Aleksha Care Limited

Dalling House

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

About the service
Dalling House is a residential home providing personal care for older people, some of whom were living with dementia. The service can accommodate up to 19 people and at the time of the inspection there were 16 people living at the home.

People's experience of using this service and what we found
Auditing processes were in place but greater oversight from the registered manger was needed. This was acknowledged during the inspection. Care plans contained all information required to inform staff about person centred care but were large and cumbersome and difficult for staff to find information. Similarly, this was accepted by the registered manager and work was being done to improve care plans.
Risks to people were managed at the service and people were protected from harm. Accidents and incidents including falls were reported, immediate action taken to support people and lessons learned carried forward. A person told us, "It's very safe here." Manual handling training had been completed by staff and yearly refresher training was scheduled. Training had been completed online during the pandemic.

Medicines were managed safely. People's information and details of their medicines were being entered onto medicine administration records (MAR). Medicines were ordered, stored and disposed of safely. Separate protocols were in place for 'as required' (PRN) medicines for example, pain relief. A lockable trolley was used on medicine rounds which helped guarantee the right medicines were provided to the right people during medicine rounds.

Infection prevention and control was managed well and appropriate use of personal protection equipment (PPE) was observed and supported by national and service policies.

Staffing levels at the service were adequate and the registered manager was in the process of recruiting more staff.

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 this service was good (published 27 April 2019)

Why we inspected
We undertook this inspection to follow up on specific concerns which we had received about the service. The concerns were about people's safety relating to manual handling and provision of medicines, infection prevention and control and the governance of the service. We inspected using our targeted methodology developed during the Covid-19 pandemic to examine those specific risks and to ensure people were safe. 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 coronavirus and other infection outbreaks effectively.

CQC have introduced targeted inspections to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Is the service well-led?

Inspected but not rated

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Dalling House

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. This was a targeted inspection due to concerns we had about people's safety and the governance of the service. These concerns included whether staff were following correct manual handling procedures, medicines were being managed safely and that effective infection prevention and control measures were in place. Concerns also included staffing numbers, auditing processes and care plan detail.

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
The inspection was carried out by one inspector.

Service and service type
Dalling House 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 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.

What we did before the inspection
Before the inspection we reviewed the information we held about the service and the service provider. We sought feedback from the local authority and healthcare professionals that were involved with the service. We looked at the notifications w had received form the service. Notifications are information about

important events the service is required to send us by law. We used all of this information to plan our inspection.
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.
Due to the COVID-19 pandemic we needed to limit the time we spent at the home. This to reduce the risk of transmitting any infection.

During the inspection
We spoke to three people who used the service. We spoke with four members of staff including the registered manager, deputy manager, head of care and a carer. We spent as short a time as possible at the service to safely look at different areas of the home and to meet people and staff whilst observing social distancing guidelines. It also gave us an opportunity to observe staff interactions with people.
We reviewed a range of records including accident and incident reports, medicine records and two care plans.

After the inspection
To minimise the time in the service, we asked the registered manager to send some records for us to review remotely. These included policies and procedures relating to infection prevention and control and the training matrix for staff. We continued to seek clarification from the provider to validate evidence found.

Inspected but not rated

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check on specific concerns we had about people's safety and care needs were being met. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

● Accidents and incidents had been recorded with each entry showing location, apparent cause, action taken and lessons learned. The service had recently started using a new form and these were kept in a separate binder with copies being placed in people's care plans. A simple numbered code for each entry allowed for easy auditing each month to identify trends. For example, the most recent monthly audit identified two common locations for falls, people's bedrooms and the lounge. In the case of bedroom falls, rooms had been rearranged to increase floor space and minimise trip hazards.

● Staff told us that training had been largely online since the start of the pandemic and this included training in the theory of moving people safely, which involved manual handling. A member of staff said, "Manual handling was poor here but the new manager has changed all of that." The registered manager told us, "People should not fall. If they do, I want to know why and when it happened. We also contact the GP and the person's relatives."

