Meridian Healthcare Limited

The Denby at Denby Dale

Inspection report

402 Wakefield Road
Denby Dale
West Yorkshire
HD8 8RP

Date of inspection visit:
29 November 2018
05 December 2018

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04 February 2019

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The Denby at Denby Dale provides care for up to a maximum of 47 older people. The home is purpose built and has bedrooms and communal space over three floors. The home stands in its own grounds with a garden seating area. This inspection took place on 29 November and 5 December 2018. On both days of our inspection, 42 people were living at the home.

At our last inspection we rated the service overall as good. At this inspection we found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The Denby at Denby Dale is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of our inspection the home had a registered manager. 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.

People felt safe living at this home and staff knew how to identify and report abuse as they had received safeguarding training. Safe recruitment procedures were in place to ensure staff were suitable to provide care for vulnerable people. Risks to people had been assessed, monitored and reviewed which enabled risks to be reduced, where possible.

There were sufficient numbers of staff to meet people's needs. People told us their needs were met and staff didn't forget them if they requested assistance whilst staff were supporting other people. People consistently told us how pleased they were with the assistance from staff who provided their care. We saw warm interactions between staff and people which were kind and respectful.

The privacy and dignity of people was maintained and we saw examples of this during our inspection. People's equality, diversity and human rights were upheld by staff. Religious events took place in the home which enabled people to maintain their beliefs. End of life care needs were being met.

The activities provision was well received as this was varied and staff included people who stayed in their room. Trips into the community were taking place every week and links had been formed with local businesses and other partners.

The registered manager was approachable and well liked. They provided strong leadership in the home and

where governance systems identified aspects of the service which could be improved, they took appropriate action. People were consulted through meetings, surveys and other feedback and we found their views were acted on. The registered manager provided examples of where systems had changed as a result of lessons learned.

Care plans contained sufficient information for staff to provide effective care. The registered manager actively involved people and their relatives in care reviews. Complaints were fully investigated and responded to in writing.

Staff receiving ongoing support through induction, training and supervision. Staff felt able to raise concerns through supervision and at staff meetings which demonstrated these were two-way discussions.

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

Records showed people received assistance to access a range of healthcare professionals. People were supported to maintain a healthy diet and specific dietary needs were being met. The storage, administration and disposal of medicines was found to be safe as staff had received training for this and had been assessed as competent.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

The Denby at Denby Dale

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 inspection was planned to check whether the provider is 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 a rating for the service under the Care Act 2014.

This inspection took place on 29 November and 5 December 2018. The first day of our inspection was unannounced and was carried out by two adult social care inspectors. Day two was announced and was completed by two adults social care inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with a total of seven people and two visiting relatives to ask about their experience of this home. We also spoke with the registered manager, deputy manager, area quality director, six other members of staff and two visiting health professionals. We looked at five care plans in detail.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the registered provider had completed a Provider Information Return (PIR). 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.

Good

Is the service safe?

Our findings

People we spoke with consistently told us they felt safe. One person said, "It's very safe, I have never felt frightened. They look after me." One relative told us, "The care staff are what makes me feel [relative] is safe." Staff knew how to protect people from harm as they had received safeguarding training and could tell us how they would recognise and report suspected abuse.

The recruitment process followed in staff files we looked at was consistently safe. Relevant background checks had been carried out before staff commenced working which helped to ensure they were of good character.

People told us there were sufficient numbers of staff to meet their care needs. They commented that on occasions they had to wait for assistance during busier times of the day, but said staff always came. We observed staff working on both floors in the home and saw the management team also had a visible presence. Staff told us there were enough staff to meeting people's needs.

The management of medicines was found to be safe. This included the storage, administration and disposal of medicines. Staff had received medication training and had their competency recently assessed. Medication administration records (MARs) showed people received their medicines as prescribed and stocks of medicines matched the MARs. People were able to access pain relief when they needed this and supporting documentation for 'as and when' required 'PRN' medication was available. We observed the administration of medicines and saw this was particularly person-centred and respected people's preferences.

Risks to people, such as falls and choking were identified, assessed and reviewed. Guidance was in place for staff to lower levels of risk. We looked at air flow mattresses and found not all were set to the correct pressure. However, we discussed this with the deputy manager who took appropriate action. There were no pressure care concerns found during our inspection. We saw fire safety, building and equipment certificates were all up-to-date. People had detailed personal emergency evacuation plans to guide staff. These were regularly updated. Some staff we spoke with were not familiar with PEEPS which the registered manager said they would address immediately. Staff had experienced fire drills to ensure they knew what to do in an emergency.

We saw people were safely assisted to move and transfer during our inspection. One relative commented, "I think they are trained, they are very particular about transferring people safely." We saw people using their mobility aids. When one person was moving at speed, staff encouraged them to slow down and use their walking stick properly.

The registered manager capably demonstrated through different examples how they reviewed aspects of care which had not gone as planned and used these events to learn lessons. This had effected changes of process in recording people's needs and learning was openly shared with staff.

