

Dapplemere Nursing Home Ltd

Dapplemere Nursing Home

Inspection report

Shepherds Lane
Chorleywood
Rickmansworth
WD3 5HA

Tel: 01923283972

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28 July 2022
09 August 2022

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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

Daplemere Nursing Home is a residential care home registered to provide accommodation and personal and/or nursing care for up to 22 people. Some people may be living with dementia. At the time of our inspection there were 16 people living at the service.

The home is built over two floors. There are shared toilets and bathrooms on each floor. On the ground floor there is access to shared living areas and a large enclosed private garden.

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

Relatives told us the home required decoration. The registered manager told us this was being addressed and shared a refurbishment programme which included new soft furnishings and decoration.

People and their relatives were happy with the care provided. One person told us, "The staff are great, everything about the place here is top notch." Relatives comments included, "The best thing about the service is the friendly staff." and, "The nurses and carers show nothing but care for the residents." Another relative told us, "It has a homely feel which is good, and the food is great."

Care plans and risk assessments were completed and were regularly reviewed and updated. The information within the records provided guidance for staff to provide person centred care.

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

Staff, people and their relatives spoke highly of the registered manager. Feedback from one relative included, "I have seen the registered manager many times, they are very hands on."

A quality assurance process was in place which supported driving change and improvements in the home.

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

Rating at last inspection

The last rating for the service under the previous provider was good, published on 01 March 2018.

The service was registered with us on 19 April 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Dapplemere Nursing 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was conducted by two inspectors, a medicine inspector 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.

Service and service type

Dapplemere Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Dapplemere Nursing Home, is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 28 July 2022 and ended on 09 August 2022. We visited the location's service on 28 July 2022.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We did not ask the provider to complete the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and seven relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, director, provider, catering and care staff.

We reviewed a range of records. This included four people's care records. We observed medicine administration and reviewed associated records for 15 people. We looked at four staff files in relation to recruitment and staff supervision, and one agency staff record. A variety of records relating to the management of the service, including audits, staff training, policies and procedures were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection under the previous provider we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- In the main, medicines were managed safely. However, we found there had been no action taken by staff during a recent heatwave where the temperature of the storage area was out of range. We discussed this with the registered manager who took actions to ensure staff were aware of guidance to follow in the event of future heatwaves and increasing temperatures in the home.
- Protocols for 'as and when required' medicines were in place, however these required further development to ensure the information specified accurately which dose to administer. For example, for one person the prescriber had directed one to three sachets of a specific medicine to be administered as required. There was not guidance written to advise when to take one, two or three sachets.
- One person was receiving their medicine covertly, however, staff did not have access to pharmaceutical advice on how to disguise the medicines.

Following the inspection, the registered manager told us they had sought further pharmaceutical advice and updated 'as required medicine' protocols and information to support the safe administration of covert medicine.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service. One person told us, "[Staff] do everything they can to help you feel safe. I do have to ask for help to get in the garden but only to make sure I am safe when I walk there."
- Staff had received safeguarding training and were aware of signs indicating potential risk of harm. Staff were aware of reporting concerns internally and externally to organisations including the Care Quality Commission (CQC).

Assessing risk, safety monitoring and management

- Risk assessments had been completed which identified individual risks and provided guidance for staff to follow to reduce risk. A system was in place to ensure these were reviewed and updated monthly or sooner if required.
- Staff had a good understanding of risks to people and were knowledgeable of actions to follow to reduce risk of harm and injury when providing care and support. For example, during the inspection, a person was observed walking to another area of the home, a staff member observed they were without their walking aid and prompted use of this.
- Health and safety checks were completed and recorded within the maintenance log. These were signed off when completed and checked by the registered manager. The registered manager told us a new maintenance person had recently been employed who was addressing outstanding repairs in the home. In addition, the provider had sought external contractors to address larger repairs and refurbishment to the

home.

Staffing and recruitment

- People told us they felt supported and comfortable with the staff team. One person said, "I never feel rushed. There are enough staff, but it is sometimes like, 'ok [Name] we will be with you in a minute' but never more than about 5 minutes to wait."
- Relatives told us they were familiar with staff and understood the need to use agency staff where required. One relative told us, "I know the carers names and they know me which is comforting." Another relative said, "My [family member] can be quite demanding and rings their bell frequently, but never has to wait long for staff."
- A recruitment drive was taking place at the service for various positions including care staff, housekeepers and an activity co-ordinator. The registered manager told us this had been positive, and several new staff had been appointed to start at the home once recruitment checks had been completed.
- A process was in place to ensure the safe recruitment of staff. This included completion of identification checks and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider encouraged visitors to the home. A visitor's policy was in place which had been reviewed to remain current and reflective of government guidance.

Learning lessons when things go wrong

- A system was in place to review and monitor incidents and accidents. The outcome of these were discussed with staff during team meetings and handovers and used to make positive changes in the home.

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 our last inspection under the previous provider we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and their relatives told us they had been involved in the care planning and review process. Care plans contained information advising of people's medical and health history, likes, dislikes, hobbies, preferences and life history. One relative told us, "I have put together books about [family member] hobbies. The staff have obviously read these as they talk to [family member] about their favourite football team and how they are doing."
- Records contained evidence of referrals made to external professionals to ensure people's needs were met.

Staff support: induction, training, skills and experience

- Staff told us they completed a comprehensive induction. This included shadowing of experienced staff, a mixture of e-learning and face to face learning, orientation of the home as well as time to get to know people and the staff team. Observations of staff practice and competency checks were completed by the registered manager to ensure staff applied safe techniques in their work.
- During the inspection, staff were observed using moving and handling equipment appropriately. One person was heard speaking to staff stating, "You are so good at it [manual handling]. You understand me."
- Staff told us they received regular supervision which provided an opportunity for the registered manager to complete a check on their well-being and discuss their development and training needs.

