

# The Salvation Army Social Work Trust

## Dewdown House

### Inspection report

64 Beach Road  
Weston Super Mare  
Somerset  
BS23 4BE

Tel: 01934417125  
Website: [www.salvationarmy.org.uk](http://www.salvationarmy.org.uk)

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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

### About the service

Dewdown House is a residential care home. It provides accommodation and personal care for up to 40 older people, some of whom are living with dementia. At the time of the inspection there were 36 people living at Dewdown House.

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

The environment was homely, clean and well maintained. Thoughtful consideration had been given to how the environment could meet people's needs and support people to remain independent.

People participated in a range of activities of their choice. Religious prayer and hymns were offered daily in line with the ethos of the organisation. People from any faith group were welcomed.

Care plans and risk assessments were individualised and showed how people preferred to be supported. People's privacy and dignity was respected and maintained. People's visitors were welcomed at the service and people were supported to retain social relationships.

Staff were kind and caring. There was a positive and happy atmosphere. Staff knew people well and spent time engaging with people.

Improvements had been made to quality monitoring and to the systems to support the identification and actions of safeguarding concerns, accidents and incidents. Care plans and medicines were regularly reviewed, and actions were taken in a reasonable timeframe around areas identified. The provider implemented measures to protect people around the risks from hot surfaces and water.

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. The service was well led and managed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was Requires Improvement (published 3 January 2019).

At the last inspection a breach was identified in Regulation 18; Notification of Other Incidents of the Care Quality Commission (Registration) Regulations 2009. A recommendation was made in relation to managing the risks from hot water and surfaces.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 18 (Care Quality Commission (Registration) Regulations 2009). The recommendation had been

met.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Dewdown 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector, an assistant inspector and an expert by experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of inspection was completed by one inspector.

#### Service and service type

Dewdown House is a care home. People in care homes receive accommodation and nursing or personal care. 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

The inspection was unannounced on the first day and announced on the second day.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return (PIR) prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with nine people who used the service and four relatives and friends about their experience of the

care provided. We spoke with nine members of staff which included the registered manager. We also spoke with one health and social care professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at four people's care and support records, four staff files and all medicine administration records (MAR). We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

After the inspection

We contacted two health and social care professionals for feedback. We received feedback from one further staff member.

# 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.

### Assessing risk, safety monitoring and management

At the last inspection a recommendation was made that the provider review published guidance in relation to managing the risks from hot water and surfaces.

- The provider had taken steps ensure people were safe from the risks of hot surfaces. Radiators were now covered. Equipment to make hot drinks had been replaced so people benefited from a safer design. Hot water and surfaces were now regularly checked.
- Assessments identified individual risks for people such as, falls, finance and nutrition. Guidance directed staff in how to minimise risks.
- Regular checks and monitoring of fire safety systems, the environment and equipment were undertaken.

### Staffing and recruitment

- We reviewed the rotas and staffing levels were kept at the numbers deemed safe by the provider. A visitor said, "Always very pleasant and seem to be plenty of them [staff]."
- There had been a recent turnover of staff. Recruitment was in progress for three vacant care roles. A relative said, "Big turnover of staff. A few have been here for a long time. They are pretty good."
- The provider followed safe recruitment processes to ensure staff employed were suitable for the role. This included a Disclosure and Barring Service check (DBS).

### Using medicines safely

- Medicines were administered safely. One person said, "Staff see to medicines, they do well."
- Medicine Administration Records (MAR) were completed accurately. Topical Medicine Administration Records (TMAR) were now being fully documented and regularly reviewed.
- Protocols for 'as required' medicines were now in place. Medicines that required additional storage in line with legal requirements were stored appropriately
- Systems to check medicines had improved, with more depth and detail included.

### Systems and processes to safeguard people from the risk of abuse;

- Staff showed understanding of abuse and the procedures to report. One staff member said, "Things get looked into."
- The organisations safeguarding policies had been revised to ensure methods of reporting and subsequent investigation was consistent. This ensured safeguarding concerns were reported to the relevant agencies.
- Where concerns had been raised, actions had been taken to mitigate and reduce the risks to people.

### Learning lessons when things go wrong

- The reporting of accident and incidents now included a comprehensive process. This meant reflections were made and lessons learnt. For example, after an incident a strategy to support a person to mealtimes had been implemented.

