

Larchwood Care Homes (South) Limited

Dungate Manor

Inspection report

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Tel: 01737244149

Date of inspection visit:
18 September 2017

Date of publication:
20 December 2017

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

Dungate Manor provides residential care for up to 39 older people, who may also be living with dementia.

The inspection took place on 18 September 2017 and was unannounced. There were 30 people living at the service at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had been in post since November 2015.

We last inspected the service on 17 August 2016 where the service was rated as Requires Improvement overall and four breaches of regulations, relating to staffing, consent, infection control and governance were found. Following that inspection, the provider wrote to us and outlined an action plan that detailed how the service would improve. This inspection identified that the provider had taken the action they told us they would and as such the quality of service had significantly improved.

Increased provider presence and investment within the service had secured better outcomes for the people who lived at Dungate Manor. Renovations that improved the safety and suitability of the premises had been positively received.

Staffing levels were now sufficient to meet people's needs. People told us that staff now had more time to support them in a way that made them feel valued. Appropriate checks were undertaken to ensure suitable staff were employed. Greater emphasis on staff training and mentoring support ensured care staff undertook their roles and responsibilities in line with best practice.

People were safeguarded from the risk of harm because staff understood their roles in protecting them and risks were better identified and managed. New champion positions for infection control and moving and handling were introduced which ensured people received their support in a much safer way.

Staff worked in partnership with other health care professionals to help keep people healthy and well. There were systems in place to ensure people received their medicines as prescribed. People had choice and control over their meals and were supported to maintain good hydration and a balanced diet.

People received personalised care that was responsive to their changing needs. Staff routinely sought people's consent and now understood the importance of providing care in the least restrictive way. People had regular opportunities to engage in activities that were meaningful to them.

The atmosphere was friendly and welcoming. People had good relationships with the staff that supported

them and were actively involved in making decisions about their care. Staff respected people's privacy staff and dignity and supported them to live their lives as they wished.

The culture within the service was open and positive and people, relatives and professionals respected the management and leadership of the service. People were confident about expressing their feelings and the management team ensured that if people raised issues that they were listened to and acted upon.

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.

Staffing levels were now sufficient to meet people's needs. Appropriate checks were undertaken to ensure only suitable staff were employed.

Risks to people were appropriately identified and managed safely.

People were safeguarded from the risk of abuse because staff understood their roles and responsibilities in protecting them.

There were systems in place to ensure people received their medicines as prescribed.

Is the service effective?

Good 

The service was effective.

Staff routinely sought people's consent and now understood the importance of providing care in the least restrictive way.

Staff had the skills and knowledge to meet people's needs. Training and support were provided to ensure care staff undertook their roles and responsibilities in line with best practice.

People had choice and control over their meals and were supported to maintain good hydration and a balanced diet.

Staff worked in partnership with other health care professionals to help keep people healthy and well.

The provider now demonstrated a commitment to making the premises suitable for the service provided.

Is the service caring?

Good 

The service was caring.

The atmosphere was friendly and welcoming. People had good

relationships with the staff that supported them.

Staff respected people's privacy and took appropriate steps to ensure their dignity was promoted.

People were actively involved in making decisions about their care and staff understood the importance of respecting supporting them to live their lives as they wished.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their changing needs.

People had regular opportunities to engage in activities that were meaningful to them.

People were confident about expressing their feelings. The management team ensured that if people raised issues that they were listened to and acted upon.

Is the service well-led?

Good ●

The service was well-led.

The provider's monitoring of the service had improved and recent investment at the service had secured better outcomes for the people who lived there.

The culture within the service was open and positive and people, relatives and professionals respected the management and leadership of the service.

The registered manager had systems in place to develop staff in order to support the delivery of good quality care.

Dungate Manor

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This was a re-inspection of this service to check whether the provider was now meeting the legal requirements and regulations associated with the Health and Social Care Act 2008; to look at the overall quality of the service and to provide an updated rating for the service under the Care Act 2014.

This inspection took place on 18 September 2017 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. The provider also completed a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke with eight people who lived at the home, three visitors, seven staff, and the registered manager. We also spent time in communal areas observing the support people received and joined people in the dining room for their lunchtime meal.

