Barchester Healthcare Homes Limited

Dudwell St Mary

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

This was a comprehensive inspection which took place on 14 August 2018 and was unannounced. Dudwell St Mary is a 'care home' that provides personal and nursing care for up to 74 people, on the day of inspection there were 57 people living at the service. 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. The service is two adapted buildings, with private bedrooms, shared communal areas and bathrooms. Some people living at the service were living with dementia, frailty or chronic health conditions.

The service did not have a registered manager in post on the day of our inspection. 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. However, we saw documentation that a manager had been appointed and was due to start at the service. We were told that the manager would register with the CQC. Day to day charge of the home was carried out by an acting manager.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the 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. At this inspection we found the service remained Good.

People remained safe. Staff had a good understanding of safeguarding and there were systems and process in place to keep people safe. There were robust systems in place to manage, administer, store and dispose of medicines. The provider ensured staff were suitable to work at the service before they started. We observed people's needs being responded to in a timely manner. The service was clean and infection control procedures followed.

People's needs and choices were assessed prior to people moving into the service, and they were supported to have maximum choice and control of their lives. Staff continued to support people in the least restrictive way possible. People continued to enjoy a balanced diet and remained supported to access healthcare services as and when needed.

Care continued to be personalised to meet the needs of individuals including their care, social and wellbeing needs. The provider ensured there were systems in place to deal with concerns and complaints. End of life care was considered at the service and people's wishes were documented in their care plans.

We observed positive interactions between people and staff, staff knew people well and had built trusting relationships. People's independence continued to be promoted, staff supported people in a dignified

manner and people's privacy continued to be respected.

The home remained well-led and robust and effective quality assurance systems and processes were in place to assess, monitor and drive improvements in the quality of care people received. People, staff and relatives remained engaged and involved in the service provided. The culture of the home continued to be positive and respected people's equality, diversity and human rights.

Further information is in the detailed findings below.

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**

Dudwell St Mary

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 was a comprehensive inspection which took place on 14 August 2018 and was unannounced. An inspector and an expert by experience visited the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience had experience of caring for older people and people with dementia.

Before the inspection we reviewed information relating to the service including notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We also used information the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the acting manager, regional director, a registered nurse, four members of staff, the activities co-ordinator and the chef. We spoke five people and seven visiting relatives to gain their views and experiences of the service.

We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including four people's care records, four staff files and other records relating to the management of the service, such as policies and procedures, training records and audit documentation. We also 'pathway tracked' the care for two people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

People remained safe. One person told us, "They look after you so well, everything is organised, yes I feel very safe, I don't give it another thought". Another person said, "I am settling in okay, yes I feel safe here. I would speak to my family if I had any concerns". A further person added, "Yes, I feel safe, everyone is kind".

The provider continued to ensure staff were suitable to work at the service before they started. We noted criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people. There continued to be sufficient numbers of staff to meet people's needs. We observed people's needs being responded to in a timely manner. One person told us, "I think there are enough staff, I have not had any problems". Another person said, "Usually staff around to help me".

Staff had a good understanding of safeguarding and there were systems and process in place to keep people safe. Staff received safeguarding training and knew the potential signs of abuse. They understood the correct safeguarding procedures should they suspect people were at risk of harm.

Risks for people continued to be managed safely. Risk assessments were person centred and addressed people's individual needs. This guidance for staff ensured that the persons risks were managed safely. Risk assessments, including those for the premises, were reviewed regularly to ensure people living at the service were receiving safe and appropriate care, in line with their needs. People had up to date Personal Emergency Evacuation Plans (PEEP's) in place which ensured they would be safe exciting the building in an emergency.

The management of medicines at the service continued to be safe. Staff who administer medicines had regular competency checks to ensure their practice remained safe. There were robust systems in place to manage, administer, store and dispose of medicines. When medicines were required on an 'as and when' basis, people had access to them and there was clear guidance in place about their use to ensure safe practice. One person told us, "My medication is always on time". Another person said, "I get medication if I need it".

