

# Elder Homes Wellingborough Limited

## Dale House Care Centre

### Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

### Overall summary

Dale House Care Centre is registered to provide care and support for up to 66 people who require nursing or personal care, who may also be living with dementia. On the day of our visit there were 42 people living at the service.

We carried out an unannounced comprehensive inspection of this service on 22 December 2014. After that inspection we received concerns in relation to people's care, including how the service managed people's pressure care requirements and people's nutritional needs. We received information which indicated that people's pressure care was not managed effectively, and that pressure areas had not been identified or treated appropriately. We were also told that people who required support with eating and drinking were often left, without the help they needed, for significant periods of time. As a result we undertook a focused inspection to look into those concerns. This report only covers our

findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dale House Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The service did not have a registered manager in post, however a new manager had recently been appointed and they were in the process of registering. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's pressure care needs were being met by the service. Risk assessments were completed regularly to monitor people's likelihood of developing a pressure ulcer. Pro-active action had been taken to reduce the

# Summary of findings

chances of this happening and reactive measures, such as pressure relieving equipment, regular re-positioning of people and dressings, were also available to manage pressure ulcers effectively, should they develop.

People were supported to have enough food and drink to meet their nutritional needs. Those people that required

help with eating and drinking, received this in a timely fashion from trained staff. People had choices of what they wanted to eat and drink, and these were available throughout the day.

# Summary of findings

## 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.

People's pressure care was managed effectively to reduce the chances of pressure ulcers developing. Risk assessments were completed and appropriate action was carried out as a result of these.

Good



### Is the service effective?

The service was effective.

People were supported to have sufficient food and drink to meet their nutritional needs.

Good



# Dale House Care Centre

## 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.

We undertook an unannounced focused inspection of Dale House Care Centre on 06 November 2015. This inspection was done in response to concerning information we received about people's care. We received an anonymous concern which stated that people were mistreated by staff. It was reported that people who required support with eating and drinking were often left with food in front of them to go cold. We also received information from the

local authority safeguarding team, regarding a person who had been admitted to hospital. They had been admitted with concerning health issues and pressure sores had also been identified by the hospital staff.

The inspection was conducted by one inspector, who inspected the service against two of the five questions we ask about services: is the service safe and effective.

During the inspection we observed how staff interacted with people, and how they supported them with food and drink. We spoke with three people living at the service, one relative and three members of care staff, including one nurse. We also spoke to the manager and area manager.

We looked at the care records for the person who was admitted to hospital, as well as the only other person in the service with pressure care needs. We also looked at records relating to these people's nutrition and hydration.

# Is the service safe?

## Our findings

Prior to this inspection we received information of concern regarding the assessment and management of people's pressure care needs. The information we received suggested that the service had not identified that people had pressure wounds, and therefore had not taken appropriate action to treat them.

During this inspection, we found that people's pressure care needs were well managed by the service. The manager and nursing staff told us that risk assessments were in place, to identify people who were at high risk of developing pressure wounds. They told us that they used the Waterlow assessment tool to assess and monitor people's risk of developing pressure ulcers. The tool assessed a number of different areas of people's health and provided a score, with higher scores indicating a greater level of risk. The scores were compiled to give an overall score, which staff used to identify the risks of people developing a pressure ulcer. Where people were at high risk, care staff carried out regular checks of people's skin, for example, during personal care. They would report this to the nurse, who would check the area and assess whether or not a pressure ulcer had developed. If a new pressure ulcer was present, they would report it to the district nursing team, and seek support from a Tissue Viability Nurse (TVN). Staff would also support people to turn regularly, to ease the pressure on vulnerable areas of skin.

The manager told us that the person who had been admitted to hospital had received regular assessments of their skin, as they had been identified as being at high risk of developing a pressure ulcer. This included up to the day that they were admitted to hospital. We looked at this person's care records and saw evidence that their pressure care was well managed. A pre-admission assessment had highlighted that the person was at high risk of pressure ulcers. It had also recorded that they had a healed pressure area when they moved in. Their care plan stated that a pressure mattress was in place to help relieve pressure and that a barrier cream had been prescribed to help reduce the risk. We also saw records which confirmed that the person had been seen by the TVN, and that the service had requested additional pressure-relieving equipment. There were records of regular assessments of the condition of the person's skin, as well as regular turns to change their position.

The manager also told us that new plans had been put in place when the person returned to the service, from the hospital. We saw that a short term care plan had been implemented to ensure their pressure ulcers were managed appropriately. There was evidence to demonstrate that this had been effective, and that the person's pressure ulcers had started to heal. We also saw that plans were in place for one other person who was at high risk of pressure ulcers. They were new to the service, but proactive plans were in place, to help prevent ulcers developing.

# Is the service effective?

## Our findings

Prior to this inspection we received concerning information regarding people's nutrition and hydration. We were told that people who required support to eat and drink were often left on their own, with food left in front of them to go cold.

During this inspection, we found that people's nutritional needs were being met by the service. People told us that they were well supported with nutrition and hydration, and that they received enough food and drink. One person told us, "We definitely get enough to eat." Another said, "The food is good, no problems." Relatives also told us that they felt people got the food and drink that they needed. One family member told us, "Food? I think it's amazing". They went on to explain that their family member was supported by staff and encouraged to eat if they required some help or prompting. They also told us that they saw staff supporting other people to eat if needed.

All the staff we spoke with told us that they were trained in nutrition and how to support people to eat. They told us

that they always made sure people who needed help to eat or drink, got the help they needed in a timely fashion. They told us that there were enough staff to make sure people got their meals without having to wait, and confirmed that people got their food whilst it was still warm. We observed people being supported to have food, drinks and snacks throughout our inspection. Staff gave people regular hot and cold drinks, and jugs of water and juice were available in communal lounges. People were offered different snacks and were prompted to eat or drink if required. Staff helped people to eat if necessary, and did so with patience and compassion. Where people made a request regarding what they wanted to eat or drink, staff made sure it was answered quickly, to ensure people had the food and drink that they wanted. People's records stated their preferences regarding food and drink and, where necessary, staff recorded what people had to eat and drink each day. Staff carried out nutritional health screening on a regular basis for people, and referred them to the dietetic service if necessary.