

Kenneth Barker

Dawn Rest Home

Inspection report

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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

Dawn Rest Home is a residential care home providing personal care and accommodation to a maximum of 18 people aged 65 and over. The service does not provide nursing care. Where needed this is provided by the community nursing team. At the time of the inspection 18 people were living at the service.

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

People who lived at Dawn Rest Home benefitted from a kind, caring and committed staff team. People and relatives told us they were treated with kindness, compassion and respect.

People were supported to make choices in relation to their care and lifestyle and their independence and rights were promoted and respected. Management and staff understood their role in relation to the Mental Capacity Act (2005). People's consent was sought before care and support was provided. When people were unable to consent and make decisions for themselves appropriate processes were followed. People were protected from discrimination and abuse because staff understood how to safeguard people.

People's care was delivered safely, by staff who were recruited safely and who undertook training relevant to the needs of people supported. Risks relating to people's care and lifestyle were understood and managed well. Staff undertook specialist training when required in areas such as diabetes, skin care and end of life support.

People lived in a home that was well maintained, comfortable and designed to meet people's needs. The design and layout of the home meant people could choose to be on their own or in the company of others. People had opportunities to occupy their time in a way they chose and preferred, and relatives and friends were welcomed at any time.

The provider, registered manager and staff had a good relationship with health and social care professionals and used these contacts to help ensure people's full range of needs were met. Systems were in place to ensure the ongoing quality and improvement of the service.

We have recommended staff undertake up training in relation to equality and diversity and the provider completes more robust records to support their quality auditing processes.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection

The last rating for this service was Good (Published 14 July 2017).

Why we inspected

This was a planned inspection based on the previous rating. The service has remained Good.

Follow up:

We will continue to monitor the service to ensure that people continue to receive safe, compassionate, high quality care. Further inspections will be planned based on the rating. If we receive any concerns, we may bring our inspection forward.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Dawn Rest Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Dawn Rest 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.

The care home accommodates up to 18 people. At the time of the inspection 18 people were living at the home.

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

Notice of inspection

This inspection was unannounced.

The inspection took place on the 28 and 29 January 2020.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included correspondence we had received, and notifications submitted by the service. A notification is information about important events such as incidents, which the provider is required by law to send us. We used the information the provider sent us in the provider information return (PIR). 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. We used all this information to help plan our inspection.

During the inspection we met and spoke with ten people and two relatives. We also;

Reviewed five people's care records, which included support plans, risk assessments and daily monitoring records.

Reviewed records of accidents and incidents.

Reviewed two staff files, which included recruitment checks and induction records.

Reviewed a range of records relating to the running of the service, including complaints, quality audit, health and safety checks and policies and procedures.

We reviewed medicines administration records and observed as people had their medicines given to them.

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.

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

- People said they felt safe living at Dawn Rest Home and relatives said they were confident their loved ones were well cared for. One person said, "I feel very safe here, if I am concerned the staff reassure me and make me feel safe. They look after my belongings safely".
- There were effective systems in place to safeguard people from abuse. Staff were aware of when and how to report concerns and were confident they would be dealt with.
- Staff attended safeguarding training, and this was regularly updated.
- Staff said issues relating to safeguarding and safe working practices were regularly discussed in staff meetings and daily handovers.
- We saw people were comfortable and relaxed in their home and with the staff supporting them. People sought out staff when they needed reassurance, were upset or unsure. For example, one person was upset during the lunchtime meal. Staff were very familiar with this person and what was likely to be upsetting them. Staff reassured the person in relation to their concerns and provided them with a gentle hug and cup of tea. The person soon relaxed and was able to continue with their day.

Assessing risk, safety monitoring and management

- When people had been assessed as being at risk, staff had clear guidance on how to minimise the risk whilst allowing people to remain as independent as possible.
- Where people were at risk of falls, staff liaised with professionals to minimise risk and considered equipment such as sensor mats and alarms, which alerted staff people were moving and may need support. People were supported to wear good footwear, suitable clean glasses and were supported by staff if needed when moving around the home.
- When people had risks in relation to their skin, staff had clear guidance on how care needed to be delivered to prevent deterioration.
- People had safety devices so they could call for staff when they needed support and if there was an emergency. For example, there were call bells in people's bedrooms and bathrooms. We saw staff responded promptly when these were activated.
- Staff were available in the communal areas monitoring people's safety, mobility and interactions with each other. Staff regularly checked on people who spent time in their bedrooms.
- Risk assessments relating to the environment were in place and precautions taken to minimise risks to people. For example, window restrictors and radiator covers had been installed to support people's safety. Water temperatures and fire safety equipment was checked regularly, and people had individual plans to help ensure they could be evacuated safely in the event of a fire.