We reviewed a variety of documents which included the care plans for three people, four staff files, medicines records and other documentation relevant to the management of the home.

Is the service safe?

Our findings

Our last two inspections identified that both care and domestic staffing levels were insufficient. Due to the repeated breach in Regulations, we issued a Warning Notice following our last inspection of 17 August 2016 which required the provider to ensure sufficient staff were employed to meet people's needs and to keep the service clean. The provider wrote to us in response and confirmed immediate action had been taken to rectify the shortfalls and that going forward appropriate staff would be deployed for the service to be delivered safely and effectively. This inspection found that the provider had taken the action they told us they had and therefore the Warning Notice had been met.

Staffing levels were now sufficient to meet people's assessed needs safely. People and relatives highlighted that whilst there were busy times during the day, that overall staffing levels were sufficient to meet people's needs. People told us that they received care when they needed it and that staff came if they called for them. For example, one person said, "There are always staff around. They give me the space I like but they are there if and when I need them." Similarly, another person commented, "There are usually enough of them yes and if they are busy I know they come and let me know they will be in soon."

People received appropriate support in a timely way. One person told us, "I have a bell that is on a wire next to my bed and they (staff) pull it across to me so I can reach it. I rarely use it but when I do they come straight away to assist me." Likewise, a relative commented, "She can reach a bell in her room. You don't hear them constantly going but when they do the carers rush to people to help." Throughout the inspection we observed that people received support when they needed it and were no longer left waiting for care.

Staff and management told us that current minimum staffing levels were set at four care staff and one senior during the day and three staff at night. Domestic, catering, management and activity staff were in addition to this number. These numbers were reflective of the staff on duty at the time of our inspection and were sufficient to meet people's needs. Rotas confirmed that these staffing levels had been consistently maintained

Our last inspection raised concerns about the cleanliness of the service and staff management of infection control. Feedback from people and their visitors was that overall they were now happy with the standard of cleanliness at Dungate Manor. One relative reflected, "I'm very happy with it here, they are nice people and they try and keep it in good condition and clean. It's hard in an old property like this but I think they do a good job."

The registered manager informed us that additional housekeeping staff had been employed since our last inspection and as such there were now usually two housekeepers on duty each day. We found the environment was much cleaner than on our previous visits and staff confirmed that the cleanliness of the service was now maintained by designated staff. Staff had received training in infection control and a new Infection Control Champion had been appointed to coach staff and monitor their practices.

Appropriate checks were undertaken before staff began work. Criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who used care and support services. There were also copies of other relevant documentation, including employment history and professional and character references in staff files to show that staff were suitable to work in the service. The registered manager also had systems in place to ensure that DBS and training checks were undertaken on all staff supplied by external agencies.

Our last inspection identified that work was outstanding to comply with requirements made by the local fire service. At this inspection, we found that significant work had been completed to improve the fire safety of the service. The provider had commissioned a full fire risk assessment and corresponding actions had been completed. For example, internal fire doors had been replaced throughout the service and new smoke detectors had been installed. A fire folder was located in the entrance to the service and included personal emergency evacuation plans (PEEPS) for each person, along with a contingency plan in the event of a total evacuation of the premises.

Individual risks to people such as pressure sores, weight loss and falls were managed. Each person had a detailed plan of care that identified their risks and action was taken to reduce the likelihood of risks. Records were maintained in respect of accidents and incidents that occurred within the service and appropriate action had been taken in respect of these.

People told us that they felt safe with staff and that they were treated with kindness. One person said, "I feel very well cared for and safe. All my belongings are looked after and kept safe. My valuables like my watch and wallet are looked after safely." Similarly, another person commented, "I never have been worried. It's worry free here." Relatives echoed the same view that they felt people were safe at Dungate Manor. One family member told us, "She is very safe and well cared for here; they are doing a good job with her." Likewise, another said, "I've never had a doubt, she is very safe. They have never given me a reason to worry."

Staff were confident about their role in keeping people safe from avoidable harm and demonstrated that they knew what to do if they thought someone was at risk of abuse. All staff confirmed that the registered manager operated an 'open door' policy and that they felt able to share any concerns they may have in confidence. The management team made appropriate safeguarding referrals were made as required. Medicines were managed safely and there were processes in place to ensure people received their medicines appropriately. People told us that they received their medicines when they needed them and if they were in pain then staff would administer prescribed pain relief.