The service was clean. One person told us, "Nice and clean here, no nasty smells". Another said, "Absolutely clean here". Staff had training in infection prevention and control and information was readily available in relation to cleaning products and cleaning processes.

Lessons were learned when things went wrong and accidents and incidents continued to be managed safely. The acting manager ensured accidents were monitored and audited to identify trends and actions for improvement.

Good

Is the service effective?

Our findings

People told us they continued to receive effective care and their individual needs were met. One person told us, "Very courteous lovely staff, I am sure they know what they are doing". Another person said, "The staff listen to you, they do give me time. Yes, they all know what they are doing".

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. The provider continued to be working within the principles of the MCA. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Staff understood when an application should be made and the process of submitting one.

Staff continued to undertake assessments of people's care and support needs before they began using the service. The pre-admission assessments were used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Paperwork confirmed people continued to be involved where possible in the formation of an initial care plan.

The provider continued to meet peoples' nutrition and hydration needs. There was a varied menu, specialist diets were catered for and people remained complimentary about the meals served. One person told us, "Food is lovely, a good choice and I don't have to cook it myself". Another person said, "Food is very nice, plenty to eat and drink". A further person added, "I am a bit picky, but I usually like one of the choices, they will always do a salad, gosh yes enough to eat and drink".

Staff continued to liaise effectively with other organisations to ensure people received support from specialised healthcare professionals when required. One person told us, "A doctor comes here, I have a private chiropodist and see the hairdresser regularly". Another person said, "A doctor would be arranged I am sure". People's individual needs remained met by the adaptation of the premises and there were adapted bathrooms and toilets.

Staff continued to receive effective training in looking after people, remained supported and had a good understanding of equality and diversity, which was reinforced through training. The Equality Act covers the same groups that were protected by existing equality legislation - age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership (in employment only) and pregnancy and maternity. These are now called `protected characteristics´. Staff we spoke with were knowledgeable of equality, diversity and human rights and told us people's rights would always be protected.

Good

Is the service caring?

Our findings

People continued to be supported with kindness and compassion. They told us caring relationships had been sustained with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "Very caring staff, they always treat me with dignity and respect". Another person added, "The staff are very nice".

Staff continued to demonstrate a strong commitment to providing compassionate care. From talking with people and staff, it was clear they continued to have a good understanding of how best to support them. One person told us, "Yes I get on well with the staff, they listen to me, oh yes they know what they are doing definitely". We observed staff being caring, attentive and responsive and saw positive interactions and appropriate communication.

Staff provided people with choice and control and people remained empowered to make their own decisions. People told us they that they were free to do what they wanted to do throughout the day. One person told us, "I shower and get up and go to bed when I want". Another person said, "Oh yes, very kind and caring, I can shower when I want, I choose my clothes".

Staff continued to support and encourage people to be as independent as possible. One person told us, "My room is how I want it, the staff here are excellent, they are lovely and I do my own hair". Another person said, "I am fairly self-sufficient and they encourage my independence". Staff told us they remained committed to encouraging people to carry out personal care tasks for themselves, such as brushing their teeth and hair. One member of staff said, "The residents get good care, we try our best to encourage their independence". Staff continued to uphold people's dignity, and we observed them speaking discreetly with people about their care needs, knocking on people's doors and waiting before entering. One person told us, "They always knock on the door and respect my privacy and dignity".

People's equality and diversity remained respected and staff adapted their approach to meet people's individualised needs and preferences. Detailed individual person-centred care plans had been sustained, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual beliefs. One person told us, "The staff treat me very well, very respectful at privacy and dignity. My priest comes here to give me communion".

People remained encouraged to maintain relationships with their friends and families and to make new friends with people living in the service. Visitors were able to come to the service at any reasonable time, and could stay as long as they wished. One relative told us, "I can visit whenever I want, absolutely always made welcome".

Good

Is the service responsive?