### Preventing and controlling infection

- The service was clean, tidy and well maintained. The service received feedback from a relative saying, "I have always been impressed by the cleanliness of your home."
- Laundry systems ensured infection control risks were minimised. Domestic and laundry staff were knowledgeable about their responsibilities.

# 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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At our last inspection we received mixed feedback about the food. At this inspection feedback had overall improved. One person said, "Food is very good." Another person said, "Food is not bad, quite an assortment."
- Fluid charts were not completed in line with the providers policy. For example, there was no guidance in place that identified people's target fluid intake or what procedure to follow if there were concerns about a person's intake. By the second day of the inspection the registered manager had reviewed people's fluid charts in line with the providers policy.
- People could help themselves to drinks and snacks. A choice of hot and cold drinks were offered to people throughout the day.
- The service had trialled different ways of organising mealtimes to be able to provide individual support for people. Mealtimes were sociable.

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

- The design of the service had been considered to meet people's needs. For example, doors were in bright colours, memory boxes outside people's room directed people and signage around the building guided people to different areas.
- We observed people moving around independently and with support. Handrails aided people's mobility. Seats were placed around the service which enabled people to rest or spend time in different parts of the service. People enjoyed walking around the building where different themes were displayed on the walls. For example, the countryside and beach.
- Technology was used so people could access music of their choice. We observed a staff member ask a person what songs they wished to listen to.
- People's rooms were personalised. One person said, "I like it here. It is very homely. Everyone is so friendly."

Staff support: induction, training, skills and experience

- Staff completed an induction, which included mandatory training and orientation to the service. One staff member said, "Pretty intensive couple of days, shadowing for a week. [Senior staff] observed me the following week."
- There was a range of training to develop staff skills and knowledge. Several staff members spoke about practical training they had received in relation to dementia. This training had made staff reflect in their explanations to people and ensuring people had time to complete tasks. One person said, "Staff are very good, they know what they are doing."

- Staff were supported with their personal and professional development through regular supervisions. One staff member said, "Managers and team leaders are very supportive."

Supporting people to live healthier lives, access healthcare services and support

- People's healthcare was monitored. Appointments were recorded. People's support needs with oral hygiene had been identified.
- People were supported to access further healthcare where required. A healthcare professional said, "I have no concerns. Things get done here."

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- DoLS applications had been made where appropriate. A checklist monitored their status with the local authority.
- The provider had developed staffs understanding of the MCA. Documentation when a best interest decision was required was completed with details of all steps in the process.

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

- Staff ensured people's choices were respected. One person said, "I can get up in the morning, staff help with shower. I can choose when."
- People's protected characteristics under the Equality Act 2010 were identified in care plans such as religion and culture. We highlighted where further details in this information would enhance understanding of how people chose to express themselves.

# 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.

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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were supported by staff who were kind and caring. One person said, "I am very happy here, staff are happy. Staff on the whole are very easy to talk to and willing to help." A visitor said, "[My friend] says the staff are really lovely and understanding."
- Staff had good relationships with people. One person said, "I have got to know them [staff] and they know me." People told us there had been staff changes and it would be nice when new staff settled in. One person said, "Staff are all right, change a lot, been new staff in."
- There was a friendly and relaxed atmosphere at the service. People sat with each other and there was lots of chatter amongst people and staff.
- The service had received several compliments. One said, "Thank you and your team very much for taking care of [Name of person] in the way that you have. I don't think the carers could be more caring and loving than they have been. In fact, I have not come across any member at all at Dewdown House who has not been a delight, cheerful, helpful and hardworking."

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

- People were involved in developing and reviewing their plans of care and support. One person said, "I have a care plan, staff talk about what I like and don't."
- We observed people expressing their views throughout the day about what they would like to do and when. For example, joining in activities and where they would like to eat their meals.

Respecting and promoting people's privacy, dignity and independence

- Staff understood about maintaining confidentiality. One staff member said, "Don't talk about the residents outside of the home or to residents about each other." However, we did highlight that on occasions offices where confidential information was stored was accessible. The registered manager said this would be addressed.
- Visitors were welcomed and the service at times of their choosing. One person said, "Friends who call to see me are made welcome." A visitor said, "Staff are friendly, as a visitor I am offered tea and biscuits, I can eat here [with the person I am visiting]."
- Staff respected people's privacy. One person said, "Staff knock on the door and ask to come in." We observed staff doing this.
- Staff ensured people's dignity was maintained. For example, when someone required a tissue staff responded promptly.
- People were encouraged and supported to remain independent. One person said, "I do my hair myself,

they [staff] help with washing."