Staff who administered medicines had received training and followed guidance from the Royal Pharmaceutical Society. For example, medicines were dispensed and administered to people on an individual basis and they did not sign Medication Administration Records (MAR charts) until medicines had been taken by the person.

All medicines were delivered and disposed of by an external provider. Medicines were stored appropriately and safely. Medicines that required refrigeration were stored in fridges, which were not used for any other purpose. The temperature of the fridges and the rooms in which medicines were stored were monitored daily.

Monthly medicine audits were completed and remedial actions taken as required. For example, the last audit had identified the need to update individual protocols for occasional use medicines and these had now mostly been completed.

Is the service effective?

Our findings

Our last inspection of 17 August 2016 identified that care and treatment was not always provided in line with the Mental Capacity Act 2005 (MCA) and as such a requirement was made for this to be addressed. Following that inspection, the provider wrote to us to tell us the action they were taking to make the necessary improvements. This inspection found that the provider had done the things they told us they would and the requirement had been met.

We checked whether the service was working within the principles of the MCA. The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us that staff encouraged them to make their own choices and that their decisions were respected. For example, one person said, "I make all my own decisions and manage everything myself like finances." Similarly, another person informed us, "They ask me what I need help with and I choose. I ask for help getting in and out of the bath and I don't need that hoist so they help me get balance. I like that I have choices."

Consent was sought before their care was delivered. We saw staff asking people if they could help them before support was provided. One person also told us, "They are very respectful and tell you what they are doing before they do it and ask if this is alright with me. If I wanted to do something myself I can." Where people lacked the capacity to make decisions for themselves, appropriate best interests processes were followed. For example, where people required their medicines to be administered covertly, this had been agreed to relevant people, including the person's doctor and the pharmacist.

The registered manager had made appropriate referrals to the local authority in respect of people they had assessed as potentially being deprived of their liberty. There was now a culture in which care was provided in the least restrictive way. For example, one person had previously had bedrails in place. This decision had been reviewed because staff had identified that the person did not need this restriction and the bed rails had been removed.

People told us that staff were competent in their roles and able to meet their needs. For example, one person commented "Most of them are excellent and some are learning from them so it works well." Likewise, a family member told us, "The staff here are amazingly patient and have been guided and well trained. The senior staff are very good at guiding the assistants and the teamwork is very good. There seems to be lots of communication."

Training and support were provided to ensure care staff undertook their roles and responsibilities in line with best practice. Staff told us that there had been a recent real focus on training with updated sessions in areas such as first aid, infection control and moving and handling. Training records confirmed that staff had access to relevant ongoing training.

New staff completed an induction programme which included shadowing other more experienced members of staff. Several new members of staff were about to start working towards obtaining the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care.

Staff told us that they felt well supported by the registered manager and had regular supervision. We found that supervision sessions and yearly staff appraisals for all staff had been undertaken or planned, in line with the provider's policy.

People had choice and control over their meals. People were complimentary about the food provided and told us that they could choose where and when to take their meals. For example, one person commented, "The food is good, you get choices and I can have alternatives or smaller meals if I want to. We are always offered tea and drinks and can help yourself to drinks in the reception area." Similarly, another person said, "I like to eat in the conservatory on a sunny day and this is always fine. They offer to cut food for me and I get offered more." Family members informed us that food always looked and smelt appetising and that they had been offered a meal if they visited when their relative was eating.

People were supported to maintain good hydration and a balanced diet. We saw that people were regularly offered drinks and snacks and that their choices about food were respected. Staff were knowledgeable about people's dietary needs and preferences and we saw these were respected in practice. Where risks had been identified in respect of people's eating and drinking, these were appropriately monitored. Assistance at mealtimes was provided sensitively and according to people's own pace.

People were supported to maintain good health. People told us that staff supported them to access external health care services as necessary. For example one person said, ". I see the optician and dentist regularly and I had a problem with my glasses and asked them to call the optician and it was sorted out very quickly."