Our findings

People told us they remained listened to and the service responded to their needs and concerns. One person told us, "The staff talk to me and ask if I am happy". Another person said, "The staff give me as much time as they can, they talked to me and my family when I came here". A relative added, "The staff support [my relative] well, I asked for an extra bin in the bathroom and it was arranged quickly".

A varied range of activities had been sustained and people told us that they enjoyed the activities. One person told us, "I enjoy the activities, you do as much as you want, they don't make you. TV, radio, quizzes and there's lovely garden". Another person said, "I do some of the activities, I enjoy quizzes, keeps my brain active". A further person added, "I went to the exercise and singing class, I am not into painting, I enjoy the animals when they visit". Staff continued to ensure that people who remained in their rooms and may be at risk of social isolation were included in activities and received social interaction. We saw that staff set aside time to sit with people on a one to one basis in their rooms.

People's needs continued to be assessed and plans of care were developed to meet those needs, in a structured and consistent manner. Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together by the person, their family and staff. Staff continued to know people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care. Care plans contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support that individual. People were given the opportunity observe their faith and any religious or cultural requirements were recorded in their care plan. One person told us, "A priest or church would be arranged". Another person said, "A vicar would be arranged if I wanted it"

People's end of life care was discussed and planned and their wishes had been respected if they had refused to discuss this. People were able to remain at the service and were supported until the end of their lives. Observations and documentation showed that people's wishes regarding their care at the end of their life, had been respected.

People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They remained confident that any issues raised would be addressed. One person told us, "I would complain to anybody if I was not happy, never had to yet". Another person said, "I would complain to the staff or my daughter, I have never had to". The procedure for raising and investigating complaints remained available for people, and staff told us they would be happy to support people to make a complaint if required.

Good

Is the service well-led?

Our findings

People, relatives and staff spoke highly of the care delivered and felt the service remained well-led. Staff commented they continued to feel supported and could approach managers with any concerns or questions. One person told us, "The care here is good, almost excellent". A relative added, "Very clean, friendly, always made welcome, amazing care, can't fault anything at all. Nothing wrong at all here". A member of staff said, "We're well supported by management and nurses, the door is always open to speak with somebody".

The service did not have a registered manager in post on the day of our inspection. However, we saw documentation that a manager had been appointed and was due to start at the service. We were told that the manager would register with the CQC. Day to day charge of the home was carried out by an acting manager.

The service continued to have a positive culture and staff morale remained good. One person told us, "The staff do seem happy, I am happy here, no problems". A relative said, "They always introduce new staff, the staff seem happy. I have not heard any complaints, they all work well together". A further person added, "I think the staff are happy, I've never heard any complaints". A member of staff said, "The residents are our priority, very much a homely atmosphere, we are visitors in their home".

People and staff continued to be involved in developing the service. Systems and processes remained in place to consult with people, relatives, staff and healthcare professionals. Meetings and satisfaction surveys were carried out, providing the registered manager with a mechanism for monitoring satisfaction with the service provided.

The provider continued to undertake quality assurance audits to ensure a good level of quality was maintained. Staff had also liaised regularly with the Local Authority and the Clinical Commissioning Group (CCG) in order to share information and learning around local issues and best practice in care delivery.

Staff remained well supported within their roles and described an 'open door' management approach. They were encouraged to ask questions, discuss suggestions and address problems or concerns with management, including any issues in relation to equality, diversity and human rights. A member of staff told us, "Senior staff are all supportive, the manager is very good". The service continued to have a strong emphasis on team work and communication sharing. One member of staff told us, "I'm happy, the staff are really nice, really good team work, a good group". Another member of staff said, "I'm very happy here, staff are well supported and the residents are great".

Staff remained knowledgeable about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that managers would support them to do this in line with the provider's policy. Staff had a good understanding of Equality, diversity and human rights. Feedback from staff indicated that the protection of people's rights was embedded into practice for both people and staff living and working at the service.

The acting manager continued to inform the CQC of significant events in a timely way and remained aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.