- We observed people moving around the service independently. One person enjoyed helping with household tasks such as the washing up. A staff member said, "The kitchen areas are nice as people can go and get a drink or a biscuit and wash up just like they would at home."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 plans gave information about people's histories, previous employment, family and significant events.
- People's preferences and routines were described. One care plan said, "Enjoys a bubble bath and likes classical music playing whilst in the bath."

End of life care and support

- People's wishes were personalised in relation to their end of life preferences. For example, one care plan explained the specific music a person would like to listen to and how having their nails painted a particular colour was important to them.
- We received positive feedback about how people and their family had been supported. One relative had said, "In particular I must thank you for the kind, attentive and compassionate care you all provided during her final days." Another visitor said, "At the end of [Name of person's] life, you provided everything they needed and more (e.g. a regular supply of chocolate éclairs, their favourite treat!)."

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 enjoyed the activities on offer. One person said, "We have a sing song, fun and games and a service." One relative said, "They have nice trips."
- We observed an activity, 'Christmas memories.' Pictures related to Christmas were shown. Staff encouraged people to sing and share their Christmas stories. There was lots of interactions and laughter.
- Daily hymns and prayers were on offer in line with the organisations beliefs. This was well attended.
- The provider supported staff's engagement in activities with people by providing additional allocated time. One staff member told us about a knitting club, "[People] look forward to it. They take their knitting away and carry on with it. It is good exercise for their hands and brings people together. It has developed their friendships groups. I've got to know people a lot more as they tell you lots of things. We all end up laughing and dancing."
- People participated in meaningful activities around the service such as helping lay the tables at mealtimes. One person told us how staff came and spoke to them and did individual activities in their room. A staff member said, "We are always trying to think up new things to do and offer."

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.

- Care plans described people's communication needs. For example, for one person where English was not their first language the communication tools in place were explained.
- Information such as the survey, complaint procedure and posters of events were in easy read and picture format. Information boards were in large print.

Improving care quality in response to complaints or concerns

- The service had their complaint policy displayed throughout the service. People and relatives said they felt comfortable in raising any concerns or complaints. One person said, "I would talk to the first [staff] I saw. But I have not had to, so far so good." One visitor said, "I would go to the manager if I had an issue."
- The service had responded and taken actions from complaints received in line with their policy.
- There had been recent issues raised about the laundry system. The 'You said, we did' notice board detailed the actions the service had taken to resolve this. One person said, "Small issues with laundry, always sorted out."

# 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 our last inspection the provider had failed to identify and notify the Commission, as required of two safeguarding incidents. This was a breach of Regulation 18; Notification of Other Incidents of the Care Quality Commission (Registration) Regulations 2009.

- The provider had undertaken a review of policies and systems to ensure a consistent approach and clear guidance was available to identifying and reporting safeguarding concerns. Notification were now submitted as required.
- The provider had also reviewed their audit systems. At our last inspection we found governance systems were not detailed enough to identify areas for quality improvement. Areas such as medicines, care plans and accidents and incidents now benefited from specific monitoring and clear action plans which drove improvements within the service.
- Systems to monitor and share information through the senior management team had improved.
- The provider had displayed their CQC assessment rating at the service and on their website.

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

- We received positive feedback about how the service was managed. One staff member said, "Management are brilliant, any issues or problems they are always there to help. They work well together." Another staff member said, "Management are very supportive."
- There was positive staff culture. A staff member said, "I really enjoy working here." Staff were valued and appreciated. Recently staff had received a card representing the values of the service and a gift thanking them for their hard work.

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 provider understood their responsibilities on the duty of candour. One relative said, "The home [provider] are brilliant. They give us a call whenever an issue, constantly in touch."

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

- Feedback was gained from people through meetings and questionnaires. One person said, "My views are listened to." Recent meeting minutes reviewed showed laundry, menus and voting in the general election were discussed.
- A newsletter shared celebrations, events and communicated news and activities about the service.

#### Continuous learning and improving care

- Meetings with different responsibilities of the service were held. For example, care staff, health and safety and senior staff.
- Meetings were well structured to encourage discussion and identify actions to take forward. Actions were monitored for completion.

#### Working in partnership with others

- At our last inspection relatives had not always felt fully informed or involved in people's care plan reviews. At this inspection relatives said communication had improved. Relatives were involved where people chose in their care reviews. One relative said, "We are reviewing the care plan with [other family members] and senior staff. The review is this week."