Staff worked in partnership with other health care professionals to help keep people healthy and well. Care records documented that people attended regular health checks with their doctors, dentists, opticians and chiropodists.

The provider now demonstrated a commitment to making the premises suitable for the service provided. Dungate Manor is an old, listed building and as such a lot of refurbishment and adaptation has been necessary. Since our last inspection, we found that the provider had invested significantly in improving the physical environment of the service.

Is the service caring?

Our findings

Our last inspection found that staff didn't always have the time to support people in a person-centred way. At this inspection, we saw that provision of additional staff meant that they had more time to spend with people and support them in a way that made them feel valued and respected.

People repeatedly described staff as being "Kind" and "Patient." People told us that staff now routinely spent time talking with them. As such, one person said "They always ask if you are okay, need anything and how your day is." Likewise a family member stated, "They [staff] seem kind and give you the extra time to find out how you are."

People said that staff helped them with the little things made a difference. For example, one person talked to us about how staff had built a memorial garden for their family member who had also been resident at Dungate Manor. They went on to say, "They are very kind and help me with what I would like. Today they are helping me take photos of my sister's memorial which is here in the garden. I have a frame for the picture and they are printing it for me."

The atmosphere was friendly and support was provided in a discreet and caring way. Staff routinely spoke with people as they passed them and stopped to chat with people who chose to remain in their rooms. When one lady got up, we saw a staff member immediately adjust the lady's dress to preserve her dignity. We also observed a staff member trying to support a person to put their shoes and socks back on. Initially, the person was resisting this support, but the staff member remained calm and after a little while, the person had calmed and was encouraged to accept the assistance.

Staff respected people's privacy and took appropriate steps to ensure their dignity was promoted. One person told us, "My dignity is respected. They are thoughtful and trained well because they recognise that it is your personal space and home. They wait for me while I am in the bathroom and knock or turn their back where appropriate." Similarly, a relative commented, "They respect our family time by giving us alone time to chat but make sure I know they are there if we need them."

We observed that staff respected people's private space and as such they routinely knocked on people's bedroom doors and sought permission before entering. Similarly we saw that where people preferred to spend time in their rooms, staff monitored these people in a thoughtful way that balanced safety and privacy considerations.

People were actively involved in making decisions about their care and staff understood the importance of respecting supporting them to live their lives as they wished. We observed good interaction between people and staff who consistently took care to ask permission before intervening or assisting. There was a high level of engagement between people and staff. People and their relatives told us that their care was planned in partnership with them. For example, one person informed us, "My needs are met well and they ask lots of questions to find out if you are happy with their service."

People's religious, cultural and spiritual beliefs were respected. People told us that staff took the time to get to know what was important to them and they respected this. For example, one person said, "I believe in lots of things and it is never questioned. They know I do not want to leave here for hospital when the time comes and they have written that in my notes." We saw that this information was clearly recorded in the person's care plan.

Is the service responsive?

Our findings

People told us that they received good care that was responsive to their changing needs. People and their relatives told us that they were well looked after at Dungate Manor. One person told us, "They know how I like things. I think it is because they let me do things how I like and what I want to do." Similarly, another person said, "They know what they are doing and make sure they read all about you and ask you how you are."

People's needs were assessed prior to admission and assessment information used as a starting point to their care. People and their representatives were involved in the assessment process and encouraged to discuss their needs wishes and expectations in respect of their support. One person told us, "They ask questions when they visit you and when you come in and find out a bit more about you, what you need and how you live so they know a bit when you arrive."

Each person had a personalised plan of care which provided information about people's support needs. Care plans contained detailed information about people's care needs and the actions required in order to provide safe and effective care. For example, for one person who experienced anxiety and frustration, there were clear guidelines in place outlining how staff should support them. We observed staff following this care plan during the inspection and noted that it was effective in de-escalating the person's behaviour.

Where people had specialist needs these were well documented and the impact that this had on their other care needs was evident throughout the care plan. For example, one person was diabetic and the care plan contained guidelines and risk assessments in respect of this and the support they needed to manage this need effectively.