We found the living environment was very clean and odour free. The registered manager's unannounced spot checks included a review of infection control and this was also part of staff annual reviews. Appropriate measures were in place in the event of an infection control outbreak.

Good

Is the service effective?

Our findings

Staff told us they felt well supported and records we looked at showed they received supervision. One staff member said, "[Supervisions] are useful. It's nice to be able to sit down and say what you think." The registered manager told us the appraisals they had completed helped them to identify further staff training needs.

Training completion rates were high which meant staff had the necessary skills to meet people's needs. People and relatives consistently told us staff were well trained. We observed people were safely assisted by staff who were using equipment to do this where it was an assessed need. Staff were supported to access additional training, for example, in Huntington's Disease, catheter care, pressure ulcer prevention and NVQs. This meant staff were sufficiently skilled to meet people's specific health needs.

People's dietary needs were being met. We observed people were supported by staff with fluids and snacks in their room. One person said, "I like fruit and they bring it to my room."

People we spoke with were pleased with their meals, choices offered and confirmed any special dietary requirements were being met. One person said, "I am on a [type of] diet. The food is very good." Another person told us specific ingredients were purchased to meet their dietary needs. People had an enjoyable dining experience with different options and the opportunity to have an alcoholic drink with their meal. Where people changed their mind about what they wanted they were supported with alternatives. People could have as much to eat as they wished. At breakfast time, one person was asked, "Have you had enough of that [name]? Or would you like some more bacon?"

People were weighed monthly and where their record demonstrated they were losing weight, advice was sought from GPs and dieticians. Weight records showed people received the necessary support to maintain a healthy weight. Daily fluid intake was being monitored where people were at risk of dehydration.

Care plans showed advice was taken from local healthcare professionals including GPs, speech and language therapists, dieticians and physiotherapists. Advice from these consultations had been used to review and update care plans. Two healthcare professionals we spoke with commented positively about the quality of care provided at this home.

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.

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. We saw assessments of capacity had been completed to ensure people were supported to have

maximum choice and control in their daily living.

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). The registered manager closely monitored DoLS authorisations to ensure these were valid documents.

We observed staff routinely asking people for their consent before providing care. For example, one staff member asked a person, "Would you like to take your glasses off so I can pop these eye drops in for you?" Staff described appropriate action they would take if people refused care.

The premises are purpose built with well-lit, wide open spaces which can help people living with dementia.

Good

Is the service caring?

Our findings

People we spoke with were consistently happy with the staff who provided their care and support. Comments included, "[Staff] are absolutely wonderful. If I need anything they get it. They are marvellous, a really lovely staff team. There's not one I could say anything wrong about", "It's somewhere to be happy and we really like it", "I'm lucky I live here. I enjoy it very much" and "I think they (staff) love me."

People told us their preferences were respected. One person said, "Every morning I am asked if I want a shower, I don't like baths." During the medication round, a staff member knocked on one person's door and said, "I know you like a wake-up call at [time]." They asked the person whether they wanted to stay in bed or receive assistance to get up. We observed a staff member asking one person whether they wanted a GP to visit due to pain they were experiencing. Although the person declined, the staff member responded, "Let me know if you change your mind."

The registered manager led by example. We saw one person trying to exit through the front door in the early evening. The registered manager explained it was cold and windy outside, but respectfully asked if they wanted the door to be opened so they could feel the weather. Although the person declined, they were fully supported to make their own decision.

We observed as staff routinely complimented people in a way which was very natural. Staff commented, "You look lovely" and "You're looking very smart as always." Staff encouraged people to retain their independence as much as possible and provided assistance where people needed this. When one person with poor mobility was able to stand, a staff member said to them, "I'm proud of you, I really am."

People looked well cared for. They were tidy and clean in their appearance which was achieved through good standards of care. People's rooms we saw were personalised, clean and well maintained.

Staff were very attentive to people's needs and we saw warm interactions between people and staff. We observed as staff responded calmly to a challenging situation between two people. A staff member supported a person who was confused about the time of day and which meal they were having. The staff member sat down and gently explained it was lunch time. This was done both sensitively and professionally. On day two of inspection, a yoga session was run as an activity for the first time. People and staff shared good humour about this.

We saw people's privacy and dignity was consistently maintained. One person said, "They (staff) are respectful and knock on the door and ask 'can I come in'?" When the optician arrived to repair one person's spectacles, staff ensured the person was given the option of a private space to sit with the visiting professional. Staff we spoke with were able to describe appropriate action they took to protect people's privacy and dignity whilst providing personal care.

Staff received training in equality and diversity. A monthly Church meeting was held in the home for people to continue practising their religious beliefs. The registered manager said, "We are looking at doing some

themed days in the home which look at different cultures."

We saw a compliment dated October 2018 which read 'A huge thank you to everyone for looking after [relative] and making [their] time at The Denby a happy and comfortable place to be'.

