to recognise where their own bedroom was. For example, the green door in the yellow area of the corridor.

● There was a stair-lift which provided access throughout the home. Bathrooms and toilets had been adapted with rails and raised seats to help people retain their independence.

● There was level access throughout the home and to the outside. There were seating areas in the garden which people were able to access when they wanted to. There was a summerhouse in the garden which had been adapted for visitors as visiting restrictions were eased.

● There was a large lounge area with plenty of seating areas for people to sit in small or large groups and enjoy each other's company or watch television.

Good

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection we asked the provider to make improvements to ensure people's records reflected their needs. We also asked the provider to make improvements to the oversight of staff training. At this inspection we found these improvements had been made.

● People's care plans were clear and provided good guidance for staff about people and how to support them. In addition to a detailed care plan there was a summary of each person's care needs which gave staff at-a-glance information. There was also an activity profile which told staff about the person and what they liked to do. Daily records and charts demonstrated the care and support people had received each day. There was further information to show if people had a ReSPECT form in place. (Recommended Summary Plan for Emergency Treatment and Care). This advises staff about people's wishes about how they want to be treated if they became unwell or in an emergency, for example their wishes about resuscitation.
● There was a training matrix which provided oversight of the training staff had completed and what staff needed to do. The registered manager told us they were aware that practical training, for example moving and handling and insulin competencies had not recently been refreshed. This was due to the pandemic and external trainers not being able to come into the home. The registered manager said that this would be addressed as soon as safe to do so. Experienced staff supported newer staff with their moving and handling skills. Only staff who had previously been assessed as competent gave insulin and they were able to discuss any concerns with the district nurses.
● There was a quality assurance system in place. This included regular audits by the registered manager and the operations support team of the company. These identified areas for improvement and development and what the home was doing well. Areas for improvement were addressed and reviewed at the next audit. Historical audits demonstrated the amount of work that had been undertaken to improve and develop the home.

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; Continuous learning and improving care; Working in partnership with others
● The registered manager was aware of their responsibilities of the regulatory requirements, including those

under duty of candour. Statutory notifications, which are required by law, were appropriately submitted to CQC.

● Some concerns had been raised with CQC about aspects of care delivery. These had been referred to the local authority for investigation. The registered manager told us that there had been an increase in complaints raised with the home in the last year. Records related to complaints showed these were responded to. The provider and registered manager told us this increase may have been related to the pandemic and restrictions on visiting.

● The provider told us they took concerns and complaints seriously. He said, "I think if there's an issue for one person is it the same for everybody / anybody else." Therefore, investigations into concerns were undertaken to identify areas for improvement.

● During our feedback calls one relative raised concerns. We spoke with the registered manager and asked them to contact the relative to discuss. The registered manager confirmed they had made contact but had not yet discussed the concerns.

● As a result of concerns raised and incidents that had occurred changes had been made to prevent reoccurrences. Staff have developed a discharge handover form. This will help ensure staff pass on all the relevant information about a person if they leave the home to receive care elsewhere.

● The registered manager had also introduced a significant event file. This included information about incidents that had occurred, actions taken, and measures put in place to prevent it happening again. For example, the home phone had been left on charge in a communal area and went missing. Therefore, the phone is now charged in the staff office and when not on charge is always carried by a staff member.

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

● There was a positive atmosphere at the home. The registered manager knew people and staff well. They had a good understanding of people's needs, choices and preferences.

● People were supported in a positive, person centred way. They were consistently asked what they would like to do and offered choices and these were respected.

● Staff acknowledged how difficult the past year had been for people and their relatives who had not been able to visit their loved ones as they usually would have done. One staff member said, "I understand how hard it is when you have a relative with dementia and then you are unable to visit them. It has been very difficult for us all." They told us they how they supported people to maintain family contact through phone and video calls.

● There was a lively activities program which helped to keep people engaged throughout the day. During the inspection people had been enjoying an activity with flowers. A staff member brought a bunch of flowers round to people who had not taken part in the activity. People were encouraged to touch and smell the flowers to ensure they remained involved.

● Relatives spoke well of the staff. One relative spoke of a particular staff member and said, "We speak to [name] the most. She is really helpful, can't do enough for us and is very kind. She has lots of time for our questions and is really supportive." Another relative said, "We think the home's fine, some of the staff are amazing. The carer [name] is very sweet and extremely kind to my [relative]."

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

● Regular surveys were sent out to ask for people's, relatives and staff feedback. Feedback from people was positive. For example, they said they had enough to eat but some had suggested different things they may like on the menu. There was a response to say this had been noted and some of these ideas would be incorporated into a new menu.

● Feedback from relatives was generally positive, with one person say staff went "above and beyond." There

was some negative feedback which related to visiting restrictions that had been in place.

● During our feedback calls with relatives some expressed concerns about communication at the home. For example, having to ask/remind staff about aspects of their loved one's care, such as ensuring they were wearing their hearing aid. We fed this back to the registered manager who told us they had introduced a relative's communication book. Therefore, any messages received would be written down and herself or senior care staff would ensure the care had been provided. If for example, the person had declined to wear their hearing aid this would be clearly documented and fed back to the relative.

● Relatives told us they were updated about their loved ones. One relative said, "They keep me up to date with what's going on. I always ask for an update when I come to visit, but if anything, else happens they ring and tell me." Another relative told us, "We are all actively involved in [relative's] care and we go in twice a week to check she's okay." Relatives were also sent a regular newsletter about what was happening at the home. One relative told us, "We got sent photos of [relative] and we receive information in a newsletter, last time [relative] was featured in the newsletter it was lovely."

● Staff feedback about working at the home was positive. One staff member said, "This is the best place ever worked, it's so rewarding, [registered manager] is very supportive, approachable and confidential." They attended regular meetings where they were updated about changes at the service. They were reminded of their responsibilities and given opportunities for feedback. Meetings were also used as an opportunity for learning and development.