Staff responded to people's changing needs. For example, we saw that a short term care plan monitoring a person's breathing, when they had developed a chest infection. Similarly, we saw that staff had responded quickly and involved relevant professionals when a person showed signs of a urine infection.

People had regular opportunities to engage in activities and outings that were meaningful to them. One person told us, "I like singing and I like the garden. I like trying things. There is something every day, today there is a quiz and a singer later." Another person commented that whilst there were daily activities, people also had the opportunity to follow their own interests. As such, they said, "There is always something to do, but I particularly like sitting and reading the papers in peace which I can do every day. I have the paper delivered."

We saw there was a good hub of activity within the service and people were engaged and enjoying what was going on. We saw that the daily activities were advertised around the service and people said they received a weekly flyer which informed them of the events taking place. There were photographs of people participating in activities such as bingo, quizzes, exercise sessions and skittles displayed around the home which were talking points and provided people with the opportunity to reminisce. Since our last inspection, the service has arranged access to a minibus and people reported enjoying trips out to local parks and

garden centres.

People were confident about expressing their feelings and staff ensured when people raised issues that they were listened to and people's opinions were valued. People told us that they had no real concerns. They went on to say that when they had mentioned something then it was sorted quickly. One person was keen to tell us that "I would tell any of them and if I needed to I would tell the managers and my daughter. I know they would listen, I've never had to complain."

Copies of the complaints policy were clearly displayed in the entrance of the home and people and were aware of who to contact in the event of any concern. Relatives spoken with said that any problems they ever had were sorted really quickly. One relative told us, relative commented, "They like feedback and there is an open door policy here."

The registered manager showed us a log of complaints and compliments and it was evident that any concern was recorded, whether it was made verbally or in writing. In addition to the formal complaints log, the registered manager also showed us a 'grumbles book' which she used to record minor issues that were raised, but which people did not wish to pursue formally as a complaint. We saw that complaints were acknowledged and investigated, in accordance with the complaints procedure.

Is the service well-led?

Our findings

Our last inspection highlighted a failure to appropriately assess, monitor and improve the quality and safety of the service. We also found that records had not always been properly maintained. As such, we issued a requirement for the provider to improve. Following that inspection, the provider sent us an action which identified how these improvements would be made. This inspection found that the provider had taken the action they told us they would and as such this requirement had been met.

The provider's monitoring of the service had improved and recent investment at the service had secured better outcomes for the people who lived there. As such, people had clearly benefitted from the staffing increases, focus on staff training and improvements to the physical environment of the service. Audits were better used to monitor and improve the service. For example, a monthly 'First Impressions' audit covered various aspects of the service and the renovation project was being monitored through this. Greater provider presence had facilitated an external view and included practice observations in addition to reviewing documentation.

People and their relatives talked positively about the management team and nobody wanted anything to change. One person told us, "They provide everything I need without question. I get very good care." Similarly, a family member told us, "There is nothing I would like to change and the care is very good. I think they lead from the top." This person went on to say they "Are very good at feeding back to you and communications are much improved from a few years ago."

The culture within the service was open and positive and people, relatives and professionals respected the management and leadership of the service. People living at Dungate Manor and their families or representatives were asked for their views about their care and treatment. These were sought via satisfaction questionnaires on a yearly basis. We looked at the most recent of these, which highlighted high satisfaction levels amongst people and their families.

The registered manager had a good understanding of their legal responsibilities as a registered person, for example sending in notifications to the CQC when certain accidents or incidents took place and making safeguarding referrals. The registered manager was also knowledgeable about the people who lived at the service; the staff employed and displayed an openness and transparency about the areas that needed to improve. Records relating to the management of the home were well maintained and confidential information was stored securely.

The registered manager had systems in place to develop staff in order to support the delivery of good quality care. Staff told us that the appointment of a new deputy manager had significantly improved the support they received and enabled them to deliver effective care.

Staff received ongoing supervision and appraisal which was linked to their personal development. Staff were involved in the decisions about the home and their feedback about the running of the home was also sought. There were regular staff meetings and we read in the minutes how staff were encouraged to speak

openly with the management team and each other about how to work effectively together as a team. Policies and procedures were in place to support staff so they knew what was expected of them. Staff told us they knew where the policies were kept and could refer to them at any time.