Staffing and recruitment

- Staffing levels had been planned and organised in a way that met people's needs and kept them safe. Staff did say they felt care tasks were increasing due to people's age and increasing health needs. The provider and registered manager were aware of these changes and regularly reviewed staffing levels to ensure people remained safe.
- People received support from a consistent staff team. Several staff had worked in the home for many years and knew people really well.
- A robust and detailed recruitment process was followed. Background checks were completed before new staff started working at the service to check staff were safe to work with people and were of good character.

Using medicines safely

- People had their medicines administered safely. Medicines administration records (MARS) were completed in line with best practice.
- There were suitable arrangements for the storage and disposal of medicines, including medicines requiring extra security.
- Storage temperatures were monitored to make sure medicines remained safe and effective.
- Audits of medicines were undertaken, and staff could describe what action they would take to safeguard people if a medicines error occurred.
- Staff undertook regular medicines training to make sure they continued to have the skills and knowledge to manage medicines safely.
- Staff understood how people preferred their medicines administered, and protocols were in place for PRN (as required) medicines.
- Staff worked closely with people's doctors and other healthcare professionals. People's medicines were regularly reviewed, and discussions held with people and healthcare professionals if it was felt changes were needed.

Preventing and controlling infection

- The home was very clean and hygienic throughout.
- Cleaning staff were employed, and cleaning schedules were in place to ensure standards were maintained.
- Personal protective equipment such as aprons and gloves were available for use when supporting people with their medicines and personal care tasks. Antibacterial hand-gel was available around the home with reminders for people and staff about good hand-washing practices. Staff had attended training in infection control and food hygiene.
- People, relatives and visitors said the home was always immaculately tidy and very clean. A healthcare professional visiting the service said, "The home is beautifully clean, [person's name] had fresh bedding, skin was intact, it's a good home, no concerns".

Learning lessons when things go wrong

- Any accidents and incidents were recorded and highlighted to the registered manager and provider. Any trends and patterns were analysed so that any preventative action could be taken to prevent re-occurrence. For example, one person had been identified as having had a number of falls. The person's care arrangements had been reviewed and the decision made for a hoist to be used to support the person to move and to assist with personal care tasks.

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.

Staff support: induction, training, skills and experience

- At the last inspection some staff had not received any recent supervision or formal appraisal of their work and role. Meetings did not take place for staff to talk and share practice. However, staff said they felt supported. We recommended that the service introduced formal systems to facilitate and document support for the staff team.
- At this inspection we found staff were well supported in their role. Staff said there were plenty of opportunities to discuss their role, the people they supported and to reflect on their practice.
- Formal supervision sessions had been introduced, which provided staff with the opportunity to discuss their role and personal development.
- New staff undertook a detailed induction programme, which included initial mandatory training and shadowing of more experienced staff. Staff said the induction programme allowed them time to get to know people and understand their role and the running of the service.
- Staff training covered areas identified by the provider as essential as well as more specialised training specific to people's needs.

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

- People's needs were assessed before they started using the service to help ensure their expectations and needs could be met. The provider and/or registered manager met with the person and their family to find out as much as they could about people before they moved in.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when people's needs changed. The provider and registered manager were very clear about the type of care needs the service was able to support. For example, one person's needs had significantly changed due to poor health. The registered manager had met with the person and their family to ensure that they could continue to meet the person's needs for as long as possible.
- Equipment was available to support people's needs and to promote people's independence and safety. For example, a lift, stair lifts, assisted baths and other walking aids were available to support people to mobilise safely and as independently as possible. Staff had supported people to use computerised social media to stay in touch with family and friends.

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

- People were supported to enjoy a varied and healthy home cooked diet. We received lots of positive comments about the food, one person said, "The food is excellent".
- A cook was employed, and food was freshly cooked. People were given a choice of food and alternatives were available if they did not like the main meal.

- People's nutritional risk was regularly assessed. Referrals were made to dieticians and other healthcare professionals promptly when concerns were identified, for example, if a person lost weight, their health declined, or if they were thought to be at risk of choking. Staff monitored people's food and fluid intake when it had been assessed as necessary.
- Consideration had been given to the environment to ensure people could eat their meals in comfortable surroundings. A separate dining area was available with tables laid attractively with table cloths, flowers and comfortable seating. People could choose where they wanted to eat and there were plenty of small tables available in people's rooms and around the home.
- People choosing to stay in their rooms had their meals, drinks and snacks delivered to them attractively on a tray. Food was well-presented and served hot. Staff provided a restaurant type service checking people were happy and bringing around extra dishes of food and dressings so that people had exactly the amount they wanted.

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

- The registered provider and registered manager worked across other agencies to ensure people received effective care. Regular discussions took place with health and social care professionals. A healthcare professional told us, "They do a great job, ask for appropriate support and don't leave contacting us too long".
- People had routine health checks and were supported to attend hospital and other healthcare appointments when required. People's care records contained information about their past and current healthcare needs for staff to refer to.