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

- People were supported to have a positive experience at mealtimes.
- All people and their relatives spoke highly of the food and the chef. One person told us, "I can choose, but there has never been any food I do not like. I can get snacks if I want to, but with three good meals a day and my tea you don't really need to." A relative said, "The food is lovely, it's freshly cooked. My [family member] needs pureed food now and [staff] suggested a plate ring to help [family member] feed themselves which has worked well."
- Staff were not rushed during the mealtime and took time to engage with people. A staff member was observed encouraging one person to take their time in positioning themselves safely at a dining table of their choice.
- Dietary information including allergies, likes and dislikes had been shared with the chef to ensure appropriate meals were available for a variety of diets including pureed meals and fortified foods.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff supported people to access external professionals and health services including GP's, chiropodists, dieticians, physiotherapists and speech and language therapists. One professional told us the staff were supportive of people and communicated concerns in a timely manner requesting reviews and placing referrals where required.
- One relative told us "The GP for the home increased one of [family member] medications, however, this made [family member] very tired. The staff requested a review of the change in medication and the change was reversed. [Family member] does not appear as tired now."

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

- Relatives told us they felt the service required decoration. We discussed this with the provider and registered manager who shared with us a refurbishment programme. This contained evidence of engagement and consultation with contractors, as well as timeframes for work.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People and relatives told us the staff always sought consent when providing care and support.
- Staff had received training in the MCA and had a basic understanding of how to apply this in their role.
- Where required the registered manager had applied for DoLS authorisations. One of the authorisations had conditions attached to it which the registered manager was aware of and had taken action to ensure the conditions were met.

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 our last inspection under the previous provider we rated this key question good. The rating for this key question has remained good. 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; Respecting and promoting people's privacy, dignity and independence

- People spoke positively about the staff and felt treated with dignity and respect. One person told us, "[Staff] treat me well." Another person commented, "[Staff] treat you nicely."
- Relatives also spoke highly of the staff and the care which they felt was provided in a dignified manner. One relative told us, "Absolutely 100% dignity and respect shown to my [family member]. [Family member] likes to go bed later than other residents and also likes to have a late supper which is catered for." Another relative said, "Staff are so respectful at all times. We arrived early one day and were stood outside [family members] closed door as the staff were providing personal care. Even though they didn't know we were there they were constantly telling [family member] what they were doing and why."

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

- Reviews and meetings took place in the home which provided opportunity for people to provide feedback about the care which they received.
- Resident meetings provided opportunity for the registered manager to feedback on service improvements and any changes planned, and for people to put forward suggestions and ideas which they have relating to their care and support.

Is the service responsive?

Our findings

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

At our last inspection under the previous provider we rated this key question good. The rating for this key question has remained good. 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; 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

- Peoples records contained information referring to individual's preferences, likes and dislikes. One relative told us, "My [family member] would prefer always to have a female member of staff assist with continence needs, the staff try hard to arrange that."
- Staff told us they found the information in care plans to be an accurate and reflective record of people's care and support needs, which guided them to provide appropriate care.
- On the day of inspection an external entertainer was visiting the home. The entertainer visited the home regularly and was familiar with people. People were observed to be laughing and enjoying the various activities which took place which included singing, exercises and general conversation.
- People told us their friends and family were welcome to visit when they wished. One person told us the registered manager and staff had arranged a party in the home for them and their spouse to celebrate a special wedding anniversary together.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Peoples records contained information to support effective communication.
- Staff were observed explaining information and using pictorial prompts to support mealtime choices. One relative told us, "Even though [family members] speech is limited, staff speak to them all the time and are very respectful. Staff offer choice, like in which drink they would like. If [family member] doesn't understand, the staff use pictures or offer both for [family member] to point and make a decision."

Improving care quality in response to complaints or concerns

- A system was in place to record and monitor complaints.
- People and their relatives were knowledgeable of the complaints process and felt confident that concerns would be listened to and resolved.

End of life care and support

- Care records contained information advising of people's end of life wishes and preferences.

- Staff had received end of life care training.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 and their relatives found the registered manager promoted an environment which supported positive outcomes. One relative told us, "The registered managers door is always open. I have great confidence in them." Another relative said, "Any concerns we have the staff are very open and we work collaboratively to find solutions."
- Staff told us they felt supported, listened to and valued by the registered manager. One staff member said, "The [registered manager] makes time for everybody and always listens to what people say."

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

- People and their relatives found the registered manager to be approachable, professional and friendly. One relative told us, "If something hasn't been done, the [registered manager] will be honest as to why and apologise."
- The registered manager was aware of their role in notifying CQC of reportable events when required.
- A quality assurance system was in place to ensure the standard of care and support was effective and safe. A service improvement plan had been implemented to address shortfalls any identified in the home which was reviewed regularly by the registered manager and director.

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

- Peoples and their relatives were encouraged to share their views of the care and support through various means including surveys. The feedback from these was used to develop and shape improvement and changes in the home and environment. One relative told us, "I received a survey about what furniture we would like to see in the dining room, there were some new things purchased following that."
- Resident meeting records demonstrated people's involvement in the forthcoming decoration of the home and their input to selecting colours.
- Staff told us they received regular supervision and were positive about the support provided by the registered manager. One staff member said, "The [registered manager] is really supportive of everybody. The [registered manager] is amazing."

Continuous learning and improving care

- The registered manager completed analysis of audits and complaints and discussed the findings of these with the staff as part of reflective learning.
- The registered manager was keen to continue to improve the home and welcomed all feedback positively.

Working in partnership with others

- The registered manager had established professional links with health and social care teams to support provision of appropriate care.