● We were shown details of staff training and nearly all staff had completed all key areas of training and all had dates clearly shown for their next training session. Training included manual handling, health and safety and safeguarding.

● We saw a person with mobility issues being helped by two members of staff from the lift to a chair in the lounge. They took their time and offered constant verbal encouragement to the person, never rushing and stopping when needed. We saw staff carefully help the person into their chair. People told us that they felt safe. One person told us, "They (staff) are absolutely wonderful, I feel very safe here."

● The provider had recently introduced 'log my care' which allowed staff to enter brief care details onto a handheld device. It included for example food and fluids provided and times and details of personal care. This information then formed part of people's care plans. Care plans were still in written form but there were plans to use more online recording of information.

● We were shown fire safety logs including regular checks of alarms, smoke detectors and fire doors. Each person had personal emergency evacuation procedures (PEEPs) which showed the level of help they needed in the event of an emergency. The lift and stair lefts were all working and had been recently serviced.

Using medicines safely

● People's medicines were stored correctly in a locked room with controlled medicine being stored in a locked safe within that room. A lockable, wheeled trolley was used for medicine rounds that could access all parts of the home. We saw that medicines were ordered and disposed of correctly.

● Medicine rounds were completed by trained staff who administered medicine to people in turn, locking the medicine trolley in-between and then recording details on the medication administration record (MAR). We saw MAR charts that clearly showed the date, time, type of medicine and signature of the staff member administering. We asked about people refusing medicines. A staff member said, "I would try again but if still refused I would let the manager know and call the GP." Medicines and related documentation were audited weekly.
● There were enough trained staff on duty each shift to cover medicine rounds. We saw training schedules that showed staff had regular medicine training and spot checks were carried out by managers. Spot checks are unannounced supervision of staff.
● Some people were prescribed 'as required' (PRN) medicines. These medicines were taken when needed by people for example, for pain relief. Individual protocols were in place to inform staff why and when these medicines might be needed. Staff were able to tell us about people's PRN medicines and showed us MAR charts which had a specific code for when PRN medicines were provided.

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.

Inspected but not rated

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check specific concerns we had about the governance of the service. We will assess all of the key question at the next comprehensive inspection of the service.

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

- The registered manager and deputy manager regularly worked shifts alongside staff to provide help and support. There were enough staff working at the service but they were sometimes down to minimum staffing levels. The registered manager was in the process of trying to recruit more staff but conceded that in the short term they may have to rely on agency staff. We saw call bells answered promptly and staff spending time talking with people.
- There were clear processes in place for auditing. We were shown auditing documentation which had a clear index of dates and frequency of audits. For example, medicines were audited weekly and accidents and incidents monthly. Audits were carried out either by the head of care or senior staff and later overseen by the registered manager. Processes were still being developed to ensure greater oversight by the registered manager with the introduction of regular meetings to look at lessons learned and improvements that could be made.
- Care plans were in place for everyone and we saw specific support plans for people who were living with certain medical conditions for example diabetes. However, care plans were large and it was difficult to quickly get an overview of people's care and support needs. To support daily care the service used a system called 'log my care' which allowed staff to input on mobile devices care and support provided to people. The registered manager acknowledged that care plans and the data from log my care needed to be integrated and condensed to enable staff to quickly identify people's needs and provide effective care.
- Registered managers have a legal obligation to tell CQC about significant events that occur at their service. The registered manager had met this obligation and we saw records which matched those received by CQC. All senior staff had received instruction about what incidents needed reporting and the process to be followed.
- Staff told us they felt supported by the registered manager and it was clear that they were a visible presence at the home available to both people and staff. A member of staff said, "[The registered manager is] very supportive and will always provide feedback after any incident." A person told us, "It's been hard for everyone (during the pandemic) but she (the registered manager) manages so well."
- The managers kept themselves up to date with developments in adult social care and monitored the regular bulletins published each week by the local authority, Public Health England and CQC.