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

- The provider had worked hard to ensure the environment was comfortable, safe and met people's needs.
- The environment was bright and spacious. A range of separate communal rooms on the ground floor allowed people the choice to sit either quietly on their own or with others. A large sunroom was available for people to enjoy views over the garden and surrounding countryside. Comfortable seating, side tables, bookshelves and lamps had been positioned around the home to allow people places to relax and spend time with family and friends.
- Much consideration had been given to making the home as visually pleasing as possible. Lighting was bright where it needed to be, or gentler where people may choose to relax. Pictures, signage and information provided interest as well as helping people orientate themselves around the home.
- People's bedrooms and bathrooms were well maintained, personalised and contained equipment and facilities to meet individual needs.
- The outside of the property was well maintained, with access to beautiful gardens, decked areas and seating for people to enjoy.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the

Deprivation of Liberty Safeguards (DoLS).

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

- We saw people were supported to make choices and day to day decisions about their care and lifestyle. Several people were still able to attend to their own daily care tasks and chose to ask staff for support when needed. People said staff respected this choice and supported them to maintain their independence.
- Staff understood issues relating to people's rights and checked people were happy before care and support was provided. For example, a staff member checked if a person was happy for them to give their medicines and continued to explain what they were doing throughout the task.
- Most people had capacity to make decisions about their daily care needs. However, people's capacity was regularly reviewed, and correct procedures followed if it was assessed that someone may lack the capacity to make a particular decision or choice in relation to their care and lifestyle.

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; respecting equality and diversity

- People were provided with sensitive and compassionate support by a kind, committed and caring staff team. People said, "The staff are lovely, it's the next best place to home."
- Relatives and other agencies were very positive about the care provided to people. A person who visited the home regularly to take a friend out said, "[person's name] is always happy, well cared for. I would love my own parents to live here. The staff are kind, caring and always happy". A relative said, "It's a happy home".
- We observed people being treated with utmost patience and kindness. When people showed signs of distress or were unsure staff provided prompt and gentle words of reassurance. Staff were very aware that one person's partner was unwell and were checking regularly that the person was okay and reassured about their loved one.
- Staff showed a genuine interest in the people they supported. One person had displayed some craft work they had made when they were younger. Staff chatted to the person about what they had made and encouraged conversation and friendly interactions between people.
- The provider had received cards and compliments from people and their families when they no longer lived in the home. Comments included. "It is very difficult to put into words the exceptional care and kindness shown to us over the past two years".
- People's religious needs were understood and met. One person said they had moved to the home because they knew they would be able to continue going to their local church.
- Staff said they treated people equally and were very respectful in relation to people's needs and differences. Staff had not undertaken any recent training in relation to equality and diversity.

We recommend training is provided to staff in in relation to Equality and Diversity.

Respecting and promoting people's privacy, dignity and independence

- People were supported and encouraged to maintain their independence and skills for as long as possible. Staff were very clear about the tasks people could do for themselves and when they needed support.
- Some people chose to come and go from the home when they wanted and attended to daily tasks such as daily personal care independently. People said the staff respected their independence but provided support when needed.
- Staff were very mindful of people's privacy and dignity. We saw staff knocking on people's doors and waiting before entering, and closing doors or speaking quietly when discussing private, sensitive information. When people asked to use the toilet, the staff supported them promptly no matter how frequent this was. One staff member said, "People may forget they have just been, but it doesn't matter, we

take them again, so they are not distressed".

- People said staff spoke to them respectfully and delivered care in a way they wanted and expected.

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

- Most people living at Dawn Rest Home were able to express their views verbally and were supported to do so. We heard lots of conversation between staff and people about daily routines and events in the home. People said they felt involved and were able to express their views.
- Questionnaires and meetings with people, relatives, staff and management were used to help gather views about the service and delivery of care.
- Notice boards were available around the home for people to see information about events happening in the home and the local community. Staff said if people were unable to read this information they sat with them and made sure they were informed.

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

- People were assessed prior to their move to Dawn Rest Home. The assessment checked people's needs could be met by the service, their preferences for care were known and that they would fit in with the current people living in the service.
- Care plans were detailed and contained information, which was specific to people's individual needs and routines they preferred. At the time of the inspection care plans were being updated, which when completed would further ensure staff had personalised information about people's support needs.
- People said staff were familiar with their routines and supported them in the way they wanted.
- The service was flexible and responsive to people's needs. For example, one person's needs had recently changed due to declining health. Staff had worked closely with district nursing and hospice services to ensure the person remained comfortable and continued to have their needs met.
- We saw staff responded promptly and sensitively to people's needs, particularly when they appeared unwell or distressed. For example, we saw staff comforting people when they were confused, responding promptly when people asked for support with personal care and contacting GPs when people were unwell.