Good

Is the service responsive?

Our findings

People had a plan of care which identified their wishes and preferences and how staff were to provide care for them. These were well ordered and information was easy to find. There was evidence of people's life history. The registered manager was developing the 'Remembering Me' document and was ensuring this detail was added into specific sections of care plans.

Where people had a specific condition or diagnosis, additional information for staff was obtained from reputable sources such as the NHS and placed alongside the plan of care. It was evident staff had a good understanding of people's care needs and how they had changed over time.

Care plans were reviewed each month with input from the person, their family (or representative) and staff. Care plans were also updated as people's needs changed. The registered manager had been carrying out six monthly care reviews with relatives.

Evidence of end of life care planning was seen. We saw one person had been supported to visit a childhood place of interest as part of a 'bucket list' of things they wanted to do. This meant end of life care wishes were being assessed and acted on.

People were happy with the activities provision. One person said, "We play games and it makes me feel lifted." One relative told us, "[Name of person] enjoys the activities, they're doing more things now and it has opened up their life." People spoke positively about the activities which we saw everyone was actively encouraged to join in with. One staff member said, "We always give people a choice of activities. They have a form in the room showing them what activities are on."
During our inspection, we saw, for example, a flower arranging session, yoga and trips out into the community.

We looked at how people were supported to avoid social isolation, including where people did not want to or were unable to join in with group activities. The activities coordinator and other staff spent time with people in their own rooms. Records we looked at showed activities were brought to people individually. For example, we saw a cheese and wine tasting was done as a one-to-one activity in a person's room.

We saw professionally finished booklets had been made which showed all the activities people had enjoyed. For example, this included animals visiting, having tea out on day trips, playing musical instruments, karaoke and dancing.

We saw technology was used effectively in the home. For example, staff used pagers to alert them when people were requesting assistance through the call bell system. An electronic feedback screen was available for people and visitors to submit feedback about the home.

People and relatives we spoke with knew the registered manager and told us they would complain directly to them if they were dissatisfied. One person said, "I would complain to [registered manager]. She is great."

We looked at records of complaints and saw these were well managed with evidence of robust investigation and written responses.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. People's communication needs were assessed and care plans included information about how people should be supported. We saw people were supported with the use of their communication aids such as hearing aids and spectacles. The registered manager was able to access information in different font sizes and languages where needed.

Good

Is the service well-led?

Our findings

We found the registered manager provided strong leadership and was well known and liked by people, their relatives and staff. People told us, "I know the manager is very, very nice, I can talk to her", "[Registered manager] invited me to chat in her office and that was helpful" and "I can talk to [registered manager] definitely in confidence." A visiting health professional said the registered manager was efficient, professional and organised. The registered manager was supported by a deputy manager who demonstrated the same values regarding their commitment to the home. They had a visible presence throughout the home and knew people well. One staff member told us, "[Registered manager] is lovely. She is approachable. She come out on to the floor to see if we are okay." Staff told us they worked well together in a supportive environment.

The registered manager demonstrated clear oversight of the home in all areas. They took action in response to concerns and demonstrated initiative through areas they identified for service development. For example, the registered manager had identified a need for improvement regarding communication with relatives. In response, they obtained electronic contact details for relatives which meant they were able to pass on key messages and invite feedback.

There was a robust audit process in place at the home which was shared with the registered provider to ensure they had oversight of the running of the home. These audits included, pressure ulcers, weight management, medication, falls, care plans and infection control. Where the audits found gaps, records showed these were acted upon to correct the issue identified and reduce the risk of reoccurrence.

Once a month, an area director or area quality director visited the home to ensure the home was meeting people's needs. The registered provider's own performance indicators showed the home had improved since the registered manager started. One staff member commented, "I think things have felt better than they've ever felt."

We looked at how people were involved in the running of the home. One person said, "Last night we had a residents meeting there was not much to ask for because they are pretty good." We reviewed the 'resident' and relative meeting minutes which demonstrated how people were actively consulted about care and evidence we found showed their views were heard and acted on. A wide variety of discussions took place about different aspects of care. Staff meetings were taking place regularly and on a daily basis, 'flash meetings' for department heads helped to ensure effective communication. One staff member told us, "We have regular staff meetings. Everybody has their say."

Satisfaction surveys had been undertaken with people, relatives and staff and the findings (dated June 2018) were on display in the home. The satisfaction survey showed 73 per cent of people rated the home as excellent and 27 per cent said it was good. An action plan had been created to show how concerns had been addressed.

Strong links with the local community had been formed. For example, through a local florist who helped

people with flower arranging, a local 'memory café' and a local hospice who provided support on end of life care. Evidence we looked at showed how each of these links had benefitted people.

The registered manager regularly carried out spot checks, including out of hours, to ensure a high-quality service was consistently maintained at all times for people.

Confidentiality was managed appropriately at this home. For example, care plans were stored in a locked office and could only be accessed by authorised individuals.