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.

- Most staff had worked in the home for many years and knew people well. Staff were familiar with how people communicated their needs and were able to respond promptly to people's non-verbal communication such as changes in body language, mood and behaviour.
- People with particular needs in relation to their communication were supported. For example, one person who was registered blind, had a care plan describing where staff needed to stand to talk to them, how information needed to be given to them and how food needed to be presented so they knew what they were eating.

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

- We saw people were relaxed and comfortable in their home. There was plenty of communal space for people to choose where to sit, either on their own or with the company of others. Two sitting rooms allowed people to choose if they wanted to watch television or sit more quietly. A sunroom also provided a large bright space for people to sit with visitors.

- People were able to occupy their time in a meaningful way. There was a weekly plan of activities, which people could choose to partake in. We saw some people enjoying a weekly exercise class. The activity was lively and instigated plenty of laughter and friendly conversation. Newspapers, books and magazines were available around the home. Two people told us how they met each morning in the small lounge area for a cup of tea and catch up.
 - People went out in the community either on their own or with family and friends. We met one person who was getting ready to go out to lunch and to visit a local church. They told us they go out every week without fail.
 - People told us they were supported to attend church if they chose to do so and were also able to take communion by a member of the clergy who visited the home.
 - Throughout the inspection we saw family members spending time with their loved ones in the home. Staff were welcoming and clearly knew people's families well.
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- Improving care quality in response to complaints or concerns
 - People knew who to speak to if they needed to raise a concern or a complaint.
 - There was a written complaints procedure, and this was available for people, relatives and other visitors to the home.
 - Staff met and spoke with people regularly, which provided people with an opportunity to raise concerns about their care or issues relating to the service.

End of life care and support

- Staff had undertaken training in end of life care.
- Management and staff met with people and their families to discuss end of life care and wishes and to ensure they could continue to provide the best possible care.
- Healthcare professionals and relatives were very positive about the care provided to people at the end of their life.
- The home had received letters from relatives following the death of their loved one. Letters included, "Thank you all very much for your kind, patient and loving care, we appreciate how much you did for our dad in the last weeks of life. You helped make their last days of life comfortable and comforting with your kind and gentle care".

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us, "The manager is wonderful, the home couldn't run without her".
- Relatives and professionals were very positive about the management of the service. A relative said, "The owners and manager have kept us fully involved during a difficult time".
- Staff were passionate about their work and positive about the management of the service.
- The culture and atmosphere in the home was warm and welcoming. Staff were valued for their contribution and felt valued and listened to. Staff smiled as they worked, exchanging positive interactions with people, which helped further create a positive and homely feeling throughout the service.
- The registered provider and registered manager were very well known to people and were visible around the home.

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

- Roles and responsibilities were clearly defined and understood. The registered manager was supported by senior staff and the provider. Seniors had responsibilities, such as medicines management with oversight from the registered manager.
- The provider was available in the home every day and had a good oversight of events and issues relating to people's care.
- Systems had been developed to ensure performance remained good. For example, there were regular audits of the environment, medicines and infection control. The provider undertook small maintenance tasks and contracts were in place for more complex work and to maintain equipment. Training and supervision of staff was overseen by the provider and registered manager.
- The provider met regularly with the registered manager and staff to discuss people, the running of the home and improvements required. It was noted these discussions were not in all cases documented. We recommend the provider completes more robust records to support their auditing processes.

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

- People's, relatives and staff views were sought. This helped ensure on-going improvement of the service.
- Meetings were held and discussion took place about issues relating to the service such as the environment, menu's and activities. The chef spoke with people after every meal to see if it had been enjoyed and in case people had any comments. The activities coordinator had talked to people about new activities and had

planned to introduce a pottery class.

Continuous learning and improving care

- Throughout the inspection the provider and registered manager were very responsive to any discussions about practice and on-going improvement. A relative said the provider had always made improvements to the home which benefitted the people living there.
- Incidents, accidents and near misses were documented and analysed so that any learning could be considered.
- Staff had access to information about people's health and social care needs to help ensure best practice guidance was being followed in relation to their care.
- The registered manager and senior staff updated their own skills and knowledge by attending training and local care forums. They also liaised with other care providers in the area to share practice and experiences.

Working in partnership with others

- The provider, registered manager and staff had close working relationships with the local primary care services. More recent work had been undertaken with the local hospice service to support the needs of a person at end of life.
- Other agencies were very positive about the service. They said staff were very responsive to training opportunities and communication was good.

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 and registered manager promoted an ethos of honesty, learning from mistakes and admitted when things went wrong.
- The provider and registered manager were aware of their responsibilities to inform the commission of significant events in line with their statutory duties.
- The management team spoke openly and honestly throughout the inspection and were responsive to any discussions regarding regulation and best practice topics.